

Barchester Healthcare Homes Limited

Iddenshall Hall

Inspection report

Clotton
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 24 September and 3 October 2018.

Iddenshall Hall is a care home located in the village of Clotton, near Tarporley. It is an adapted property with purpose-built extensions on the ground floor level. Care and support is provided for up to 42 older people. At time of our inspection the service was supporting 32 people.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and we reviewed both areas during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in post. 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 were assessed prior to receiving support from the service to ensure that person centred care and support was provided. Care records included detailed risk assessments and support plans to help staff appropriately manage people's needs and keep them safe from harm. Care and support plans had been developed with the involvement of family and were reviewed regularly to ensure effective support was being provided at all times.

The service continued to use safe recruitment processes to ensure that staff were suitable to work with vulnerable people. Staff had completed a detailed induction program and shadow shifts with experienced staff members before lone working. Staff completed mandatory training as well as additional training specific to people's individual needs. Staff were supported in their role through regular supervision and meetings to ensure they maintained the right skills and knowledge to carry out their role.

Staff had received training in relation to safeguarding adults from abuse and understood what actions they should take when concerns are identified. Safeguarding policies were available for staff to access when needed.

Medicines were stored, managed and disposed of safely by staff who were suitably trained to administer medications to people living in the home. Staff consistently and accurately completed medicine administration records (MARs). The registered provider had policies and procedures in place for the safe

management of medicines.

Consent was gained in accordance with the Mental Capacity Act 2005; the registered manager, management team and care staff understood the need to obtain consent from people prior to offering support.

Interactions between staff and people being supported were positive and staff showed a good knowledge of the people they supported. People were treated with dignity and respect and staff ensured privacy was maintained at all times. People were encouraged to be as independent as possible and provided with choice and control over their day-to-day lives ensuring that the least restrictive support was given where appropriate.

Activities within the home were extremely person centred. People were offered an extensive range of activities that were based on their likes and preferences. The service's activities co-ordinators ensured that people were involved in the choices of activities provided. The activities co-ordinators worked extremely hard to ensure that people experienced positive outcomes and to improve socialisation, physical strength and mobility, independence and confidence.

The quality and safety of the service was assessed and monitored regularly and improvements made where required. The management team were open and inclusive and showed a desire to maintain and improve on the quality of the service being provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service remains safe.

Good ●

Is the service effective?

This service remains effective.

Good ●

Is the service caring?

This service remains caring.

Good ●

Is the service responsive?

This service was exceptionally responsive.

Assessments and care plans were extremely person centred and provided as much information as possible about people's personal history and cultural backgrounds.

Extremely person centred activities were provided in order to encourage participation and enhance people's quality of life by improving their physical abilities and encouraging socialisation with others.

A complaints procedure was made available to people and family members; people were confident complaints would be dealt with properly.

Outstanding ☆

Is the service well-led?

This service remains well-led.

Good ●

Iddenshall Hall

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 unannounced comprehensive inspection took place on 24 September and 3 October 2018. The inspection was conducted by one adult social care inspector on both days and one expert by experience (ExE) on day one. An 'ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. We also accessed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used all of this information to create our 'planning tool' which helps us to decide how the inspection should be conducted and any key information we need to discuss.

During the inspection we spoke with 13 people and three relatives. We spoke with the registered manager, deputy manager, two unit managers, activities coordinator and four members of care staff. We looked at care records for five people, recruitment records for four members of staff and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living at Iddenshall Hall. Comments included "There's always [staff] around when I need them," "If you have a problem, you don't need to worry, you know [staff] will be there to help you" and "When [staff] see me struggling with my walking they will always come to my assistance." One family member told us "[Relative] has been elsewhere before and I have much more confidence that nothing will happen to them here as I know all the staff and see them regularly."

Risks that people faced were assessed and managed appropriately. Care files included risk assessments and support plans with guidance for staff on how to reduce the risks and keep people safe from harm. Plans were reviewed regularly and updated when required so that staff had current information and guidance about how to keep people safe.

Accidents and incidents were completed and reviewed on a regular basis by the registered manager and provider to identify any trends or patterns. This helped to ensure that, where required, people were receiving the right support in line with any identified changes.

Staff had received training in relation to safeguarding and showed a good understanding of how to recognise and report abuse. Staff had access to policies and procedures in relation to safeguarding and relevant guidance to assist them in reporting incidents both internally and externally if required.

