

College Of St. Barnabas(The)

College of St Barnabas

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?	Requires Improvement ●

Summary of findings

Overall summary

The College of St Barnabas is a registered charity providing accommodation, care and support to retired members of the Anglican clergy and their wives and widows. Accommodation on the College site includes a care home with nursing for a maximum of 28 people. There were 25 people living in the care home at the time of our inspection.

The College also provides accommodation for eight couples and 20 single people in 'The Cloisters' flats. This accommodation is not registered with CQC. The College is registered to provide personal care to people living in The Cloisters, although this was not being provided at the time of our inspection.

People's experience of using this service:

People received their care from consistent staff who knew their needs and preferences well. Staff were kind and treated people with respect. People and their relatives were involved in planning their care. Staff encouraged people to make choices and respected their decisions.

Some people's care records were not accurate or up-to-date. This had not adversely impacted people's care as staff knew their needs and provided the support they required. However, there was a risk that people could receive inappropriate care as their care plans did not always accurately reflect their needs. We have made a recommendation about this.

The management team communicated effectively with people, relatives and professionals. People and their families and staff were able to give their views about the service and these were listened to and acted upon.

There were enough staff deployed on each shift to meet people's needs. Staff received appropriate training for their roles and received good support from the management team. Staff understood their role in safeguarding people and knew how to recognise and respond to abuse.

Risks were assessed and managed effectively. Medicines were managed safely. Staff maintained appropriate standards of hygiene and infection control. The provider operated robust recruitment procedures which helped ensure that only suitable staff were employed.

People were supported to maintain good health and to obtain medical treatment when they needed it. Staff worked well with other professionals involved in people's care and followed any guidance put in place by professionals.

People had access to a wide range of activities, events and outings. Relatives were made welcome when they visited and were encouraged to be involved in the life of the home. People's religious and spiritual needs were met. People generally enjoyed the food at the home and had opportunities to give their views about the menu.

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

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, report published 21 July 2017.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence 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 not always well-led

Details are in our Well-led findings below.

Requires Improvement ●

College of St Barnabas

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Two inspectors and a specialist nursing advisor carried out the inspection.

Service and service type

The College of St Barnabas 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.

Before the inspection

We did not ask the provider to complete a provider information return (PIR). 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.

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection

We spoke with seven people who lived at the home, two relatives and three visiting professionals. We spoke with eight staff including the registered manager, the clinical lead, the bursar, the estate manager, the chef, care staff and housekeeping staff.

We looked at care records for four people, including their assessments, care plans and risk assessments. We checked five staff files, medicines management and recording, accident and incident records, quality monitoring checks and audits.

After the inspection

The registered manager sent us further information by email.

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.

Assessing risk, safety monitoring and management

- People told us they felt safe at the home and when staff provided their care. Relatives were confident their family members were cared for safely.
- Assessments had been carried out to identify and mitigate any risks people experienced in areas including moving and handling, nutrition, falls and pressure damage.
- Health and safety checks were carried out regularly and equipment used in people's care, such as slings, hoists and adapted baths, was checked and serviced according to manufacturer's guidelines.
- The home had a business continuity plan which outlined the actions the provider would take plan to ensure people received their care in the event of an emergency.
- A fire risk assessment had been carried out by a fire safety consultant and the support each person would need in the event of a fire had been recorded.

Staffing and recruitment

- People told us staff were available when they needed them. They said staff responded promptly when they requested support. One person told us, "[Staff] are always busy but they will always make time to come to me." Relatives and professionals confirmed that sufficient staff were deployed to meet people's needs. One relative said, "You can always find somebody if you need a member of staff."
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and attend a face-to-face interview. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and understood their responsibilities in protecting people from abuse. Staff were able to describe the signs of potential abuse and the action they would take if they observed these. Safeguarding and whistle-blowing had been discussed at team meetings and staff reminded of their responsibilities in these areas.
- People told us they felt safe at the home and when staff provided their care. One person said, "I feel very safe with everyone here. I think they must choose their staff carefully because in general they are marvellous."

Learning lessons when things go wrong

- If accidents or incidents occurred, these were recorded by staff and reviewed to identify any learning that could be implemented to prevent a similar incident happening again. For example, the registered manager

reviewed any falls that occurred to identify any patterns or trends. This included considering factors such as the time of day, location and any underlying factors such as medication or illness.

