

Bare Hall Home Limited

Bare Hall Residential Care Home

Inspection report

20 Bare Lane
Morecambe
Lancashire
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Website:

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection visit took place on 21 and 28 May 2015 and was unannounced.

When we last inspected the service we found breaches of legal requirements relating to the management of medicines. This was because we found that appropriate arrangements were not in place to administer medicines

safely or to record the administration of medicines.

During this inspection visit we found arrangements for storing, administering and recording medicines met legal requirements.

Bare Hall is situated in a residential area of the town and close to local amenities. The home is a detached, grade 2 listed building that is registered to accommodate up to a maximum of 32 people. At the time of our inspection visit

Summary of findings

there were 25 people who lived there. The majority of bedrooms were for single occupancy although there are a number of twin bedrooms for those who have made a positive choice to share. Some bedrooms were provided with en-suite facilities. There was sufficient communal space with two adjoining lounges, a conservatory and a dining room.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were well cared for by kind and attentive staff. They told us there were sufficient numbers of staff to meet their needs and staff were responsive when they needed them. Observations made during our inspection visit confirmed sufficient staff were on duty to enable people to move around the building safely. We saw staff were available to support people when needed and call bells were answered quickly. One person we spoke with said, "I feel safe in the home. The staff come quickly if I ring my call bell."

Care plans we looked at confirmed the registered manager had completed an assessment of people's support needs before they moved into the home. We saw people or a family member had been involved in the assessment and had consented to the support being provided. People we spoke with said they were happy with their care and they liked living at the home.

We saw the service had safeguarding policies and procedures in place to protect the people in their care. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with said they were receiving safe and appropriate care which was meeting their needs.

We found recruitment procedures were safe with appropriate checks undertaken before new staff

members could commence their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff had received training and were knowledgeable about their roles and responsibilities. However, the training for some staff including moving and handling was dated. Training must be provided to ensure staff involved in the moving and handling of people are safe and not placing people at risk from poor handling. We have made a recommendation about this.

The environment was well maintained, clean and hygienic when we visited. No offensive odours were observed by any members of the inspection team. The people we spoke with said they were happy with the standard of hygiene in place. Equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The cook had information about people's dietary needs and these were being met.

Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed she understood when an application should be made and in how to submit one. This meant that people would be safeguarded as required.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys, house meetings, care reviews and audits. We found people were satisfied with the service they received.

Summary of findings

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.

The provider had procedures in place to protect people from abuse and unsafe care. Staff had received safeguarding training and understood their responsibilities to report any concerns they had about poor care and abusive practices.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who lived at the home.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were not always supported by staff who were sufficiently trained to support them. This was because health and safety training for some staff including moving and handling was dated.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs. People who required help at mealtimes were supported by appropriately deployed staff in a sensitive manner.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Requires Improvement



Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Good



Summary of findings

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

The service was responsive.

People participated in a wide range of activities which kept them entertained and occupied.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Good



Is the service well-led?

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received. The registered manager consulted with people who lived at the home and relatives for their input on how the service could continually improve.

The provider had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Good



Bare Hall Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 21 and 28 May 2015 and was unannounced.

The inspection team consisted of an adult social care inspector, a CQC Pharmacist, a specialist advisor 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. The specialist advisor and expert by experience for the inspection at Bare Hall residential home had experience of services who supported older people.

Before our inspection visit on 21 and 28 May 2015 we reviewed the information we held on the service. This included notifications we had received from the provider,

about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, five members of staff, five people who lived at the home and one visiting family member. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called 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.

We looked at the care records of three people, recruitment records of two recently employed staff members, the duty rota, training matrix, menu's, records relating to the management of the home and the medication records of 20 people.

Is the service safe?

Our findings

People we spoke with us told they felt comfortable and safe when supported with their care. Our observations made during our inspection visit showed they were comfortable in the company of the staff supporting them. One person said, "I feel really safe in the home and like living here. I would never consider moving to another home."

The registered manager had safeguarding procedures in place to minimise the potential risk of abuse or unsafe care. Discussion with staff members confirmed they had received safeguarding vulnerable adults training when completing their national care qualifications. In addition staff had received training provided by the registered provider. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They told us the service had a whistleblowing procedure and they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct.

We looked at how the home was being staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We looked at the duty rota, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. We noted the registered manager had maintained the same staffing levels from when the home had been fully occupied. We saw call bells were answered quickly and people requesting help were responded to in a timely manner. For example we saw people requesting to go to the toilet were provided with assistance promptly. People who lived at the home told us they were happy with staffing levels and staff were available when they needed them. One person said, "The staff are always around if you need them. They answer call bells quickly and even find time to spend with us."

We observed staff assisting people with mobility problems throughout the inspection visit were kind and patient. We saw they took time when they supported people with their personal care needs to ensure they received safe care. For example we saw staff transferred one person from their armchair to a wheelchair used appropriate moving and handling techniques. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw the registered manager had undertaken assessments of the environment and any equipment staff used when they supported people. Where potential risks had been identified the action taken by the service had been recorded.

