

Barnham Manor Limited

Barnham Manor

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

About the service

Barnham Manor is a care home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The home is registered to support up to 33 people. People at the home were living with a range of physical health conditions and dementia. The home had a large communal lounge and dining area, all bedrooms had en-suite bathrooms and the home was set in well-maintained grounds.

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

The provider and registered manager had significantly improved the care people received since the last inspection. They had acted on feedback and put actions in place to embed these improvements. Risks to people had been fully assessed and detailed risk assessments were now in place in the event of an emergency. Accidents and incidents were now analysed and learnt from which had improved people's safety. People's care was delivered in a personalised way, we observed people be offered choices and their decisions respected by staff. There was a consistent approach to engaging people in the running of the home and people told us they felt listened to.

People told us they felt safe. Staff understood risks to people and these were well managed. People's medicines were managed safely by trained nursing staff. The home was very clean and well maintained. There were suitable staffing levels to meet people's needs. A relative told us, "The response to calls for help is quick."

People's health and nutritional needs were met. One person told us, "The food's wonderful, the chef is excellent, I can have what I want." Staff were knowledgeable and well trained. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The home had been adapted in line with people's needs and the environment was well-maintained.

People received kind and compassionate care from staff who knew them well. A relative told us, "Staff care very much for all residents. Communication is excellent, and they will answer any queries I have." People were supported to make decisions about their care and their views were respected. People's independence was promoted, and their privacy and dignity respected. People were supported to maintain relationships that were important to them.

People had access to a range of activities that met their interests. People were given information in a way they could understand, and staff understood people's individual communication needs. People received compassionate end of life care.

The home was well-led. People, their relatives and staff spoke positively of the registered manager and provider. A relative told us, "Both manager and (owner) encourage staff to provide the best care possible." There were robust quality assurance processes in place to drive improvements to the care people received.

Staff and the registered manager worked well with other professionals to meet people's needs.

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 requires improvement (published 20 September 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Barnham 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.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Barnham Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before the inspection

We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed notifications sent to CQC about important events at the service and information sent to us from other stakeholders for example the local authority and members of the public.

What we did during the inspection

We spoke with four people who used the service and six relatives, the registered manager, a healthcare

professional and five members of care staff. We pathway tracked the care of five people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. We completed observations in communal areas. Where people were unable to answer direct questions, we observed their engagement in daily tasks. We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and three staff recruitment records.

What we did after the inspection

We spoke with a health and social care professional to gain their views of the service provided. Their feedback has been used within this report.

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 as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Since the last inspection, the registered manager had ensured the management of risks to people, in the event of an emergency, had improved. All people living at the home now had a detailed personal emergency evacuation plan in place. This provided staff with detailed guidance to support them out of the building safely.
- Equipment to support people to evacuate the building safely was now easily accessible to staff. For example, equipment to support people down the stairs was stored at the top of stair cases.
- Risks to people were identified and managed to lessen these risks. For example, one person required the support of staff and specialist equipment to transfer between their bed and chair. Their risk assessment provided staff with detailed guidance to do this safely. We observed staff to use moving and handling equipment safely throughout the inspection. One person told us, "I'm always moved about with care."

Learning lessons when things go wrong

- The registered manager had reviewed the processes for the oversight of accidents and incidents following the last inspection and their practice had improved.
- The registered manager now analysed all incident reports to identify trends and support people's safety. For example, the registered manager identified that one person had an increased number of falls. They referred the person for occupational therapy and falls support. They introduced closer monitoring and staff support when walking a long distance. This intervention had reduced the number of falls the person experienced.
- Staff ensured accidents were responded to in a timely way to maintain people's safety. We saw that incident forms were completed, and medical attention sought, when necessary.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and healthcare professionals told us they felt the care was safe. A relative told us, "I'm always confident her safety is paramount, staff have an excellent approach to safety." A healthcare professional said, "I feel the service is safe. The team there are prompt and appropriate in the way they report medical problems with their residents. The standard of medical care that I see is high when visiting our patients."
- There were systems and processes in place to protect people from the risk of abuse, such as safeguarding procedures that were known by staff. Staff had a good understanding of how to keep people safe. Staff knew the potential signs of abuse and what to do should they have any concerns.
 - Staff felt confident that the registered manager would act on any concerns they raised. One member of staff said, "(registered manager) would always act on concerns they truly care for the people that live here."