Using medicines safely

- Medicines were managed safely. People told us staff supported them to take their medicines on time. One person said, "I have a lot of medicines to take and the carers never forget when it is due." People were supported to manage their own medicines where they wished to do so. Appropriate storage for medicines was provided in people's rooms and staff carried out checks with people's agreement to ensure they were managing their medicines safely. Individual protocols were in place for medicines prescribed 'as required' (PRN).
- There were appropriate arrangements for the ordering, storage and disposal of medicines, including controlled drugs. Staff who administered medicines received relevant training and their practice was assessed before they were signed off as competent. The medicines administration records we checked were accurate and up-to-date. Medicines administration records included photographs so staff could be sure they were giving medication to the correct person.

Preventing and controlling infection

- The home was clean and hygienic and staff maintained appropriate standards of infection prevention and control. All staff attended training in infection control and we saw that staff used personal protective equipment (PPE), including gloves, aprons and masks, when necessary.
- One person required barrier nursing at the time of our inspection because of an infection. We spoke with staff about how they managed this so that there was no risk of infection to others in the home. Care staff were able to tell us the process for the safe disposal of linen and personal hygiene products as well as what PPE they were required to wear and how to dispose of it safely. Housekeeping staff told us they ensured any items from this room were washed separately and at high temperatures. They completed regular quality assurance checks in all areas of the home. We saw these were scored and any actions identified, for example, additional training for the cleaner was noted as completed.

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. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had access to the training they needed to carry out their roles. All staff had an induction when they started work, which included mandatory training and shadowing colleagues.
- Staff told us they were well-supported through training, supervision and appraisal. One member of staff said, "We review accomplishments throughout the year and identify any other training we need." Another member of staff told us, "Appraisals are good because we are set long and short-term goals."
- Staff shared important information about people's needs effectively. A handover took place at the beginning of each shift to ensure staff were up-to-date with any changes in people's needs. Staff told us they worked well as a team to ensure people's needs were met and professionals confirmed that staff worked in a co-ordinated way to provide effective care. A professional said, "It is good care. There is a clear team structure and everyone understands their role."

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

- Staff supported people to maintain good health and to access healthcare treatment when they needed it. Care records demonstrated that people had access to healthcare professionals including a GP, dentist, chiropodist, optician and physiotherapist.
- The healthcare professionals we spoke with told us staff sought advice appropriately and communicated effectively with them about people's needs. One healthcare professional said of staff, "They are on the ball. If we need a review or we notice something, they will respond; everything gets acted on." Another healthcare professional told us, "We had a lot of communication about [person] moving back to independent living. There were a lot of things we needed to discuss to make sure the plan was appropriate and safe."
- Professionals told us staff followed any guidance they put in place about people's care. One professional said, "The care staff are responsive. If I put a plan in place, they will follow it. That's something they have been doing with [person]."
- Another professional told us that staff knew the needs of the people they supported and sought professional advice appropriately, which avoided inappropriate or unnecessary hospital admissions. The professional said of staff, "They know their residents very well. They will phone and ask our advice if someone is unwell rather than calling 999."

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

- Most people told us they enjoyed the meals provided at the home. They said staff knew their likes and dislikes and they could have alternatives to the menu if they wished. One person told us, "The food is marvellous. The kitchen makes sure there is a choice of what we can have." Another person said, "I think the

chef is inventive and creative with the food that is produced."

- Two people told us the quality of food was not as good at supper time. One person said of the evening meals, "Portion sizes vary in size and quality and one is hungry later in the evening." We informed the registered manager of this feedback, who agreed to address people's concerns about the evening meals.
- Relatives told us their family members enjoyed the food provided and said they were able to join their family members for meals if they wished. One relative said of their family member, "He enjoys the food." Another relative told us, "The food seems very good."
- People's nutritional needs were assessed and kept under review. Staff had sought guidance from speech and language therapists if they had concerns about a person's risk of choking and had liaised with dietitians regarding nutritional advice for other people at the home. Referrals had been made to healthcare professionals such as a GP or dietitian where necessary, for example, if people were consistently losing weight.
- Catering staff had attended training in the new initiative to standardise texture-modified foods and thickened drinks for people with swallowing difficulties in care settings. People's dietary needs had been reviewed as a result of these changes to guidance about texture-modified food and thickeners.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's needs were assessed before they moved into the service to ensure staff could provide their care. People's needs were kept under review to ensure they continued to receive appropriate care and support.
- Needs were assessed and care was delivered in line with relevant national guidance. For example, assessments in relation to skin integrity and nutrition were carried out using nationally-recognised assessment tools. The registered manager and senior staff kept up-to-date with developments in legislation and best practice. Any changes in nationally-recognised guidance that affected the way in which care was provided were shared with staff.
- People told us that staff asked for their consent on a day-to-day basis and respected their decisions about their care and support.
- No-one living at the College at the time of our inspection was subject to a DoLS authorisation. One person's risk assessment stated they were sometimes resistant to receiving the care outlined in their care plan. Whilst staff were clear that care was being provided in the person's best interests, there was no evidence of a best interests decision-making process. We discussed this with the registered manager at the end of our inspection. Following this discussion, the registered manager advised that they had requested input from the person's GP to record the best interests decision-making process.

