

St Barnabas Southwold

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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

St Barnabas Southwold is a registered care home that provides personal care to up to 14 people. At the time of the inspection there were 14 people living in the home. Most of these people were older adults with needs associated with physical disability, dementia or long-term conditions.

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

People were consistently treated with kindness and compassion by the staff and had their privacy and dignity respected. People and their relatives described positive relationships with the staff and management team. People were encouraged and enabled to pursue their hobbies and participate in activities of their choice. There was a welcoming atmosphere in the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff were aware of risks to people's safety and knew how to respond appropriately through safeguarding processes. People had access to healthcare services and appropriate referrals were made when their needs changed.

Staff deployment and organisation across the home was effectively managed. Staff felt supported by the registered manager and enjoyed their job, the training was relevant to meet people's needs and they were encouraged to develop professionally. The home was clean and hygienic throughout and safe management of medicines was in place.

Feedback was welcomed, valued and acted on. People, relatives and professionals expressed confidence they could raise issues or concerns with any member of staff or the management team and that these would be addressed.

The registered manager was held in high regard and there was visible leadership in the home. Quality assurance and risk management systems to independently identify issues or to improve the service were in place which supported effective governance and oversight arrangements.

Rating at last inspection

The last rating for this service was Good (published 03 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

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

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.

Good ●

Is the service effective?

The service is effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well led

Good ●

St Barnabas Southwold

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

St Barnabas Southwold 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.

A registered manager was in post. The registered manager 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 home since the last inspection. We sought feedback from the local authority and professionals who work with the home. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about their service, what the service does well, and improvements they plan to make. We took this into account when we inspected the service and made our judgements in the report. We used all of this information to plan our inspection.

During the inspection

We observed the care and support provided and the interaction between people and staff throughout our

inspection. We spoke with six people who used the service, four relatives, one visitor and one visiting professional about their experience of the care provided.

We spoke with the register manager, team leader and six members of staff from the care, maintenance and housekeeping teams.

We reviewed a range of records. This included two people's care records and 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 audits, policies and systems were reviewed.

After the inspection

We received information requested as part of the inspection and electronic feedback from one member of staff, two professionals involved with the home and one visitor about the care provided.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe and secure living in the home. One person said, "I have been here years and have always felt very safe and well looked after here."
- Staff understood their roles and responsibilities in keeping people safe from harm. They raised safeguarding concerns appropriately when they were worried about people's safety.
- People's care records included risk assessments which informed staff about how the risks in people's lives were reduced. This included risks associated with pressure ulcers, falls, choking, moving and handling and nutrition.
- All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks within the service.

Staffing and recruitment

- There continued to be enough staff safely recruited with the right skills and experience to meet the individual needs of the people who lived in the home.
- Staff employed at the home told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this.

Using medicines safely

- Systems and processes were in place to make sure people received their medicines as they had been prescribed with clear records kept.
- Staff received training in medicines management and had their competency regularly assessed.
- The registered manager undertook regular checks and audits of the medicines system to ensure it continued to be managed in a safe way.

Preventing and controlling infection

- People and relatives were complimentary about the cleanliness of the home. One person said, "It is always clean and tidy in the home, smells fresh and nice. They [housekeeping staff] work hard and do a good job."
- Staff continued to be trained effectively in infection prevention and control. They had access to personal protective equipment such as disposable gloves and aprons to reduce the risks of cross contamination.

Learning lessons when things go wrong

- Details of accidents and incidents were logged, recorded with appropriate actions taken to reduce the risk of re-occurrence.

- The registered manager carried out regular reviews of accidents and incidents in the home as well 'as complaints and concerns to identify if there were any trends or patterns. These were discussed with the provider's trustees to ensure effective oversight, with actions taken to mitigate risk and prevent reoccurrence.

