

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?

Good ●

# Summary of findings

## Overall summary

The College of St Barnabas is a very large building situated in a rural location outside the village of Lingfield. The service provides nursing care for up to 28 people, all of whom are Anglican Clergy, spouses, widows or widowers.

At the last inspection on 10 July 2014, the service was rated Good. At this inspection we found the service remained Good.

People were kept safe at The College of St Barnabas because staff knew how to keep people safe and the processes to follow when suspicions of or actual abuse had occurred. The provider followed safe recruitment practices that ensured only suitable staff worked at the home. Risk assessments were in place to enable people to remain safe and they provided guidance to staff about the risks and how to maintain people's safety.

Records of accidents and incidents were maintained and actions to help to prevent the re-occurrence of these had been implemented. There were sufficient numbers of staff to attend to the assessed needs of people. Medicines were managed and stored safely and people received their medicines on time and as prescribed by their GP.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# College of St Barnabas

## 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.

The inspection took place on 21 June 2017 and was unannounced. This was a comprehensive inspection carried out by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information 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. The provider had completed a Provider Information Return (PIR). 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 information was reviewed to see if we would need to focus on any particular areas at the home.

During the inspection we spoke with seven people who lived at the service, two relatives and one visitor. We spoke with the registered manager, clinical lead nurse, and four members of staff. We also spoke to the nominated individual. The nominated individual has overall responsibility for supervising the management of the regulated service and for ensuring the quality of services provided. We looked at the care records of three people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at records relating to staff recruitment, support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

## Is the service safe?

### Our findings

People were safe living at the College of St Barnabas. One person told us, "Oh yes, I feel very safe here." Another person told us, "Yes, I feel safe here and my possessions are all safe here." Relatives told us, "We believe [family member] is safe here"

People were protected from abuse because staff understood their roles in keeping people safe. Staff had attended safeguarding training and knew the different types of abuse and how to raise concerns if they witnessed or suspected abuse had taken place. One member of staff told us, "We are always vigilant. I'd inform the nurse in charge or the manager. If I wasn't comfortable speaking to them I'd go to CQC or the police."

People were kept as safe as possible because potential risks had been identified and assessed. Staff knew what the risks were and the appropriate actions to take to protect people and how to keep them safe. Care plans included risk assessments such as falls, waterrow (Skin integrity), multi-universal screening tool (MUST) and choking. Clear guidance was provided to staff of actions to take to minimise the risk.

Where people had been involved in incidents and accidents, staff aimed to learn and improve from these and to reduce the likelihood of these happening again. For example, one person had two falls in May. They had been referred to the falls clinic and their falls risk assessment and care plan had been updated.

There were enough staff to keep people safe and meet their assessed needs. The registered manager had recently increased the staffing numbers. One person told us, "Generally there are enough staff." Another person told us, "On the whole numbers are OK, but sometimes they get hard pressed." This may be because people were, as yet unaware, that staff numbers had increased. We suggest the registered manager informs people of the extra staffing and then checks with people whether they feel their needs are being met. Staff told us there were always enough staff on duty and the increase in staffing numbers has allowed them to spend more time with people.

Medicines were administered, recorded and stored safely. All medicines received into the service and those being returned to the pharmacy were clearly recorded. The clinical lead had the overall responsibility for the management of medicines at the home and all medicines administered were correctly recorded. Only the RGNs (registered general nurses) administered medicines. People received their medicines as prescribed by their GP. The medicine administration records (MARs) included a colour photograph of the person, any known allergies and protocols for administering PRN (medicines when needed) medicines. These measures reduce the risk of medicine errors occurring. There were no omissions noted on the MAR sheets. People told us that they always received their medicines on time. One person told us, "I get my medication on time and they [staff] supervise me taking them."

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. All the required documentation, including disclosure and barring service checks had been obtained for new staff.

## Is the service effective?

### Our findings

People told us they thought the staff were well trained, knew peoples' needs and did a good job. One person told us, "Staff seem well trained and the new ones are coming along well." Another person told us, "They just get on and give me my care."

People were supported by trained staff that had sufficient knowledge and skills to enable them to provide effective care for people. One member of staff told us, "I have done all the mandatory training and other training that helps me in my work." All staff attended an induction when they started work and had access to refresher training in core areas. The induction programme for new staff covered staff handbook, all mandatory training such as safeguarding, fire training, infection control, policies and procedures and were signed off by the member of staff and a member of the management team. Staff told us that their induction also included shadowing with another member staff for two weeks or until they felt confident to work unsupervised. Staff told us they were able to access any additional training they needed via e-learning.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No person currently living at the home was on a DoLS. People had capacity and had made the decision themselves to live at the home. Staff had knowledge of the MCA and how it applied. One member staff told us, "There are five principals we need to follow, such as always acting in their best interests. All people here have capacity to make their own decisions."