Medicines were managed safely by suitably qualified staff. Medications were kept secure in a dedicated room which was only accessed by nominated staff with responsibilities for managing medication. Those staff had undertaken regular medication training and regularly had their competency checked. The temperature of the medication room and fridge were monitored and recorded daily. This helped to ensure they were within the range required so that medicines remained effective. Items of medication which on opening had an expiry date were labelled with the date they were first opened and were within their use by date. There were safe systems for the administration, ordering, storage and disposal of medicines. Records were maintained of all medicines received into the service, disposed of and returned to the supplying pharmacist.

Sufficient numbers of suitably qualified and experience staff had been deployed to meet the needs of people living in the home. This was seen through observations made during the inspection and from staffing rota's provided by the registered manager.

Safe recruitment processes continued to be followed in line with the provider's recruitment policy and procedures. This included obtaining information about applicant's previous work history, qualifications, experience and checks on their criminal background.

Staff had completed training in areas such as health and safety, first aid, fire safety and infection control and showed a knowledge and understanding of how to respond to emergencies. Regular safety checks were completed to ensure the home remained safe for people living there. Checks were completed on the

environment, systems and equipment used within the service; this included gas safety checks, electrical systems and appliance checks, fire alarms and fire drills.

Is the service effective?

Our findings

People's needs had been assessed prior to moving into Iddenshall Hall. This ensured that people received support that was effective and appropriate to their needs. Care records clearly documented the support that people required and included guidance for staff on how to provide this.

Staff were required to complete a detailed induction on commencement of their employment at Iddenshall Hall and received on-going regular training appropriate to their roles and the people they supported. The induction included a period of shadowing experienced members of staff. Training was completed in areas such as manual handling, infection control, Mental Capacity Act and Deprivation of Liberty Safeguards and adult safeguarding, behaviours that may challenge, management of pressure sores and where necessary training in relation to specific nutritional needs. Staff were supported in their role through regular supervision and appraisal.

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 make particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. Consent for care was obtained in accordance with the principals of the MCA. Staff had received training around MCA and understood the importance of gaining consent from people before offering care and support; this was observed during the inspection. Where people lacked the capacity to make particular decisions, best interest decisions had been appropriately made and documented with the relevant people and professionals being involved in the decision made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty had been made to the local authority where required. We saw evidence that applications made by the registered manager had been appropriate and relevant paperwork completed accurately.

People's nutrition and hydration needs had been appropriately assessed and where required were supported to maintain a healthy balanced diet suitable to their needs, likes and dislikes. Where people had specific dietary needs or requirements, referrals to appropriate professionals had been made. Both care and kitchen staff had knowledge of those people with specific dietary requirements and those who required their food intake to be monitored. Where people required specific support during meal times, care records were clearly documented and staff had knowledge of those who required support and what support was needed.

People spoke positively about the food provided at Iddenshall Hall. Comments included "The food is lovely, we get lots of choice," "[Staff] always make sure you are happy with your meal," "[Staff] always ask me how I like things, like today I don't want the sauce on my lunch so they gave it me without it and didn't make a fuss" and "The food is lovely and hot when it gets to my room, I prefer to eat in my room as I feel more

comfortable." One family member told us "[Name] is on a pureed diet and needs assistance to eat, the food is always well presented and [staff] are very patient when they assist."

People were supported with access to health and social care professionals; care records showed evidence of people being supported with routine health appointments where needed. Staff and management were proactive in referring people for appropriate support from external health and social care professionals and care records detailed any action required.

Is the service caring?

Our findings

People and their family members were extremely complimentary about the quality of care provided by staff. Comments included "[Staff] are very kind, I get anxious they are very patient and help me feel better," "[Staff] take time with me as I can be a bit slow, they don't rush me," "Sometimes I feel a bit foolish when I get a bit forgetful, but no-one makes me feel stupid or talks down to me," "I could never fault [staff] on care, it saddens me but I know I couldn't offer [name] this standard at home and I don't imagine many places could" and "It reassures me about [name's] care when I see how [staff] are treating other people in the home, it is like if you were at home, just a lot bigger."

Many of the staff had worked at the service for a number of years; it was clear when speaking with staff and observing their actions that they knew people well and had good positive relationships with them. Staff knew people's likes, dislikes, wishes and preferences.

People told us and observations confirmed, that staff maintained people's privacy and dignity. Staff were observed knocking on people's doors before entering and ensured that doors remained closed when providing support or discussing private matters. Staff were able to clearly explain the actions they take to ensure that people's dignity and privacy were maintained at all times, especially whilst providing personal care.

