

Sanctuary Care Limited

Barony Lodge Residential Care Home

Inspection report

Barony Road
Nantwich
CW5 5QS

Tel: 01270447395

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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

Barony Lodge is a residential care home providing personal care to 34 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

Barony Lodge is a purpose-built care home and accommodates people over three floors, each of which has separate facilities. The first floor specialises in providing care for people living with dementia. The second floor is not yet operational, however there are plans for this to be opened in the near future.

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

People were positive and complimentary about the support they received at Barony Lodge. They told us they felt safe and well supported at the home. Staff were focused on providing person centred care and people's wishes and choices were respected by the staff.

Staff treated people with kindness and patience. People had developed positive relationships with staff and there was a friendly and welcoming atmosphere at the home. People spoke highly about the food and the way they were treated.

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.

There had been a recent recruitment drive and a number of new staff had started at the service. The provider followed procedures to recruit staff safely. There were enough staff to support people in a timely way and staff were suitably trained and supervised to enable them to support people effectively.

Medicines were managed safely. We identified some areas which could be further developed and discussed this with the registered manager. People's health was well supported as staff worked with other health care agencies to ensure their health needs were met.

The registered provider used an electronic care recording system. Risk assessments and care plans were detailed and very person centred. People's likes, preferences and independence needs were understood and promoted by the staff.

People were well supported to take part in meaningful activities and the home had good links with the community. People felt able to raise any concerns and were given the opportunity to provide feedback about the care they received.

The home was well-led. The registered provider had effective quality assurance systems in place to monitor the quality of the care. Staff were positive about the management team. There was an emphasis on

continuous learning.

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

This service was registered with us on 21/08//2018 and this is the first inspection.

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 ●

Barony Lodge Residential 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

The inspection team was made up of three inspectors 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

Barony Lodge 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.

Notice of inspection

This inspection was unannounced. We arrived unannounced during the evening on the first day of inspection, which gave us the opportunity to speak with night staff. We informed the registered manager when we would return for the second day of inspection.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority who commission from 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. All of this information was used to plan our inspection.

During the inspection

We spoke with 11 people who used the service and two visitors about their experience of the care provided. We spoke with 13 members of staff including the registered manager, deputy manager, senior care workers, care workers, one domestic staff, the activities coordinator and the chef. 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. Two visiting health professionals shared their views of the service with us.

A wide range of records were reviewed. This included three people's care records and a sample of medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 for this newly registered service. 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

- Processes were in place to protect people from avoidable harm.
- People felt safe and contented living at the home, they said, "Yes I do feel very safe here" and "I feel very safe because I know all the people and have made friends."
- Staff had undertaken training in safeguarding and demonstrated an understanding of what abuse was, how they would identify signs of abuse and what action they would take if they had concerns about people's wellbeing.
- Where necessary, the registered manager had followed procedures to ensure any safeguarding concerns were reported and dealt with appropriately.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and were safely managed. Staff were knowledgeable about identified risks and told us how they supported people safely.
- Risk assessments were in place which linked to people's care plans. Appropriate actions had been taken to reduce risks. For example, where a person had experienced some falls, measures had been put in place to help reduce this risk.
- Emergency evacuation plans were in place for each individual, which included guidance for staff to follow in the event of an emergency. Staff had undertaken fire drills, however they had not practised a simulated evacuation of the building. The registered manager confirmed they would ensure this was carried out on a routine basis.
- There had been a period during which the service did not have a person allocated to carry out checks on the premises. As a result, some of the safety checks had not been done as frequently as required. For example: shower heads had not been cleaned since February 2019 but should be done monthly. A maintenance person had now been recruited and this was being addressed.

Staffing and recruitment

- There were enough staff to meet the needs of the people living at the home. People told us, "I'm surprised by how many staff there are, they are very good" and "There is always someone to help straight away when you need it."
- The registered manager used a dependency tool to confirm there were enough staff to meet the needs of people living at the home. Throughout the inspection staff were visible and very responsive to people's needs.
- Staff told us there had been some challenges due to staff absence and turnover. However, this had now improved significantly. Several new staff had been recruited and were undertaking induction training.

- The registered provider ensured safer recruitment procedures were followed, such as obtaining references and criminal records checks.

Using medicines safely

- People's medicines were managed safely. Systems were in place to ensure that all medicines were ordered, administered, stored safely and audited regularly.
- Medicines administration records indicated people received their medicines regularly.
- Staff were trained to administer medicines and their competency was checked. Staff required a better awareness of what condition a medicine was prescribed for.
- Improvements were needed to records, in relation to "As required" medicines..