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

- People's needs were assessed before admission to the home with family members and significant others involved in the process. Staff worked well with relevant professionals where specific needs had been identified, managing risks in line with recognised best practice which was reflected in people's care records.
- People continued to be supported to maintain good health and systems were in place to share information between services as required. For example, important documentation about people should they be taken to hospital in an emergency. A visiting healthcare professional commented, "Always a member of staff to greet me and to handover key information. Staff follow any guidance or instructions given and it's a good working relationship."

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the skills and knowledge to support them. One person said, "Staff know what they are doing I don't have any concerns, they seem well trained."
- New staff completed a detailed induction and did not work unsupervised until they were confident they could do so.
- Ongoing supervision and a performance-based appraisal programme was in place. Staff gave examples of training opportunities they had accessed in relation to their own development goals, including achieving professional qualifications in care.

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

- People enjoyed a positive meal time experience and continued to be supported to have enough to eat and drink and to maintain a balanced diet. Where required staff worked with healthcare professionals to ensure people's specific nutritional needs were fully assessed and met.
- People and relatives were complimentary about the portion sizes, selection and quality of the food provided. One person said, "Food is delicious, fresh and appetising. I enjoy the meals here." A relative shared with us how the staff had good knowledge of their family member's preferences, "[Family member] likes a smaller portion of food, too much and its off putting and they won't eat. They [kitchen staff] know this and give the right amount. What is good is that some of the carers sit and have their lunch with the residents, makes it more sociable, but at the same time you can see they are keeping an eye out."

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.

- Staff consistently asked for people's consent before providing any care or support. For example, obtaining people's permission before supporting them with their medicines. One person said, "They [staff] always ask me before they do anything for me. They are very respectful and considerate."
- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas.
- Where people were unable to make a decision for themselves their care records included a mental capacity assessment and/or best interests' decision. This included the person as much as possible in making their own choices with involvement of their family and appropriate professionals where required.

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

- People and relatives were complimentary of the environment. One person said, "I think the home is a charming, delightful place, very light and airy with enough space to move about and not be on top of one another. My bedroom is my sanctuary and I enjoy looking out of my window and at the wonderful views."
- The design and layout of the home and garden was accessible and appropriate to meet people's needs. There were communal areas, such as lounges, dining rooms and other spaces throughout the home, where people could meet with their friends and family, in private if required.

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 told us, the staff were compassionate, kind and caring towards them. Staff consistently addressed people in an affectionate tone and displayed warmth towards people when they engaged with them. One person said about the staff, "They are lovely, very caring, you can have a laugh with them." Another person added, "I know all the staff here well, most of them have been here a long time and we have got to know one another well, they are very caring and take an interest in us."
- Relatives were complimentary about the staff approach and described having good communication resulting in a positive relationship. One relative commented, "It is quality care that is provided here, I have no complaints. I am always made welcome when I visit and kept informed of any developments." Another relative stated, "I wanted to get [family member] in here as have heard really good things about the care and from what I have seen so far it has been really encouraging. There is a calm and genteel atmosphere in the home which I think helps."
- People and staff took a friendly interest in one another's lives which helped to build positive relationships.
- Staff knew people well and could adapt their communication and approach to meet the needs of each person.
- One person described how staff understood how important it was for them to be active and how the jobs they did in the home gave them a sense of worth, "I like to help where I can sometimes feed the cat or set the table."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us the staff were mindful of people's dignity and respected people's privacy.
- Staff were observed knocking on people's bedroom doors before entering and were discreet when asking people if they wished to use the toilet or adjusting their clothing to maintain their dignity.
- Staff were observed to support people walking with a mobility aid to do as much as possible for themselves, they checked the person was safe and comfortable whilst moving.
- People's confidential information and records were stored securely. Staff ensured discussions of a personal nature with and about people took place in private.

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

- People and their relatives where appropriate were involved in their care arrangements. A relative commented, "Due to [family member's] health needs changing and having to go to hospital there has been lots going on with [professionals] getting involved. [Registered manager and team leader] have been

fantastic to keep me up to date of any changes and to make sure everything is in place."