People were supported to maintain relationships which were important to them such as with friends and family. People appeared relaxed around staff and there was a lot of laughter and banter between them and other people living in the home.

Staff supported people to be as independent as possible and offered choices about the care and support they provided. People told us staff did their best to promote independence and confirmed they were offered choices about their care.

Staff understood and supported people's communication needs and choices in line with Accessible Information Standards. Staff observed body language and maintained eye contact and listened patiently and carefully when speaking with people.

Is the service responsive?

Our findings

At our last inspection in 2016, the key question Responsive was rated as Good. At this inspection, we found the service had continued to develop therefore, the rating has improved to Outstanding.

The service and staff displayed an extremely person-centred culture which was embedded into assessments and care plans. Staff ensured that people, family members and professionals were involved in implementing the care plans which provided as much information as possible about people's personal history and cultural backgrounds. Care plans provided highly detailed and personalised information with clear guidelines for staff to support people in important aspects of their lives. Care plans were reviewed monthly in partnership with the person and their family members where appropriate and included updates to the care plans in response to people's changing needs.

Staff had worked closely with a local writer to create a book about people living in the home called "Pearls and Wisdom". The author, along with staff, spent considerable time with people to obtain extensive information about their lives; the information gathered helped to create this book of remembrance which clearly showed a person centred approach and theme. The book took 18 months to complete and contains stories, quotes and poems from people living in the home and had been dedicated to a person who had previously lived at the home but had sadly passed away.

The person centred theme was extremely abundant in the assessment, planning and review of social activities. People were positively encouraged to participate in activities that would enhance their quality of life by improving their physical abilities and encouraging socialisation with others. People and relatives spoke positively about the activities provided. Comments included "I really enjoy the trips out, it's nice to go somewhere different," "We can all have manicures if we want, it's always nice to get a bit of pampering," "[Staff] always seem to know what everyone enjoys doing," "[Staff] like to get everyone involved, but if they don't want to they don't have to," "[Name] tends to keep themselves to themselves, so it's nice that [staff] will do things on their own with them that they enjoy" and "I like that [Name] does some of the exercise activities as I think it helps to keep them mobile."

The activities available to people were extensive. Staff worked extremely hard to provide activities that were tailor made to suite every person within the home; whether this was by group or one-to-one activities. An activity evaluation plan had been developed for each person and looked at what staff were trying to achieve. A content inspired activity session planner was in the process of being implemented that categorised activities into areas such as cognitive, social, emotional, community, spiritual, physical and late stage dementia. This would ensure that activities were extremely person centred and based on areas that had been identified as requiring development.

Staff looked at innovative ways to enrich people's lives and make them feel more meaningful. For example, one person had told staff they wanted to start writing again as this was something they really enjoyed. Staff liaised with another service to set up a 'Pen Pal' club to encourage people to write letters to each other. People responded extremely positively and now look forward to sending and receiving letters; staff told us

that one person in particular who had become withdrawn lately but had responded extremely positively to the 'Pen Pal' club and are now enthused and have a 'glint' of positivity about them.

Activities had been designed to help improve people's physical mobility and reduce the number of falls within the home. 'Morning Movement' classes had been implemented as part of the services' falls prevention initiative. The service liaised closely with the local falls team and had completed research into exercises that would help to strengthen people's core muscles in order to develop people's strength and reduce their risk of falls. The service was in the process of collating information to determine whether falls had been reduced as a result of this initiative.

The service had recognised that not all people liked to participate in group activities and looked at ways to engage them wherever possible. For example staff identified that one person enjoyed boxing but preferred to stay in their room. The activities co-ordinator had brought equipment into the home and carried out one-to-one boxing themed activities in their room. This ensured they were kept active whilst doing something they enjoyed.

Activities had helped to develop people's confidence and social interaction with others. For example, one person preferred to stay in their room as they felt uncomfortable socialising and interacting with others. With patient encouragement, this person began to participate in small group activities; staff told us "[Name] is like a totally different person now and has really come out of their shell". Another person had told staff they used to paint but their confidence in their ability to paint had declined. Staff encouraged this person to help teach others in the home to paint to help build up their confidence and give them something to achieve and feel proud of.