Staffing and recruitment

- There were enough staff to care for people safely. People were responded to in a timely way throughout the inspection. A healthcare professional told us, "There is always staff around and they seem diligent, never too busy to get involved in people."
- People, their relatives and staff told us there were always enough staff available to people. One person told us, "The number of staff is about right. They come straight away when I call for help."
- Recruitment processes were robust and ensured staff were safe to work with people before they started working at the home. There was always a nurse on shift to ensure people's nursing needs were met.

- The provider understood the importance of staff retention for the quality and continuity of care people received and as such had a number of incentive schemes in place for staff. There was a very low turnover of staff at the home which people told us they appreciated.

Using medicines safely

- There were safe systems in place to order, store, administer and dispose of medicines.
- Staff had received comprehensive training in administering medicines and competency assessments were carried out to ensure their practice remained safe. Only nursing staff administered medicines at the home.
- Protocols were in place for medicines that were prescribed on an 'as needed' basis, these were individualised and gave staff effective guidance about each individual medicine.
- We observed a member of staff administer people's medicines. They were knowledgeable and kind in their approach. It was clear they knew people well as they administered people's medicines in the way they wished. For example, some people wished to have their eye drops administered after their lunch meal, so the member of staff respected their wishes and administered these at a later time.

Preventing and controlling infection

- The home was exceptionally clean and well maintained. One person told us, "The whole home is spotless, including the garden."
- Staff were aware of infection control procedures and received training in this area. There were designated staff to ensure the home was clean and infection control procedures were maintained.
- Staff had access to personal protective equipment such as gloves and aprons and we saw them use this appropriately during the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A pre-assessment was carried out before people moved into the home to help gain an understanding of people's backgrounds, needs and choices. The registered manager told us how they worked with health professionals when people moved into the home, to ensure a smooth transition for them. We saw this information was used to develop people's care plans in a person-centred way.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.

Staff support: induction, training, skills and experience

- Staff received a range of training opportunities to meet the specific needs of people living at the home. For example, staff received training in dementia care, supporting people's complex nutritional needs and specific health conditions. One person was supported to eat via a tube (PEG) due to a health condition. The registered manager sourced specialist training from dieticians for nursing staff. The dieticians assessed the nurse's competency before they supported the person which supported the person's safety.
- People and their relatives told us that staff were well trained. One person told us, "I do feel the staff are well qualified to do the job".
- Staff praised the training and support they received. One member of staff told us, "Anything we ask for the manager finds for us. We asked for sepsis training and we are doing this soon which I am looking forward to. It will allow us to pick up signs of potential ill health quickly.
- Staff received regular support and supervision. The registered manager told us they spend most of their time out supporting people with staff. We observed this throughout the inspection and this was confirmed by people and staff. Staff had access to regular 1:1 supervision. One member of staff told us, "I have regular supervision. It helps me because I can give them feedback and they can give me feedback and we can discuss my development it openly."
- New staff received a comprehensive induction which involved training, shadowing senior staff and getting to know people before they supported them alone.

Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary of the meals provided. We observed people to enjoy their lunchtime meal in a relaxed environment. One person told us, "The food's absolutely perfect" and "The chef's wonderful here, great meals." Another person told us, "The food and meals are very good. You can always have something else, the chef will do it"
- People who required specialist diets were supported in line with their assessed needs. For example,

people living with diabetes were supported to have meals prepared in line with their needs by using sugar free substitutes. One person required a soft diet due to swallowing difficulties. Staff had referred them to the speech and language team and were following their guidance to support the person safely at mealtimes. We observed the person to be given a soft diet at lunchtime.

- People could choose from a variety of options at meal times and drinks and snacks were readily available throughout the day. A relative said, "The food seems delicious. They will do something different if asked"

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other organisations to support people to receive timely care. For example, one person had significant mobility needs. Staff worked with occupational therapists and physiotherapists to support the person. Staff now support them with exercises regularly which has improved their mobility. A health professional told us, "(Registered Manager) is absolutely fantastic, she is always here, and she communicates people's needs well. Everything is handed over to staff and people have good continuity of care."

- People and their relatives said their health needs were met in a timely way. One person told us, "If I was unwell, the manager would get the GP in without question."

- People were supported to access a range of health professionals and attend appointments as needed. For example, one person was living with cancer and was supported to attend their hospital appointments by a nurse who could understand their medical needs and provide continuity of care when at the home. A person told us, "I go out to the dentist and (a member of staff) goes with me." A relative said, "All residents have chiropody once a month" and they told us staff had organised regular optician and dental appointments for their loved one.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised with their furniture and personal possessions. People felt the home and their bedrooms were very well maintained.