Preventing and controlling infection

- The home was visibly clean, and robust cleaning schedules were in place.
- Staff were aware of best practice and how to prevent and control the risk of infection.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- There were systems in place to ensure lessons were learnt if things went wrong.
- Staff completed incident and accidents forms and were required to contact the registered provider's "accident helpline" following any incidents.
- Accident and incidents were fully analysed, and audits were carried out to identify whether there were any themes or trends which could be addressed. For example, action had been taken to focus staffing at busier times during the morning.
- The registered manager had reflected following a complaint raised about the service and as a result staff had received additional training relating to the administration of medication.

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 for this newly registered service. This key question has been rated good. 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 to ensure that people's needs could be met prior to them coming to live at the home.
- People and their relatives were fully involved in the assessment process to make sure staff had all the information they needed.
- Care plans were developed from these assessments, which identified achievable goals and provided care in line with relevant standards.

Staff support: induction, training, skills and experience

- Staff had received an induction that prepared them for their role and this followed the standards of the care certificate.
- Overall, staff received ongoing training and supervision to ensure they were competent and confident in their roles.
- Training in dementia care was undertaken by staff. However, in one case however, staff were unsure how to support a person with aspects of their needs in relation to dementia. We raised this with the registered manager, who agreed to address this further following discussions with the person's relative.

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

- People were complimentary about the food, Comments included "The food is fine, anything I want, they just bring it"; "I love the food, there's lots of choice and we tell them if we don't like it" and "It was so delicious today, I could have licked my plate!"
- People received the appropriate level of assistance with their food and drink. Staff provided physical support and verbal encouragement throughout meal times to ensure people had enough to eat.
- People were offered choices and alternatives to ensure they had something they liked.
- Each floor had a kitchenette area; snacks and drinks were always available to ensure people did not go hungry or thirsty.
- Where concerns had been highlighted plans were in place to ensure peoples' weight was monitored. Advice was sought from appropriate health professionals and any recommendations incorporated into the care plan.

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

- People had access to healthcare services when they needed it. Staff worked with other agencies and made

referrals where necessary to provide support to people and effective care.

- The local GP surgery visited the home on a weekly basis to help ensure people's health needs were reviewed promptly.
- Feedback was given by visiting two healthcare professionals. They spoke positively about the home, including staff communication and their understanding of people's needs.

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

- The home was purpose built and was suitable to meet the needs of the people living there. The corridors were clear, wide and suitable for wheelchairs.
- There was an accessible garden and patio area for people to enjoy. The ground floor bedrooms had direct access to the secure garden.
- There was consideration to the needs of those living with dementia with appropriate signage to support wayfinding and pictorial images of spaces such as bedrooms and bathrooms. The registered manager told us they were developing this further.
- People were able to identify their rooms by way of their name but memory boxes with several images of them in the past and present were also displayed.
- There was a cinema room, garden room, library and café room available for people and their relatives to use. There were numerous seating areas and lounges within the home.

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.

- People were routinely involved in decisions about their care. Staff sought people's consent and supported them to have choice and control over their care and support.
- Staff took time to assist those living with dementia to make simple decisions like they wanted to wear or eat. This was done verbally but also with visual clues and options.
- Staff undertook training and had a good understanding of the MCA. Where required MCA assessments and best interest decisions had been recorded.
- Where required appropriate DoLS applications had been made in people's best interests.

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 for this newly registered service. 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 told us they were supported by staff who were kind and caring in their approach. They told us, "The staff know me well and are always attentive" and "I never need to call or ask twice, they are very attentive."
- We found a friendly and welcoming atmosphere. Staff spoke with people in a polite and caring way and showed patience when people asked them for support.
- People had developed positive relationships with staff and looked comfortable in their surroundings. They commented, "I have made lots of friends here with the staff, so I have a chat whenever I want" and "We've had plenty of laughs today."
- The home had received several compliments in relation to the care and support provided.
- Staff recognised and supported people to meet their diverse needs. People's protected characteristics were considered within their assessments, so they were protected from discrimination. Staff had been trained in equality and diversity.

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

- People were supported to make decisions about their care. There was a resident of the day system, which meant staff from each department spoke with a person each day and sought feedback about the care provided.
- Regular review meetings were held with people and their relatives, to discuss the care and obtain their views.
- Over lunch time, we observed staff taking time to help people make choices about their meal time experience. Where people found it hard to make a choice, staff offered visual choices which enabled them to better express their opinion. For example: there were a variety of toppings for rice pudding, so people were given a bowl containing different sachets, so they could choose.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and privacy. One person commented. "Staff are always polite and respectful."
- Staff understood the importance of respecting people's dignity. They provided good examples of the way they did this and we observed this in practice.
- People were able to spend time alone or could chose to lock their bedrooms doors, to maintain their privacy.
- People records were kept securely, and staff had undertaken training in protecting people's information.

We noted staff needed to be more mindful when discussing people's care needs in communal areas, to ensure they were not overheard.

