

Barchester Healthcare Homes Limited

Juniper House

Inspection report

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Date of inspection visit:
04 September 2023
05 September 2023

Date of publication:
04 October 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Juniper House is a nursing home providing personal and nursing care for up to 60 older people, some of whom were living with dementia. The care home accommodates people over 2 floors in 1 adapted building. At the time of the inspection there were 55 people living at the service.

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

Risks to people's safety were assessed and care plans were in place to guide staff regarding the support people needed.

People and their relatives spoke positively about the care and support they received.

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.

Safe recruitment processes were followed to ensure people were supported by staff who had the appropriate experience and were of good character. There were enough staff, and they were deployed effectively to provide people with appropriate support.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. There were safe systems in place and people received their medicines when required.

Infection and prevention control processes were in place to support the prevention and spread of infection.

The service had a positive ethos and an open culture. The management team were approachable, understood the needs of people, and listened to staff. People that used the service and their relatives had the opportunity to feedback on the quality of the support and care provided. There were effective systems in place to monitor the quality of the service and drive improvements.

The management and staff team worked in partnership with others including health professionals and commissioners.

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 7 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

Juniper House

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 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

Juniper House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Juniper House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post, however, they had been deployed to support another service since 05 May 2023. In their absence the deputy manager was in the role of acting manager.

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 the integrated care board who commission care from the provider. We reviewed the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people and 4 relatives of people who used the service about their experience of the care provided. We spoke with 16 staff, including the registered manager, acting manager, regional director, nursing and care staff, kitchen, housekeeping and maintenance staff. We spoke with a health professional who was visiting the service. We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at 6 staff files in relation to recruitment. 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. People and their relatives told us the service was safe. Comments included, "I do feel safe, and I could not be more grateful for the work [management] and staff are doing." Also, "There are always staff around to ask things, I can't think of any reasons to be worried but if I did [management] would probably be the best person to get hold of."
- People benefitted from a safe service where staff understood their safeguarding responsibilities. Staff had completed safeguarding training and understood the procedures they needed to follow to make sure people were safe.
- Staff told us they felt confident with reporting any safeguarding concerns. They felt they would be listened to by management and their concerns acted upon.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and mitigated. People told us they were supported safely, one person said, "I do feel safe here, the first thing I asked them is to put bed sides up every night. I had several falls at home, all in the night and this is a way I want to avoid it. Staff made notes about the bed, and it was done during the first week when I came to live here."
- People had personalised risk assessments and care plans in place to mitigate risks in relation to many areas of their lives, including falls, skin integrity and eating and drinking.
- Care plans guided staff regarding the care and support people needed. Staff spoke knowledgeably about people's care plans, and we saw they followed these to support people safely.
- Environmental risks such as water and fire safety were consistently monitored and managed to mitigate risk. Health and safety and equipment checks were completed and up to date.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Safe recruitment procedures were followed. Disclosure and Barring Service (DBS) checks were in place. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient nursing and care staff to meet the needs of people using the service.
- People told us there were enough staff. One person said, "I have to get up at least 3 times a night, but staff come as soon as I ring, they are very good, I never wait." Another person said, "I call, and staff come, they wash me, clean my room, my clothes, everything, so I don't have to worry."

Using medicines safely

- Medicines were managed safely. Appropriate systems were in place for the safe management of medicines.
- All people's medicines were administered by registered nurses and people received their medicines as prescribed.
- Medicine administration records (MAR) were fully completed and regularly audited.
- There were PRN (as required) medicine guidelines with details of the signs the person may show if they needed those medicines, for example pain relief. This meant the provider could assure themselves staff had sufficient information to administer people's medicines as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with government guidance.

Learning lessons when things go wrong

- Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents and concerns.
- Accidents and incidents were reviewed to identify any themes and make changes to practice where required.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The management team had the skills, knowledge and experience to perform their role, along with a clear understanding of people's needs.
- Quality assurance systems and processes were in place to identify shortfalls and drive improvement. The management team undertook regular quality assurance checks of all areas of the service to maintain oversight of safety and quality.
- The provider carried out regular audits, reviewing the quality of key areas, for example, clinical governance, incidents, falls, care documentation, infection prevention and control and the environment. Action plans were created in response to audit findings to ensure areas for improvement were managed effectively.
- Staff understood their roles and responsibilities towards the people they supported and felt supported in their role. One member of staff told us, "I have supervision with my manager, it's helpful and positive to get information and feedback. I would recommend Juniper House as a place to live and work."

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

- The provider promoted a positive, open and person-centred culture. The atmosphere in the home was warm and friendly. Interactions between staff and people were positive and demonstrated dignity and respect. People were encouraged to be involved in day to decisions about their care.
- People spoke positively about living at Juniper House. One person said, "I would have no problem recommending this place. Nobody would be lonely and left with no help here. The carers are like my new friends." Another person's relative said, "Management of this place is first class; they truly are in the right place, and they are doing their job well. It's not just that they are looking after my relative, they are looking after me as well."
- Staff were proud of working for the service and of the quality of care provided. They spoke about providing a good quality of life for people and staff working well together as a team. Comments from staff included, "[The management team] are amazing, any issues we can speak to them. Our reputation in the local community has grown so much, it makes you feel good to be making a difference." And "[Management team] are great, it's a good team, we all help out and work together."

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

characteristics

- People and those important to them had many opportunities to feedback their views about the home and the quality of service they received.
- Regular meetings took place for people and their relatives to give their views on the quality of the service being provided. These covered all aspects of people's care, social opportunities and activities, food and drink and the environment. People told us their views were listened to and action taken in response to the feedback they provided.
- Regular surveys were in place; the results were analysed, and people informed what action would be taken in response to their feedback. A review of completed surveys showed people's satisfaction with the service had greatly improved over time.
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. We looked at a sample of staff minutes and saw they covered numerous topics relevant to the service.

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 management team were open and honest when things went wrong. The registered manager understood and acted on the duty of candour.
- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- People and relatives spoke positively about the openness of the registered manager and staff. One person's relative said, "We have no complaints about how this place is managed. We think it is very good because [registered manager] is brilliant at her job, she is approachable she listens to what we as a family tell her about our relative and the nurses are very helpful and knowledgeable."

Working in partnership with others; Continuous learning and improving care

- The service worked effectively in partnership with others to achieve good outcomes for people. For example, nursing staff were working with the primary care network on an initiative to promptly identify and manage deterioration in people's health, preventing unnecessary admissions to hospital. We received positive feedback from a visiting health care professional, who spoke highly of the clinical practice and information sharing carried out by the nursing team.
- Discussions took place to ensure lessons were learned and changes to care made where necessary. For example, in response to 1 incident the registered manager introduced a daily afternoon meeting for care and nursing staff to come together and discuss any incidents or deterioration in people's health during the day, to ensure prompt action was taken when needed.
- Staff were proud of awards they and the service had been awarded for working in partnership with people and families when considering their advanced care planning needs.