- The home had a recent refurbishment of the communal area. The provider had sought advice from designers with expertise in developing dementia friendly environments. The seating areas were designed to support people to engage with each other and we saw people sitting together throughout the inspection, enjoying conversations.

- People and their relatives were very pleased with the new lounge, dining and garden area. One relative told us, "The garden environment is superb."

- There were simple pictorial signs around the home to help people orientate themselves. People had photos and items of interest outside their rooms to help them navigate to and from their rooms.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. We observed staff to offer people choices throughout the inspection and their responses were respected.
- Mental capacity assessments were completed and where people were found to not have capacity to make certain decisions, best interest meetings had taken place with the relevant people involved. Where people did not have family, the registered manager had sought independent advocates to support them.
- DoLS applications were decision specific to ensure outcomes for people were met in the least restrictive way and where DoLS were authorised, these were complied with to support people in their best interest. For example, one person's medicines were to be reviewed regularly as part of their DoLS conditions, we saw evidence that staff facilitated six monthly medicines reviews with their GP.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager and staff had developed their practice following the last inspection, to ensure people received their care in a person centred way and had the choices about their day. People were supported to make their own decisions and told us they could do what they wanted throughout the day. One person said, "It's my choice that I spend my time in my room and dine with others in the dining room. I can choose to go to bed at a time I want."
- People and their relatives, where appropriate, were supported to be involved in decisions about their care and given support to express their views. For example, the registered manager reviewed people's care plans with them and their relatives and listened to their opinions. One person told us how they were involved in decisions about equipment they needed. They told us, "They do involve me in decisions and they got me a new wheelchair."
- People's communication needs were assessed, and their care plans contained guidance for staff to support their needs effectively. For example, one person's care plan said the person could struggle to find the words they wanted to say and guided staff to give the person time. We observed a member of staff doing this, this allowed the person to express their views and make decision about what they wanted to do in the morning.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. We observed positive interactions between people and staff and it was evident staff knew people well. For example, we observed staff having chats with people about things that interested them such as gardening, people were enjoying the interactions and sharing jokes. A healthcare professional told us, "The residents always seem to be happy with the level of individual care they receive from the staff."
- People and their relatives told us they felt well supported and praised the caring attitude of staff and the management team. One person told us, "The staff here are absolutely excellent" A relative said, "I cannot praise the care highly enough. The staff are fantastic, always smiling."
- People were offered emotional support when needed and staff showed concern for people's wellbeing. People told us staff were always available when they needed. One person said "The manager and staff are so nice here. They really care for you and they always have time for you."
- People were supported to maintain their personal identity. People wore clothes that reflected their choices and personality. For example, one person like to wear make-up daily. Their care plan guided staff to provide them with their make up in the morning as per their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. For example, one person like to be independent but needed help to access things in her room. Staff sourced them equipment to pick things up in their room. This improved their independence and sense of wellbeing as they were not reliant on staff.
- People's mobility had been assessed and mobility aids were in place to support people's independence. We saw staff ensured people had access to these to enable them to move about the home independently.
- Staff understood the importance of confidentiality People's care plans were stored in a lockable room which supported their information to remain confidential.
- People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner. People told us they could spend time alone and this was respected by staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager and staff had improved their person-centred practice since the last inspection. How people spent their time was their choice and people's baths, showers and times for bed were not regimented. We observed people to do what they wanted throughout the day and their decisions were supported by staff.
- People received personalised care that was responsive to their individual needs. People's care plans contained information about the person's life history, preferences and way in which they like to be supported. For example, one-person care plan stated they liked gardening and listening to music, their care records showed that they participated in these activities regularly.
- People were supported to go out of the home regularly with staff. People and their relatives had use of the provider's minibus as and when they wished. This supported people to maintain contact with their relatives and enjoy time together outside of the home.
- People had access to technology should they need to. For example, staff supported one person to maintain contact with their family via email.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff and the management team had a good understanding of AIS and people's communication and information needs were met.
- People were given information in a way they could understand. For example, one person had a picture book which they used to communicate their needs and choices with staff, the registered manager told us the picture book improved their independence and ability to make decisions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's relatives were welcomed at the home. A relative told us, "There are no restrictions on us visiting and we are always made to feel welcome." We observed staff offer people and their relatives' refreshments and private places to talk during the inspection.
- People had access to a variety of activities that were tailored to their interests. One person told us, "The activities are good and varied and I get into the garden as much as I like." Another person told us, "There is a

varied programme of activities and they are always encouraging me to attend, but not putting pressure on me."

