

The Henry Lonsdale Trust CIO

Barn Close Residential Home

Inspection report

Well Lane
Stanwix
Carlisle
Cumbria
CA3 9AZ

Tel: 01228521085

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Barn Close is a residential care home providing personal care to up to 39 people. At the time of the inspection there were 35 people living there.

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

People were overwhelmingly positive about the excellent service they received. They described it as "just lovely" and "the best in Cumbria". The service succeeded in helping people to continue to lead interesting, fulfilled lifestyles. Staff sought out people's own aspirations and helped people to achieve them.

Relatives and staff told us this service was exceptional and contrasted dramatically from any other provision they had experienced or worked in. Care professionals said the service was "amazing" and "a joy to visit". Staff had an excellent working relationship with other care agencies for the benefit of the people who lived there.

The service had developed significant new initiatives to support and improve people's well-being. These included a new spa facility solely for the people who lived there. People said the treatments had already had a therapeutic impact on their well-being.

People and relatives praised the staff for their care and kindness. Staff made sure people were treated with dignity and respect, and their privacy was protected. People were offered choices and their decisions were respected.

The service was safe. Risks to people's health and safety were assessed and mitigated. Medicines were managed in a safe way. There were enough staff to make sure people received care and support whenever they needed it.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

People said the service was well-run. They were asked for their views at meetings and in surveys. They had information about how to raise issues and were happy with the way these were dealt with. Staff said the management team were open, approachable and supportive.

The provider and registered manager were committed to continuous improvement of the service.

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

Rating at last inspection

This was the first rating since the provider's new registration on 2 November 2018.

Why we inspected

This was a planned inspection based on the new registration date.

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Barn Close Residential Home

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

The 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

Barn Close 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 14 people who used the service and two relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, care officers, care workers and a cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this service since the provider changed their name. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and visitors said they had no concerns about the service. Their comments included, "I do feel safe" and "My relative is safe here and well looked after".
- Staff completed training in safeguarding adults. They understood their responsibility to report concerns and were confident that these would be acted upon.
- Information was available for people, visitors and staff about safeguarding people. There were no current safeguarding concerns.

Assessing risk, safety monitoring and management

- The service had systems in place to protect people from avoidable harm.
- Risk assessments identified the individual risks to each person and the strategies used to minimise these. For example, sensor mats were used to alert staff to the risk of someone falling.
- Checks and servicing were carried out to the building and equipment to make sure it remained safe for use by people and staff.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. Staffing levels were kept under review to make sure people received safe care.
- This was a large mansion discreetly arranged into four lounge areas. Staff were allocated to each area so they were always nearby. People told us, "Staff always about" and "They come quickly when you call".
- The provider used safe recruitment processes to minimise the risk of unsuitable staff being employed. These included seeking written references and Disclosure and Barring Service checks.

Using medicines safely

- Medicines were administered safely.
- Some people managed their own medicines and were supported to store them safely. Staff who assisted other people with their medicines were trained and had regular checks of their competence.
- The instructions about the use of 'as required' medicines could be more detailed to ensure a consistent approach. Management staff addressed this during the inspection.

Preventing and controlling infection

- The home was very clean and staff worked hard to maintain high standards of hygiene.
- People described the home as "spotlessly clean" and "immaculate".
- Staff used disposable aprons and gloves to minimise the spread of infection.

Learning lessons when things go wrong

- The staff team took action to reduce accidents and incidents and learnt from these.
- The registered manager carried out root cause analysis on events to check if there were any trends and how additional support could prevent these. For example, if a person had repeated falls at the same time of day.

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.

This is the first inspection of this service since the provider changed their name. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People said they received superb support with their well-being and said staff took immediate action to support them with any changes in their health. One person commented, "They are very good at fetching the doctor if you need him."
- The service had excellent working relationships with other care agencies. Visiting healthcare professionals described the care service as "gold standard" and "excellent". They told us, "It's a joy to come here because everyone is so well looked-after" and "The staff are amazing and so great at communicating how people have been."
- The registered manager had recently introduced good practices in respect of people's oral care. She arranged for NHS Smile for Life training for staff and designed an oral health policy based on the latest best practice guidelines from NICE and CQC. People's oral healthcare assessments were detailed and each person had been provided with new toothbrushes that were the right type for them.