We looked around the home and found it was clean, tidy and well-maintained. No offensive odours were observed by any members of the inspection team. The people we spoke with said they were happy with the standard of hygiene in place. One person we spoke with said, "The home is always clean and tidy with no smells."

We found equipment in use by the home had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Equipment including wheelchairs and moving and handling equipment (hoist and slings) were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we found window retainers were in place and water temperatures were delivering water at a safe temperature in line with health and safety guidelines.

We looked at the recruitment procedures the registered manager had in place. We found relevant checks had been made before two new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks are required to identify if people have a criminal record and are safe to work with vulnerable people. The application form completed by new employees had a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers and details of any convictions. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We spoke with one member of staff who had recently been appointed to work at the home and had completed their induction training. The staff member confirmed that they had attended a formal interview and did not begin their employment until references and appropriate clearances had been received.

Is the service safe?

Medicines were stored safely and at the right temperatures. No medicines that are controlled drugs were currently held in the home but arrangements for storing, recording and disposing of these medicines met legal requirements. This helps prevent mishandling or misuse. Records were kept of all medicines received into the home and the quantity of any medicine 'carried over' from a previous month was written on a person's medicine chart. This meant that medicines could be accounted for.

Our pharmacist inspector looked at the medicine charts belonging to 20 of the 22 people who lived in the home. Any allergies a person had (or the words 'none known') were written on the chart for safety reasons. The administration of medicines was recorded accurately and

the dose given (one or two tablets) was noted if a person was prescribed a variable dose of medicine. Recording the use of medicines accurately helps ensure that treatment is effective.

Each person prescribed a medicine to be taken only 'when needed' had a protocol (extra written guidance) telling staff why the medicine had been prescribed and when it should be taken. This ensured that people received medicines in the way their doctor intended.

We watched people being given their medicines and saw that medicines were administered safely.

Staff followed the home's medicine policy (which had been reviewed in March 2015). We saw from training records that staff who handled medicines had attended medicines training within the past year.

Is the service effective?

Our findings

People we spoke with including visitors told us the care and support staff provided was good and they were happy. Staff spoken with showed they had a good understanding of the care needs of people they supported. One staff member said, “We are given information about the assessed needs of new people admitted to the home and know what support they require. I have worked here for a number of years and know the residents in my care very well.”

Our observations confirmed that the atmosphere was relaxed and people had freedom of movement. We saw people leaving the building throughout our inspection visit to enjoy the garden or go out for a walk. One person we spoke with said, “I am going out for my morning walk. I like to go to the shops and do a few errands.”

We spoke with staff members and looked at individual training records. Most had achieved or were working towards national care qualifications. These qualifications are provided for staff working in adult social care as part of their learning and development so they can carry out their role effectively and deliver high quality care. In addition we saw the service had provided training for staff on safeguarding vulnerable adults, dementia and challenging behaviour and medication administration. However the training for some staff including moving and handling and food hygiene was dated. This training must be provided to ensure staff have up to date knowledge and skills to deliver safe and effective care. We have made a recommendation about this.

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

We found the staff team understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits.

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. All the meals were plated up to look attractive and different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and helped to feed or prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support staff provided people with their meals was organised and well managed.

We spoke with the cook who demonstrated she understood the nutrition needs of the people who lived at the home. When we undertook this inspection there were five people having their diabetes controlled through their diet. One person was on a gluten free diet and two people required a soft diet as they experienced swallowing difficulties. The cook was able to fortify foods as required. Portion sizes were different reflecting people's choice and capacity to eat. The cook told us she was informed about people's dietary needs when they moved into the home and if any changes occurred.

People spoken with after lunch told us the meals were very good. One person said, “The food is very good and there are always lots of snacks and drinks between meals.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Is the service effective?

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed she understood when an application should be made and in how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection the registered manager was completing applications to request the local authority to undertake (DoLS) assessments for four people who lived at the home. This was because they had been assessed as requiring bed rails for their safety during the night. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs. For example we saw on one persons care plan regular visits had been recorded from a district nurse attending to a leg wound. The records showed following the visits improvements were being made to the wound.

We recommend that the provider ensures all staff are appropriately trained to deliver safe and effective care to people living at the home.

Is the service caring?

Our findings

People we spoke with told us they liked the staff who supported them and they were happy with their care. Comments received included, “The staff are very kind and they encourage me to be as independent as possible. They treat me with respect and dignity when carrying out more personal tasks. I used to be embarrassed but not any more.” and “I couldn’t ask for better care. The staff are lovely people and they look after me very well.”

As part of our observation process we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their own for any length of time. We observed staff sitting down and having conversations with people where they could and responding to any requests for assistance promptly. We observed people requesting a drink or wanting to go to the toilet having their needs met quickly. At lunch time we observed staff assisting people to the dining room. We saw they displayed a warm and caring attitude towards the people they supported. People were comfortable in the company of the staff and engaged in conversation. One person being supported said, “I am very slow but they are so patient with me. We always get there in the end.”