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

- People living in the nursing unit were able to personalise their rooms as they wished and had access to any equipment they needed to facilitate their mobility.
- The College's communal rooms included a Common Room, two chapels, a refectory, a smaller dining room, three libraries and a residents' lounge on the nursing wing. Two lifts ensured that people with limited mobility were still able to move freely around the College.
- The College occupied a nine-acre site, which was available for all residents to use, and included woodland walks, a croquet lawn and a putting green.

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. People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said the staff who supported them were kind and friendly. One person told us, "I cannot speak too highly of the care staff. They are lovely to me, we talk and laugh a lot together." Another person said, "All the staff here are extremely good. They care so much about us. It doesn't seem like just a job to them."
- Relatives told us staff treated their family members with kindness and respect. One relative said, "[Staff] are very caring, they anticipate people's needs." Another relative told us, "The care is very good and the staff are always friendly. You are loved here for who you are."
- People received their care from a consistent staff team. Staff knew the people they cared for well and were able to tell us about people's needs and preferences. Relatives told us their family members benefited from seeing the same staff regularly. One relative said, "The care has always been good and the staffing is consistent, which is very important." Another relative told us, "It's regular staff that look after [family member]. They all know him very well."
- Professionals told us people received good care from staff who knew them well. They said the atmosphere in the home contributed to people's well-being. One professional told us, "The staff are very courteous and they know their residents well." Another professional said of the home, "Everyone seems well cared for and it is always calm and peaceful."
- If agency staff were used to cover sickness or holidays on the permanent staff team, the home aimed to use regular agency staff to maintain consistency of care.
- Relatives told us they were made welcome when they visited and were encouraged to be involved in the life of the home. Relatives said staff kept them up-to-date about any changes in their family member's health or well-being.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff treated people with respect and maintained their dignity. People told us staff were respectful when providing their care and said they could have privacy when they wanted it. We observed kind and respectful interactions between staff and the people they supported. Staff engaged proactively with people and were attentive to their needs.
- One person told us that, although staff knocked before entering their room, they did not always wait for a reply before coming in. We discussed this with the registered manager, who agreed to speak with staff about the need to wait for a response before entering a person's room.
- People's religious and spiritual needs were met. Services were held in the College chapel every day and people were encouraged to take part in these if they were able to. People who were unable to attend

services in the chapel were able to listen to the service on a relay in their bedrooms.

- People were encouraged to be independent and supported to manage aspects of their own care where possible. Professionals told us that staff supported people in a way which promoted their independence. One professional said, "Getting people back to independence can be tricky but staff encourage them to achieve what they are capable of."

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 meet people's needs, preferences, interests and give them choice and control

- The service provided flexible care and support according to people's individual needs. Some people who lived in the nursing unit had previously lived in the Cloisters and transferred to the nursing unit as their needs increased. People said this was an aspect of the service that they valued highly. One person told us, "This place is so good because when one's needs increase, one can transition to the nursing wing whilst remaining within the same environment. This is a wonderful benefit of being here."
- The nursing unit had an 'emergency room', which people living in the Cloisters could move into if they became unwell and required additional care. This room was also available for people's recuperation following discharge from hospital. People returning from hospital were cared for in the emergency room and assessed before returning to more independent accommodation. The availability of this support had enabled some people to be discharged from hospital sooner than they would otherwise have been. One person told us, "I was discharged quicker from hospital because I could go into the emergency room here. It was very good; everything I needed was provided and they made sure I was perfectly safe before planning my return to my flat."
- People told us staff provided flexible support depending on how they were feeling each day. One person said, "Staff are very good; they are flexible to my needs as some days I am more able than others."
- People said they were consulted about and involved in planning their care. Relatives said their input was encouraged when their family member's care was reviewed. One relative told us, "I have been given a copy of [family member's] care plan for comment."

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 range of activities and outings. Special interest groups met regularly and included theology, poetry, film, art and music groups. Exercise classes were held each week and the College organised weekly shopping trips to nearby East Grinstead. The Friends of the College organised in-house activities, including slideshows and concerts, and arranged trips to places of interest such as Canterbury Cathedral, Denbigh's vineyard and nearby National Trust properties.
- People said they enjoyed the range of activities and outings available. One person told us, "It's brilliant here; there are so many activities to stop us from being bored. I enjoy art club, poetry, exercise and the monthly film." Relatives said their family members benefited from their involvement in activities. One relative told us, "They try and get people engaged. There is always something going on."
- People were protected from the risk of social isolation. Relatives told us the activities co-ordinator and care staff spent time with people in their rooms on a one-to-one basis to ensure people did not become lonely or isolated. The College had a number of volunteers who visited people at the home who did not have family of their own.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information about their individual communication needs and any support they needed to understand information or to communicate their wishes.
- The registered manager confirmed that important information about the service, such as the complaints procedure, could be made available in accessible formats to meet people's individual needs.