- Staff understood the importance of supporting people to maintain and develop relationships with people who were important to them. For example, one person was supported to attend a family member's christening by staff and they were planning to attend a family wedding. Their relative told us, "It is so lovely that the staff and management put themselves out, so she can attend events as part of the family, we really appreciate what they do for us as a family."

- People were supported to attend activities that were socially and culturally relevant to them. For example, several people were religious. Staff had developed links with the local church relating to people's faith. People were supported to attend church and a vicar visited regularly to meet with people and take holy communion.

End of life care and support

- People's wishes at the end of their life were known and documented in their care plans. Staff were trained in delivering end of life care.

- People were supported in a dignified way at the end of their life. A relative sent the registered manager a thank you card after a person passed away, they praised the compassionate end of life care their relative received.

Improving care quality in response to complaints or concerns

- There were systems in place to deal with concerns and complaints. The providers complaints policy was easily accessible to people and their relatives. The registered manager had responded and resolved concerns and complaints in a timely way.

- People and their relatives unanimously told us that they were comfortable raising concerns although they had not needed to.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurances systems had improved since the last inspection. The registered manager now had good oversight of risks to people and accidents and incidents, which improved the care people received.
- Systems and process were in place to assess, monitor and improve the quality of the service being delivered. Actions were taken from audits of the service to drive improvements to the quality of care people received. For example, an infection control audit identified that practice related to hand hygiene was good but could be improved. The registered manager acted quickly and introduced further training around the use of personal protective equipment and hand washing.
- The registered manager had a good understanding of the regulatory responsibilities of their role and they had a good understanding of the duty of candour. There were policies in place to support staff to respond appropriately should anything go wrong.
- People knew the registered manager and were comfortable in their presence as they spent a lot of time with people. People and their relatives spoke very highly of the owners and registered manager and their leadership of the home. One person said, "The best thing is the manager, she is good at getting the best out of her staff." A relative told us, "I believe the service is excellent here and really well run."
- Staff felt valued and well supported by the manager and provider. One member of staff told us, "The home is well managed. (Registered manager) is very hands on and is visible on the floor, she is very supportive and checks with all staff and people. She always resolves the problem." Another member of staff said, "The home is so well managed. I have worked at many homes, it is different here because of the manager and owner they are amazing. The manager is always on the floor always around and is truly a leader. So supportive, she knows all the staff and residents."
- The manager understood the importance of continuous learning to drive improvements to the care people received. For example, they and their staff attended regular training to keep their practice up to date. For example, one person became unwell with an illness staff were not familiar with, the registered manager sourced training from a specialist hospital in London which enabled staff to be confident and support the person safely. This improved the care the person received.

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

- The culture of the home was positive and enabled people to live how they wanted to. There was a relaxed and friendly atmosphere within the home. A member of staff told us, "There is a very friendly atmosphere in the home and we respect that this is people's home. We are like a family."

- Staff worked in a person-centred way to support people to achieve good outcomes. For example, the registered manager and owner hosted annual events for people, their friends and families to attend to building a sense of community and maintain relationships for people. People and their relatives spoke very fondly of these events. A relative said in a thank you card, "We can't thank you enough for the wonderful time we had. Mum was like a different person and fully embraced the occasion."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged in the running of the service and their opinions listened to. For example, people were involved in the choice of colours and furnishings in the recent refurbishment of the communal areas.
- People, their relatives, staff and professionals were given opportunities to provide feedback about the home through informal conversations, meetings, questionnaires and a suggestions box. In a recent survey, everyone provided positive feedback about the care people received. A GP said, 'A well run home '(Registered manager) is a pleasure to deal with friendly, caring and efficient. The staff are always welcoming and show full commitment.' A relative told us, "I feel listened to and I know that any issues would be dealt with and we have open discussions and conversations."
- Staff felt listened to. For example, in a recent team meeting staff requested further knowledge about CQC and the inspection process. The registered manager listened and arranged for staff 1:1's with the deputy manager to upskill staff.

Working in partnership with others

- Staff and the registered manager understood the importance of partnership working and worked well with other professionals to meet people's needs. For example, one person had increased anxiety, staff identified this and worked closely with the person's GP and mental health team to support their needs. This resulted in a reviewed care plan and change to their medicines. Staff's proactive approach to partnership working had a positive effect for this person.
- A health care professional told us, "The management of the home is fantastic, they work really well with us to support people, we have trust in their care and nursing support." Another said, "The Barnham Manor staff communicate well with our practice staff and medical practitioners."