

Cozee Care Homes Limited

Barnston Court Care Home

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

Barnston Court Care Home is a residential care home providing accommodation, nursing and personal care to 24 people aged 65 and over at the time of the inspection. The service can support up to 30 people in one purpose-built building.

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

People without exception told us that staff at the home were very caring. People's relatives praised the care that people received and expressed that they felt very welcome when visiting. It was clear that people had benefitted from the approach of the staff and registered manager. The registered manager had created a positive culture with a clear person-centred focus.

We saw that person-centred care planning had helped people to identify and achieve positive outcomes. People had been supported to reconnect with people they had lost contact with, to start doing things again that they used to enjoy and to regain independence in some areas of their lives. Staff showed creativity and determination in exploring the best possible options for people.

People received effective support to be as healthy as possible. People's health and wellbeing was regularly monitored and if needed nurses worked in partnership with other healthcare services. People were involved in making decisions about their healthcare.

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.

People were also asked their opinions in day to day and more significant matters. Staff listened to and took action based upon the person's views and preferences. Staff treated people with dignity and respect. They stopped and enquired about people's wellbeing; if somebody was struggling with something, they helped but did not take over. This dignified people and helped them to be as independent as possible.

People were supported to engage in activities that were meaningful to them both inside the home and in their community.

The home's environment and the care provided at the home was safe. People's medication was stored and administered safely. A record was made of any accident, incident or near miss that happened. These records were regularly reviewed by the registered manager; and if appropriate they shared information with people's families in a timely manner.

People and their family members told us that the positive culture at the home meant that they would feel comfortable raising any concerns and were confident that these would be addressed.

The home had enough care and support staff to meet people's needs in a timely manner. Staff told us that they felt well supported in their roles and they had received regular training. Staff had received training in and were knowledgeable about safeguarding people from the risk of abuse.

We have made recommendations that the provider put a system was put in place for recording new staff work history and in future provide training to help staff deescalate and support people during stressful situations.

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

Rating at last inspection

The last rating for this service was good (published 20 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Barnston Court Care 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

This inspection was completed by one inspector.

Service and service type

Barnston Court Care Home 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 and we sought feedback from the local authority. We also 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 11 people who used the service, 12 people's relatives about their experience of the care provided and two health and social care professionals. We also spoke with nine members of staff including

the registered manager, members of the providers quality team and the provider.

We reviewed a range of records. This included three people's care plans, people's daily care records and multiple medication records. We looked at two staff files and a variety of records relating to the management of the service including audits and policies.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Any information that may indicate a person was at risk of abuse had been recorded and acted upon by the registered manager and shared with the appropriate authorities. This helped ensure people were safe.
- Staff had received training about safeguarding people from the risk of abuse. They were knowledgeable about safeguarding and told us they felt confident acting on any concerns.

Assessing risk, safety monitoring and management

- The provider had assessed the building for safety and had recently made improvements to the home. For example, an old call bell system that had not always worked had been replaced with a new system. The new system was used by the registered manager to monitor staff response to people's calls for assistance and to monitor usage for patterns, which may indicate a concern with a person's wellbeing.
- There was a series of safety checks made by maintenance staff and outside professionals that helped ensure the home's environment was safe. Plans were in place to help ensure people were safe in the event of a fire; staff were knowledgeable about these plans and they had been regularly reviewed.

Staffing and recruitment

- The home had enough care and support staff to meet people's needs in a timely manner. People told us that they usually did not have to wait for care and support; and their call bells were answered quickly. People's relatives told us that staff were always visible.
- The registered manager made pre-employment checks to help ensure that staff were suitable for their roles. However, staff work history had not always been robustly explored.

We recommended that the registered manager ensure that a system was put in place for recording staff work history in future.

Using medicines safely

- Medication was administered and stored safely by suitability qualified and trained staff. The medication was regularly audited along with checks that each person was receiving the correct medication.

Preventing and controlling infection

- The home and its facilities was clean. Staff received training in infection control and the registered manager completed audits of infection control practise at the home.
- The home's kitchen had been awarded five stars by the local authority; the highest possible award for food hygiene.