The service tried to utilise activities to help people develop skills and achieve goals. For example, one person who had moved into the home on a temporary basis had extremely low confidence; staff had identified they had difficulty interacting with others. This person had told staff they loved gardening, staff arranged for them to help the gardener with tasks around the grounds of the home. This person's confidence and social interaction have improved immensely and they now carry out regular gardening tasks.

The service recognised the importance of community engagement with activities within the home; not only to benefit people living at Iddenshall Hall but the wider community also. For example, pupils from the local high school had supported staff with the delivery of activities in order to help them achieve their Duke of Edinburgh Awards; some of these pupils had continued to volunteer at the home even after they had completed their awards. Another example of community engagement was the 'dine alone' and 'tea and tour' initiatives, whereby members of the local community are invited into the home to dine with people; this initiative was implemented as a way of allowing social inclusion to people living alone and promote a positive relationship with members of the community. The service also runs a dementia support group for the community to support families of people living with dementia.

In order to support the funding of activities within the home, staff had undertaken various fundraising events such as a sky dive and sponsored walks. All money raised through fundraising will be put towards items requested by people in the home; such as gardening equipment, raised flower beds, sensory equipment and equipment to promote physical health and well-being.

Staff had a good relationship with other community resources which they utilised to further expand activities and community involvement. For example a local company had been extremely supportive of the service' aims to raise money and had paid for staff to enter the sponsored sky dive. The service also sponsors a local football team who they hope to involve in future events at the home.

Regular meetings were held with people to discuss activities and obtain their views; this ensured that activities remained extremely person-centred and based on the preferences of people living in the home.

The activities co-ordinator had been recognised by the registered provider for their hard work and commitment to providing meaningful and impactful activities to people living in the home. They had recently been nominated for an award to celebrate this recognition. They had also been made 'activities champion' for the area; this meant they supported and provided guidance to other activities co-ordinators.

The service collected details about people's sensory needs such as sight and hearing and ensured that people's communication needs were recorded in detail so staff would know how best to communicate with people. For example, in one person's communication care plan it read "[Name] uses hearing aids, staff are to ensure their hearing aids are in place at all times" another person's read "[Name] requires glasses for all activities. [Name] is able to place their glasses in themselves but staff are to ensure they are clean at all times"

The registered provider had a complaints procedure which was made available to people and family members. A record was kept of any complaints made and how they had been dealt with. The complaints that had been received had been dealt with effectively and in an appropriate time scale. Everyone we spoke with were confident that the management team and staff would deal with complaints properly. Family members told us that the management team were visible at the service and always available to speak with.

The service was not currently supporting anyone with end of life care. However, where people chose to discuss their end of life wishes, appropriate plans had been developed outlining their preferences and the choices for their end of life care. The service consulted with the person and, where appropriate, relevant others about the development and review of these plans.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. The registered manager was responsible for two services; Iddenshall Hall and another service on the same complex. They were supported by a newly recruited deputy manager and a team of unit managers. The registered manager and deputy manager had already developed a good working relationship that was cascaded down to all staff within the service. It was clear they both strived to provide good quality, person centred care to people within the home.

Both the registered manager and deputy manager received positive feedback from people using the service. Comments included "I know who the [managers] are, you see them a lot and they always have time for people," [Manager] is always around and happy to chat to you" and "Very good community here, [manager] runs a happy ship." One family member told us "It's nice that you can speak to [manager] about anything in relation to [name], sometimes you need reassurance, sometimes just to clarify what is going on, but it seems to be an open door policy."

Staff told us they felt extremely supported by the registered manager and management team. Staff described Iddenshall Hall as being 'like a home from home' and told us they felt valued and listened to by all managers. One staff member told us "This is a very difficult home to leave, I would choose to stay here over going further in my career as I love being here."

The quality and safety of the service was regularly checked. Checks were carried out on a regular basis on all aspects of the service such as care plans, health and safety of the environment and equipment, medication management and staff performance.

The service maintained good working relationships with outside organisations such as schools, nurseries, local churches and health and social care organisations; for instance GPs and social workers. They regularly invited members of the public into the home to engage with people and staff through themed events such as 'dine alone' and 'tea and tour'. Teenagers completing their Duke of Edinburgh Awards had completed volunteer work within the home in order to help achieve their award; some of these teenagers had then continued to visit the home even after they had completed the scheme.

Regular meetings were held with staff, people using the service and family members to obtain their views and encourage a culture of person centred and meaningful care.

The registered provider had notified the Care Quality Commission (CQC) of specific events which had occurred within the service as required by law.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 20A.