Staff spoken with were knowledgeable about the needs of people in their care. They were able to describe the assessed needs of people and how these were being met. They told us they were involved in the reviews of people’s care and knew when a care plan had been updated to reflect a person’s changing needs. One staff member said, “The care plans we work with are structured and very informative about the support people require. I find them very easy to follow.”

We observed a staff handover during a change of shift at lunch time. Information was given about people who had visited their relatives and what health professional visits had been undertaken in the morning. The information was shared appropriately and effectively.

We looked at care records of three people. We saw evidence they had been involved with, and were at the centre of developing their care plans. The people we spoke with told us they had been encouraged to express their views about how their care and support was delivered. The plans contained information about people’s current needs as well as their wishes and preferences. Daily records being completed by staff members were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines. We saw evidence to demonstrate people’s care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people’s needs.

Staff spoken with during the inspection visit displayed a good understanding of people’s individual needs around privacy and dignity. Throughout the inspection visit we saw many examples of good care practice with staff treating people they supported in a dignified manner. We observed staff were helpful and respectful when they spoke with people.

Whilst walking around the home we observed staff members undertaking their duties. We noted they knocked on people’s doors and waited for an answer before entering. We spoke with people about how staff respected their privacy. One person, “I find the staff very professional. They always respect my privacy when I am in my room.”

Before our inspection visit we received information from external agencies about the home. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they were pleased with the care people received and had no concerns.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. One person said, “The staff are very good with me. They know I like to do as much for myself as possible. They encourage me to be independent and don’t try and take over because I am slow seeing to myself.”

We observed staff treated people with respect throughout our inspection visit and assisted them to make basic decisions. For example, we saw people were able to choose what they wanted to wear and remain in their room or use one of the two lounges available to them. One person we spoke with said, “I have found the staff encourage me to make decisions for myself. I like to choose each day what clothes I want to wear. I don’t care if things don’t match. The staff respect this.”

We looked at care records of three people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. One person said, “I have a care plan which I have signed confirming I agreed with the care they give me. It has recently been up dated and I was again involved in the discussion and agreed with the changes being made.”

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People’s likes, dislikes, choices and preferences for their daily routine had been recorded. The care plans had been signed by staff confirming they had read them and understood the support people required. We found the care plans were

flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly.

The daily notes of one person showed how the staff had responded to an identified health concern. We saw the persons General Practitioner (GP) had been requested to visit. The outcome

of the visit had been documented and the records showed advice given about the persons care was being followed. The records confirmed the persons health was improving.

Although people told us there was no structured activity plan in place they did inform us they were fully occupied. Activities included singing, bingo, dominoes, skittles and games. On the afternoon of the inspection visit staff were observed providing a hand pampering session. One person we spoke with said, “The staff do their best to keep us occupied. I like doing crosswords and watching quizzes on television.”

The registered manager had a complaints procedure which was made available to people they supported and their family members. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

People told us they were comfortable with complaining to the staff or the management when necessary. They told us their complaints were usually minor and soon acted upon. One person said, “I have never had to make a complaint as I am quite happy. I would go to the manager if I had any concerns and I am confident she would listen to me.”

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the registered managers leadership. Two staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. One member of staff said, "I have worked here for a number of years and really like it. The home is well run and has a lovely relaxed atmosphere. It's a pleasure to come into work."

We found the registered manager had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered manager had delegated individual responsibilities to her deputy manager and senior staff. These included holding meetings with the staff they were responsible for and undertaking supervision sessions. The staff we spoke with were aware of the individual responsibilities of members of the management team and told us they were approachable and supportive.

We saw written records confirming departmental meetings were being held for care, domestic and catering staff each month. In addition the registered manager organised and chaired meetings for the full staff team. We looked at the minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included the service choosing to use the services of a training company and the various training courses which would be available to staff through them. We also saw the registered manager had discussed the standards she expected from her staff team for compliance with future CQC inspections.

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

We found the registered manager had sought the views of people who lived at the home about their care by a variety of methods. These included resident and relative surveys. We looked at a sample of surveys recently completed by people visiting the home. The feedback provided was positive with comments about the care provided, friendliness of staff and quality of food. Comments people had written included, "My [relative] has been in the home twelve months and seems settled. We are very happy with how things have turned out. I wouldn't hesitate to recommend the service." and "Staff are friendly, warm and caring. The place is spotless with no smells or odours."

Records seen during the inspection visit confirmed appropriate supervisory arrangements were in place for staff members. The staff we spoke with told us they could express their views about the service in a private and formal manner. The staff member said, "We are really well supported as a staff team and have access to the manager when we need them. I have to say we work well together." All staff members spoken with were aware of whistle blowing procedures should they wish to raise any concerns about the service. There was a culture of openness in the home to enable staff to question practice and suggest new ideas.