Learning lessons when things go wrong

- A record was made of any accident, incident or near miss that happened. These records were regularly reviewed; and if appropriate information was shared with people's families in a timely manner.
- We saw examples of staff being responsive in learning from accidents and incidents and changing people's care and support that had helped to reduce future risks. This showed that the analysis of accidents and incidents was helping to keep people safe.

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 thorough assessment of each person's needs and preferences was completed before they came to the home. We saw examples of how the registered manager had done this at times quickly, in partnership with people's families and with empathy, kindness and compassion.
- One person's family told us that the assessment was prompt, responsive and they felt listened to and involved in the process. They said, "They took the time to speak with you and they go out of their way. They are very good, and they made it as easy as possible."

Staff support: induction, training, skills and experience

- Staff told us that they felt well supported in their roles. They had regular one to one supervision meetings and an annual appraisal of their performance. Staff told us that this support was useful and had helped them to develop.
- Staff received regular training, However, training in how to deescalate and support people during stressful situations had not been provided.

We recommended that the provider provides this training to help staff meet people's needs more effectively.

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

- People were very complimentary about the food provided at the home. They told us that there was always a choice and that staff made every effort to respond to any specific requests they may have.
- Some people needed additional support to ensure they had enough to eat and drink. For these people staff helped them to eat, made a record of their food and drink intake and worked in partnership with dieticians to ensure people had a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us that staff were vigilant and took effective action to ensure that people received the care and support needed from the home and other agencies. This included ensuring people had access to an independent advocate in needed.

Adapting service, design, decoration to meet people's

- Some areas of the home's environment were in need of refurbishment. There had been some recent improvements to the home's environment and there was an ongoing programme of refurbishment.
- There was a well-kept garden that people used in the summer. People were happy that they had been

supported to personalise and decorate their rooms and bring their personal items to the home.

Supporting people to live healthier lives, access healthcare services and support

- People received effective support to be as healthy as possible. People's health and wellbeing was regularly monitored and if needed nurses worked in partnership with other healthcare services. One person's family member told us, "Staff are vigilant and spot things. The care staff are very good with this."
- For some people staff had developed methods of knowing if the person was in pain, using recognised tools that had been adapted for the individual. This helped staff support people with pain relief and to know when to seek additional healthcare advice.

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.

- The service was operating within the principles of the MCA; and any conditions on DoLS authorisations were being met.
- The registered manager had a good grasp of the principles of the MCA. The registered manager and staff assessed people's capacity in detail which at times had highlighted that a person had the capacity to make decisions but needed support to communicate them.

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 good. At this inspection this key question has remained the same. 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 without exception told us that staff at the home were very caring. Comments included; "I've got excellent care", "The staff treat me very well" And, "I like this home... I feel looked after."
- People's relatives praised the care that people received and expressed how they felt welcome when visiting. Family members told us, "They really are nice, they go the extra mile. When I come to see mum, she is always dressed nice and co-ordinated" And, "When I visit I feel like one of the family; I feel really comfortable."
- Staff were very considerate, respectful and had empathy with regards to people's feelings. There was an emphasis on staff promoting positive relationships with people at the home.

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

- People were asked their opinions in day to day and more significant matters. Staff listened to and took action based upon the person's views and preferences. For example, we saw that each morning people were asked about their food preferences for the day; later the chef came and spoke to people about their lunchtime experience. People's views were sought on how they wished to spend their time, and what songs to request from a visiting musician.
- People were involved in making decisions about their healthcare. For example, we saw people being asked if they wished to have the winter flu vaccination. Also, staff discussed people's blood sugar readings with them, asked how they felt and agreed the amount of insulin needed with them.
- We saw that people's opinions had also been sought using questionnaires in a format that was meaningful to them and during one to one meetings with the registered manager. At times we saw that pictures were used to help people make decisions.
- If staff were unable to gain a person's opinion; they acted in the person's best interests, by trying to work out from their knowledge of the person what they think they would like and then observing the person's reaction. In this way they had learned of people's musical tastes and places they liked to visit. This had been successful; for example, using this method one person had started going out after spending 12 years in their room.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff knew how people wished to be addressed and used people's names. They sought people's permission before providing care and support; which was done in a natural, unhurried and friendly manner. They stopped and enquired about people's wellbeing; if somebody was struggling with something, they helped but did not take over. This dignified people and helped them to

be as independent as possible. We saw that if something went wrong, staff acknowledged this and apologised.