- Staff were focused on supporting people to maintain as much independence as possible. For example, some people helped with the washing up or made their own drinks where safe to do so. One person said, "The staff are very caring and help me to remain independent by taking all the hard tasks away."

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 for this newly registered service. This key question has been rated 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

- People's care needs were met in an individualised way and had choices about the way their needs were met. They told us, "I tell the staff what I need, and they follow" and "I have a shower every day which is nice, I didn't get that at the other home."
- Staff had a good understanding of people's preferences. They told us how they respected their choices. For example, people were supported with decisions about what they would like to wear, what time they went to bed and how they liked to spend their time.
- Care plans were very personalised and contained lots of information about the people being supported. This not only included information about their physical support needs but also about their likes, dislikes, wishes and things of importance to them. One person told us staff had now recorded they preferred not to be supported by male staff with personal care.
- Electronic devices were used by staff to access and record relevant information regarding people's needs.

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.

- Communication was addressed as a key area within people's care plans and steps were taken to ensure people were supported to express their needs.
- The registered manager was aware of the AIS and described how this can be achieved within the home.
- A 'loop system' was in place to assist those with hearing loss and information could be provided in a range of colour or font print to suit a person's needs.

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 had access to a wide variety of activities and were supported to follow their interests. They told us, "I like to get involved with all the activities and have lots of reading material from the library. I also like to take a walk around the grounds so I'm never short of something to do" and "We have lots of quizzes and word games and have trips out."
- There was an activities coordinator who planned activities in consultation with people living at the home.
- We observed an outside entertainer facilitating a lively singing and dancing session. People and staff were dancing together and there was a lovely atmosphere.
- People were supported to maintain relationships which were important to them. Relatives told us they

were able to visit at any time and some people regularly went out with their relatives. They commented, "I am always made to feel welcome when I visit."

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place. The procedure was displayed across the home.
- People and relatives said they felt able to speak to the registered manager at any time or raise any concerns.
- Complaints received were taken seriously to improve the service where possible and appropriate actions with records were in place. One person told us, "(Registered manager) is lovely, she handled my complaint straight away."

End of life care and support

- People had been supported to discuss their wishes and care plans were in place to support people at end of life.
- Where people had 'Do Not Attempt Resuscitation' agreements in place, these were clearly recorded within records to ensure they were followed.
- The home had links with the local End of Life partnership and training had been undertaken with more planned, to enable staff to provide responsive end of life care.

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 for this newly registered service. 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 provider and management team promoted a culture of person-centred care by regularly engaging with people, relatives and staff. This was evidenced by the positive comments received by people using the service.
- Documentation and care plans were person-centred to ensure people received individualised care and support.
- Staff were enthusiastic and motivated in their roles. They told us the management team were very approachable and felt able to openly raise any issues or concerns with them.
- Staff were supported to express their views and contribute to the development of the service through team meetings and handovers. A staff survey had recently been undertaken.

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 ensured we were notified of events as required by regulation.
- Staff had undertaken training to understand the duty of candour requirement. The registered manager and provider were aware of their legal responsibilities and the importance of investigating incidents/events that occurred.

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

- The registered manager was fully aware of their obligations regarding the role of registered manager.
- The provider ensured policies and procedures were reviewed regularly and accessible to staff when needed.
- There were clear processes to follow at all levels of management to assess and review the quality of the service.
- Regular checks were carried out to ensure that care delivery was effective. Where improvements had been identified, actions had been taken to improve practice.
- Staff were supported to understand their roles through staff meetings, daily meetings and one-to-one meetings with their line manager. Staff told us communication was good and they were kept fully informed and updated.
- Appropriate action was taken by the registered manager if there were any concerns relating to staff

performance.

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

- Regular resident and relative's meetings had been held.
- The registered manager's office was in the reception area and she regularly engaged with people and visitors to the service.
- People and relatives were positive about the management of the service and told us they knew and saw the management team regularly. One person said, "I can meet with (Registered manager) at any time."
- People's their views were sought. Staff were supporting people to complete satisfaction surveys during the inspection.
- The management team worked in partnership with other agencies to achieve good outcomes for people. This included working in partnership with healthcare professionals, commissioners and safeguarding teams.
- Links had been developed with community groups and services to help engage people and support with social interaction.

Continuous learning and improving care

- The management team were open to suggestions and acted straight away on any feedback provided during the inspection.
- The registered manager had reflected upon issues raised regarding the service and had made positive improvements to further enhance the care provided.
- Staff were encouraged to develop their skills through training and personal development. One member of staff was positive about training that had been arranged following discussions with their line manager.
- The provider had implemented a bespoke electronic care record system which provided prompts and alerts to support the management of the service. The management team provided feedback to help develop and improve the effectiveness of this system.