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

- The registered manager and staff had recently created a spa lounge. This provided a very high-quality spa experience solely for the benefit of residents. It was designed to enhance people's well-being in a holistic and therapeutic way.
- Staff and residents had enjoyed workshops in reflexology, massage, yoga, meditation and other therapies. People described feeling rejuvenated and relaxed after using the spa.
- The home was a magnificent 'arts and crafts' house. All staff worked hard to make sure it was decorated and maintained to a superb standard for the benefit of people who lived there. People said they were very comfortable and liked that their home was "very smart".
- The home was well-equipped with adaptations and lifting equipment so that people could enjoy their accommodation despite mobility needs.
- There were extensive, very well-maintained grounds, including a new sensory garden, that people could access. They said they often enjoyed lunch out on the patio in better weather. The home had won Cumbria in Bloom best care home garden several years running for the rose garden which people were very proud of.

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

- The service had been extremely successful in supporting people to regain weight after illness. People said the quality and choice of meals was "very good" and they were fully involved in suggesting new dishes.
- Care and catering staff were very knowledgeable about people's individual dietary needs and preferences. People could choose from a range of options at each meal. Softened diets were attractively presented in the

same way as regular meals.

- The registered manager had recently arranged a 'Hydration Matters' workshop for residents. People told us this had really helped them understand the importance of how much they drank for their well-being. There were water dispensers round the home and jugs of juice in all bedrooms for people to help themselves.

Staff support: induction, training, skills and experience

- Staff received relevant training to support them in their roles. All the training was face-to-face group training. Staff said this suited their training styles and meant they could learn together and apply their new knowledge consistently.
- Staff said they were very well supported by the registered manager and care officers. They received regular supervision and annual appraisals that promoted their professional development.
- The registered manager had recently developed a personal development plan for each staff member to focus on their individual strengths. For example, this had identified a care staff was really interested in continence care so they now took special lead responsibility in this.
- New staff completed induction training and the Care Certificate. All staff were encouraged to complete a care qualification to support their career progression.

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

- Each person's needs were assessed before they came to the service to make sure the right care could be provided.
- Information about people's abilities, preferences and needs was used to develop personalised individual plans of care.
- The registered manager sought out best practice guidance and used this to constantly update the home's standards.

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.

- People were fully involved in decisions about their care and their capacity to do so was respected.
- Staff understood the principles of MCA and DoLS. People were not unnecessarily restricted, so their rights were not compromised.
- If relatives had Lasting Power of Attorneys (LPA), the service retained copies of these documents. It was clear who would have the legal right to make decisions in the future on behalf of people.

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.

This is the first inspection of this service since the provider changed their name. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives said the staff were "very kind" and "lovely". They told us, "The girls are marvellous" and "You couldn't get better than this."
- There were some very engaging interactions between staff and people. Staff spoke with people with warmth and sensitivity and used reassuring touch appropriately.
- A care professional was very complimentary about the standard of care. They commented, "All the staff are fabulous - so genuinely respectful, caring and friendly."
- People's diversity was respected and care plans identified people's spiritual needs. There were visiting clergy from a variety of local churches to support individual religious needs.

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

- People were fully involved in making their own decisions and their choices were respected.
- People were encouraged to be involved in their own care planning. Staff used a monthly survey to ask individual people what other ways the service could enhance their independence.
- Staff were very clear that people were the decision-makers in the home. They said, "People are totally in control of their lives and the service they want from us" and "Everyone leads their own lives, there are no restrictions."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people and talked about them with the utmost respect and dignity.
- People's privacy was upheld. Staff asked people's permission before entering their rooms or providing assistance.
- The service encouraged acceptable risk-taking as part of an independent lifestyle where this was appropriate. For example, going out alone and managing their own medicines. One staff member commented, "This is like a lovely hotel and we're just the staff."

Is the service responsive?