End of life care and support

- Staff provided compassionate end-of-life care when this was required. The home had access to support and training from palliative care specialists at a local hospice when needed.
- The spiritual needs of people receiving end-of-life care were met. The College warden told us that people could receive the sacraments of the Church at the end of their life and that prayers would be held with people's families if they wished.

Improving care quality in response to complaints or concerns

- The College had a procedure which set out how complaints would be managed. The registered manager told us that no formal complaints had been made about the nursing unit.
- If people had raised concerns informally, the provider had taken action to address these. For example, at a residents' meeting some people had reported problems with the availability of hot water. The College had recognised that the hot water supply was an issue for people and had recently replaced the boilers, which had addressed the problem.
- During our inspection, one person was dissatisfied with the way in which a member of staff had spoken to them about an aspect of their care. The person felt they had not been given an adequate explanation for a decision made by staff. We later spoke with the person's relative, who told us the registered manager had arranged a meeting to discuss the issue and achieve a resolution.

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 deteriorated to Requires Improvement. This meant some elements of the service management were inconsistent.

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

- Records relating to people's care were not always accurate, consistent and up-to-date. People were receiving the care they needed as staff knew them well and understood their needs. However, there was a risk that people could receive inappropriate care as their support plans did not always accurately reflect their needs. For example, staff told us that one person could occasionally display behaviour that challenged, particularly when staff tried to provide personal care. There was no written guidance for staff regarding the management of this behaviour in the person's care plan. The person's care plan recorded that they could manage their own oral care. However, staff told us the person had been unable to manage their oral care independently for some time.
- Information about people's care was recorded in a number of different places, which meant guidance about care and treatment was not always easily accessible to staff. For example, one person was receiving treatment for a skin tear. There was no guidance in the person's care plan about the treatment of the wound, although guidance about the dressing regime was recorded separately in a note book. One person's Waterlow assessment (to assess the risk of pressure damage) recorded that they were incontinent of urine, although the person's continence care plan stated they were doubly-incontinent.
- We shared this feedback with the registered manager at the end of our inspection. The week after the inspection, the registered manager informed us that care documentation had been reviewed to identify any areas in which updates were needed.

We recommend that the provider establish systems to ensure people's care records are maintained accurately and consistently.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives and professionals told us they could always speak to the registered manager or a member of senior staff when they needed to. A relative told us, "They communicate well with families." A professional said they were always asked to feed back to the registered manager following their visits to people living at the home. The professional told us, "[Registered manager] and [clinical lead] are very good. If I have raised issues with them, they have always responded."
- Staff told us they received good support from the management team. They said the registered manager promoted effective communication amongst the staff team. One member of staff told us, "The manager is visible and you can approach her at any time. Her door is always open." Another member of staff said, "The

manager is a good leader and has introduced better ways of communicating between staff groups."

- The registered manager understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.
- The management team carried out quality monitoring checks on key areas of the service, such as health and safety, infection control and medicines management. Any untoward events that occurred, such as falls, were reviewed to ensure learning and improvements took place.

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

- The provider sought feedback from people who lived at the home, their families and staff. Residents' meetings took place regularly at which people were asked for their views on all aspects of the home. The College produced a monthly magazine to keep people informed about news and forthcoming events.
- Staff had opportunities to give their feedback at team meetings. Staff told us the management team encouraged them to give their views about how people's care could be improved. One member of staff said of the management team, "They are very open. We work together to improve."

Continuous learning and improving care; Working in partnership with others

- The College's trustees carried out a quality monitoring visit each month. These visits involved a trustee speaking to a sample of people and asking for feedback about their accommodation, activities, food and whether they had any concerns. Trustees also checked a sample of audits, such as catering, maintenance and housekeeping audits, to ensure that quality standards were being maintained.
- Staff meetings were used to ensure staff provided people's care in a safe and consistent way. Minutes showed that staff were reminded of their responsibilities to share any concerns they had about people's safety or well-being.
- Staff and managers had developed effective working relationships with other professionals involved in people's care, such as GPs, district nurses, speech and language therapists, dietitians and physiotherapists.
- Managers and staff had access to updates from relevant bodies in the sector, such as the National Institute for Health and Care Excellence (NICE) and Skills for Care.