- Staff we spoke with knew people well and were able to tell us about the people's likes, dislikes and care needs. These were reflected in people's care records which people had contributed to.

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 services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People told us they received quality care that was personalised and tailored to meet their individual needs and wishes. One person told us, "They [staff] are quick to call the doctor or nurse if they think I need one. I am well looked after here."
- People's care records were comprehensive and person-centred, providing important information to guide staff on how to meet their individual needs. For example, managing specific health care needs.
- People's care records demonstrated that people and where appropriate their relatives and or representatives were involved in the planning of their health, care and support. The records reflected people's choices, interests or ways to maintain and promote independence, including what the person could do for themselves.

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 encouraged and enabled to pursue their hobbies, participate in activities of their choice through a varied activities programme. People and relatives spoke positively about this aspect of the service. One person told us, "I enjoy the exercises and the entertainment that is arranged."
- One person told us how their decision to not participate in the activities was respected but they still felt included in what was going on in the home through the approach of the staff. They said, "I prefer being in my bedroom and watching the world go by, I have a wonderful view and there is always something happening outside. I have become quite the hermit I choose not to get involved, but I don't feel left out. They [staff] know and often come and sit with me and chat, do my nails or help with a puzzle. I think from the noise and laughter in the home people like what is put on, but it is not for me."

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.

- The registered manager and provider were aware of the AIS and had met this requirement.
- There was appropriate signage around the home to aid navigation and promote independence. The registered manager advised information could be produced in different languages and formats if required.

Improving care quality in response to complaints or concerns

- There was a comprehensive complaints procedure in place. The management team dealt with concerns and these were taken seriously and acted on promptly. Staff were accountable and took responsibility if there were errors or mistakes and reviewed how things could have been handled differently.

End of life care and support

- People and where appropriate their relatives continued to be involved in making advanced decisions and developing any end of life plans if they wanted to. If people did not wish to discuss this their wishes were respected and documented.
- Staff provided people with person-centred, end of life care and worked with relevant professionals. We saw a range of thank you cards and letters from relatives expressing their appreciation and thanks for everything the staff and management team had done to support and help them through sensitive times.

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

- People and relatives were complimentary about the running of the home and held the registered manager in high regard. One person said, "The manager is very involved and makes time to speak to us. Little chats to see how we are and if we need anything. I know they must be busy, but I think that is good." Another person commented, "It is a good home, well run and the staff are wonderful."
- Regular feedback was sought and acted on from people who lived in the home and their relatives.
- The management team and staff demonstrated a commitment to providing high quality care, which met people's needs
- There continued to be a settled and established workforce, staff turnover was low which supported continuity of care for people.
- Staff felt supported and told us they found the management team approachable and receptive.

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

- The registered manager ensured that staff were well trained and aware of their roles and responsibilities. Staff had their competency assessed by a member of the management team, to ensure they were working to the standards expected. There was a positive and open culture where staff felt able to speak to the management team if they needed guidance and support.
- Staff told us morale was good, they liked working at the home, had confidence in the registered manager and felt well supported.
- The registered manager and staff were passionate about the care and support people received and promoted open communication. They acted when errors or improvements were identified and learnt from these events.
- Notifiable events had been reported to CQC as required and the registered manager was aware of their responsibilities around this. They received alerts and sector magazines to keep their practice up to date and received ongoing training and support.
- An effective programme of audits to monitor and assess the quality of the service provided was in place.
- Outcomes and actions from the audits and checks fed into a development plan for the home. This provided the registered manager and provider with the governance and oversight needed to independently identify any shortfalls and take steps to address them.

- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.

Continuous learning and improving care; Working in partnership with others

- The home continued to work closely with organisations within the local community to share information and learning around local issues and best practice in care delivery.
- Feedback from professionals cited collaborative working arrangements. One professional commented about the home, "They were very organised, in control of all processes and proud of their work."