- Private and confidential information was kept secure and at times anonymised, to protect people's privacy. Staff knocked before entering people's rooms and respected their private space.

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 good. At this inspection this key question has remained the same. 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

- We saw that person-centred care planning had helped people to identify and achieve positive outcomes. For example, people had been supported to reconnect with people they had lost contact with, to start doing things again that they used to enjoy and to regain independence in some areas of their lives. The registered manager had ensured that each person had a keyworker whose company they particularly enjoyed.
- Staff showed creativity and determination in exploring the best possible options for people. One person had been supported to change some things in their life and staff told us that they were now, "coming out of their shell and communicating more."

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 at the home took all reasonable steps to help ensure that people received information in a way that was meaningful to them. Staff were skilled in providing people with information and gaining their views. This had included exploring technology to help support people to communicate.

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 were supported to engage in activities that were meaningful to them both inside the home and in their community. The activity co-ordinator was creative in exploring what people wanted to do and in supporting people to maintain relationships.
- One person had been supported to attend family events to help maintain important relationships in a social environment. Inside the home people were painting, playing bingo and playing chess; some people told us that they had recently been on visits to local pubs, have fish and chips by the beach, visit car boot sales, visit the library for audio books and a visit was being planned to go to a local museum and out for lunch. One person told us, "They do make an effort to put things on."
- For the previous two summers the home held a summer fair and a summer barbeque. This involved people and their families as well as neighbours and local shopkeepers. The home is close to the centre of a small town in Wirral. People were supported to visit local shops.

Improving care quality in response to complaints or concerns

- The provider had a procedure for responding to any complaints and concerns that may arise. Information

on how to raise a concern was readily available for people and visitors. A record was kept of any concerns, these were investigated and responded to; including if necessary an apology. The registered manager reviewed any concerns that arose for future learning.

- People and their family members told us that the positive culture at the home meant that they would feel comfortable raising any concerns and were confident that these would be addressed. Comments included "I can speak to them about anything at all" and "They listen to your grumbles and act upon them."

End of life care and support

- People's care plans contained their end of life wishes, when appropriate. Some of these had been written in partnership with people's family members. Staff had received training and support to enable them to be responsive to people's needs and wishes during the end of their life.

- One person's relative praised the end of life care that their family member received and told us that the approach of care staff had really helped, and they had the upmost confidence in them.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff spoke positively about the culture of the home and the leadership of the registered manager. Many staff spoke about the people at the home being like a family. We saw that people had good relationships with staff and they engaged in good humour together. One person's relative told us, "It's so nice to hear him laughing with staff."
- The registered manager had created a positive culture at the home with a clear person-centred focus that had benefitted people. She was clear in her expectations of staff at the home and had gained their confidence. The registered manager described care as her "passion" and told us that the most important thing was that all staff at the home really cared about people. People, their relatives and staff all praised this approach. One person's relative told us, "The manager is very caring and has the right attitude; she is the right person for this home." A staff member said, "She takes a personal interest. It's like she knows everything about everybody."

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 and other staff were candid and honest about times when improvements needed to be made. They had been open and shared appropriate information as needed to help improve outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had oversight of the quality of the service provided for people. They had systems in place that provided them with information about the quality of the service.
- The provider had a quality team which visited the home twice a month. The registered manager told us that they found these visits very supportive. The provider had a program of immediate and scheduled improvements to the quality of the home that was well underway.
- People and their relatives told us that they were pleased that the provider was investing into the home and making improvements. One person's family member told us that this gave them "peace of mind."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People living at the home and their relatives told us that they felt consulted with and engaged by the

leadership of the home. Staff also engaged with and worked alongside people's advocates and legal representatives. Events had also been held that involved the local community and members of the public.

- The provider had held family meetings. People's relatives told us that they found these meetings really useful and it was good to meet the providers and learn about their priorities and plans for the home.

Continuous learning and improving care

- The registered manager was very reflective and had completed a number of case studies on the care and support that people received, how the care had met their needs, what benefits this had and what improvements could be made. It was clear that people had benefitted from the approach from the registered manager and care staff and that there was a culture of continually striving for improvements.