Our findings

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

This is the first inspection of this service since the provider changed their name. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service provided an exceptional range of life-enhancing, personalised activities and interests. People told us, "We have all sorts of things" and "It keeps your head going". Activity staff and some care staff had formed a 'lifestyle team' who constantly looked at how they could help people attain lifetime goals. For example, one person said they still wanted to climb a particular hill in the Lake District and the lifestyle team were looking at how this could be achieved.
- People said the activities and spa treatments had an incredibly positive impact on their well-being and was a like a day out. They were provided with robes and a glass of sparkling wine whilst they enjoyed their pampering. Their comments included, "I feel really lucky to have spa days" and "I have had a number of treatments each one making me feel more relaxed". One person who had not been able to feel their feet for 29 years was able to do so after a few foot massages and treatments.
- Carlisle football club visited the home regularly to do ball exercises and have tea with people. They showed old football clips to those residents who were lifelong supporters of the team who thoroughly enjoyed this special association with the club.
- Each person was enabled to follow their interests and take part in activities that were wholly relevant to them. These included social occasions and activities in the wider community, such as IT lessons at the library, Tai Chi classes in the local village and monthly meals out to a range of restaurants. People also enjoyed purposeful gardening, such as growing fresh vegetables in the kitchen garden that were used by the cook to make meals.
- Children from a local school and nursery often visited. They helped people make jewellery that was sold, and the proceeds went into the residents' amenity fund. People also visited the schools to watch pantomimes.

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

- People were placed at the heart of the service they received and were fully involved in deciding how they were supported. They commented, "They ask what we want, and we air our views" and "We're spoilt for choice".
- The registered manager and staff genuinely valued each person's aspirations and helped people to achieve the things they still wanted to do. The registered manager said, "They're not just living here – they're having a life."
- People's individual care plans were very detailed, personalised and easy to read. Staff found it extremely easy to retrieve specific information from care records; all staff could quickly get a very good picture of how

to support the person in the way that they preferred.

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.

- People said they had all the information they needed and were kept fully informed. Some people used emails to communicate their views. Staff were able to describe how they had previously supported people with any communication needs, such as sensory impairments, to make sure they had all the information they required to make their own choices and decisions.
- There was no-one with any diverse language needs. One person was being cared for in bed whose communication skills had declined due to ill-health. Staff spent time with the person engaging them in tactile support, such as hand massages, to communicate their reassurance.

End of life care and support

- People had been fully involved in designing very personalised, detailed records about their last wishes. These included their preferences about how they wanted to be supported, even including whether they wanted the curtains left open or a light left on during their final stages.
- The service worked extremely closely with local community nursing services to make sure people were provided with comfortable, pain-free support.
- Staff provided compassionate and sensitive care to people who were at the end stages of their life.

Improving care quality in response to complaints or concerns

- People had very clear information about how to make a complaint and said they would be able to do so. People described how they frequently spoke with the registered manager and she actively encouraged them to be honest in their views.
- Staff took people's comments about the service extremely seriously. Staff acted on any comments where the service could be improved. For example, after one person mentioned some items had come back pink from the laundry, staff carried out an investigation, apologised and took action to minimise it happening again.

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.

This is the first inspection of this service since the provider changed their name. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive culture that was person-centred, welcoming and empowered people to make decisions about their own care.
- People and relatives spoke very highly of the service. They said, "You couldn't get better than this place" and "It's the best in Cumbria".
- The registered manager and staff were open, approachable and committed to high standards of care. They had good communication with people and relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager continually monitored the quality and safety of service and acted where improvements could be made.
- The registered manager reported to the board of trustees every three months. Trustees carried out regular visits to the service and reported on their findings.
- The registered manager was aware of the duty of candour and their legal responsibility to be open and honest with people and others if things went wrong.

Continuous learning and improving care

- The provider and registered manager were committed to continuous development.
- The registered manager was supportive of staff development and encouraged them to take lead roles in areas that they had a special interest in.
- The registered manager and staff team were constantly considering new ways of improving the service for the people who lived there.

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

- People and their families were encouraged to give feedback about the service.
- The registered manager held residents' meetings and acted on suggestions made. Individual people were also invited to score the service as part of monthly survey. The results were very positive.
- Staff were encouraged to voice their views and make suggestions at meetings and during supervisions.

- Staff said they felt valued and the provider was a good company to work for.

Working in partnership with others

- The registered manager encouraged strong links with the local community, including a nursery and primary school.
- The service networked with local care organisations that were relevant to the people who lived there.