People were supported by staff who had supervision (one to one meeting) and an annual appraisal with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "Supervisions are delivered to us at least three times a year and we have an annual appraisal. We discuss our roles, residents, training needs and our goals for the future."

People were supported to ensure they had enough to eat and drink to keep them healthy. People's dietary needs and preferences were documented and known by the chef and staff. The chef kept a record of people's likes and dislikes. Pureed food was presented in a way that looked appetising, each vegetable and meat had their own colour. Food and fluid charts were used where concerns in relation to people's nutrition and hydration had been identified. People told us, "The food has improved recently since the new chef came." A choice of meals were provided by the chef and people could have a different meal that was not on the day's menu. There was a feedback process for people to write their comments about the food provided. Comments made were very complimentary about the quality of food.

People were supported to maintain good health and had access to all healthcare professionals as and when they required them and these were clearly recorded in people's care records. People told us, "We do get a chiropodist, a dentist and an optician to visit." Another person told us, "We get a weekly visit from the GP and if unwell you can see him at any time."

## Is the service caring?

### Our findings

People were treated with kindness and compassion in their day-to-day care. People were relaxed throughout and conversing with each other and staff in a friendly manner. People told us they were happy living at the home and with the staff who looked after them. Comments from people included, "Staff are enormously respectful," "I am encouraged to be as independent as possible," "I do feel staff allow me to be independent," A relative told us, "Staff are very caring towards [family member] and they are always clean and very well cared for."

People were involved in making decisions about their care and treatment. One person told us, "The staff do discuss my care with me." Another person told us, "Staff explain things about my care in a way I understand." Staff told us that they involved people with their care plans and they had regular discussions with them, and when necessary, their family members. Care plans had been signed by people that signified their involvement.

Staff told us that they encouraged people to be as independent as they were able to be. For example, they would encourage people to attend to their own personal care needs, but would be available to support as and when required. People were able to access the communal parts of the home and to partake in activities of their choosing.

People's dignity was respected by staff. We observed staff knocking on bedroom doors before entering and closing doors when they attended to people's personal care needs. People told us that staff were very respectful and they attended to their needs in private. One person told us, "Staff are respectful and maintain my dignity." Another person told us, "The staff do attend to me in private."

The religious needs of people were promoted. The cultural and spiritual needs were provided for by the more able people and services took place in the chapel, with sound being relayed to people's bedrooms for those who were not able to attend the chapel. Regular theology studies also took place at the home.

People and their relatives told us that the care delivered was good and that all staff were kind, caring, helpful, attentive and respectful. Staff interaction with people was of a kind nature and good interaction by the staff was observed throughout the day. For example, staff asked people if they were ready to attend their activity. Staff called people by their titles and preferred names as recorded in their care plans.

## Is the service responsive?

### Our findings

People received care that was personalised to their needs. People told us they were receiving the care and treatment they needed and expected. One person told us, "Staff do discuss my care plan and I think I have had a review." Another person told us, "Staff do explain things about my care plan in a way I understand."

Care plans had been produced from the pre-admission assessments and had been reviewed on a monthly basis. The provider had recently changed the care planning to an electronic system that provided clear information about the assessed needs of people. Care plans had improved from the last inspection and now contained information on what was important to people. For example, one person liked to have their hair done every week, which was done by a hairdresser. The person also preferred female staff and was able to do some personal care independently. Another care plan informed that a person could become anxious about their medical condition. There was guidance for staff on how to avoid this anxiety. Staff involved the person's family in their care and encouraged the person to speak to them, or to staff, when they were feeling anxious.

People had a range of activities they could be involved in. There was an activity coordinator who worked through the week. They engaged with people and spoke to them in a caring and relaxed manner. The activity coordinator carried out one to one activities throughout the day for people who were being nursed in their bedrooms. An activities list was displayed with the week's events that included theology discussions, religious services, trips out to the community, external entertainers such as Morris dancers and boat trips. One person told us, "I can't do much activity wise but the coordinator comes round to have a chat." Another person told us, "They don't push us into the activities, we do as we please."

There was a complaints procedure available to people, relatives and visitors and this was displayed at the service. The complaints procedure included all relevant information about how to make a complaint, timescales for response and who to go to if they were dissatisfied with the response. People and their relatives told us they knew how to make a complaint but had not needed to. One person told us, "I've not had any reason to complain." Other comments included, "No, I've never needed to complain" and "I've absolutely no complaints or concerns." Staff knew the procedures for reporting complaints. The service had not received any complaints since the last inspection.



## Is the service well-led?

### Our findings

There was 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.'

There was a positive culture within the home, between the people that lived there, the staff and the manager. Comments from people and relatives included "The management is very open," "I am satisfied with the management," "There is a very Christian ethos here" and "There is a very open ethos here and visitors can visit when they like."

Staff understood their roles and were confident about their skills and the management. The registered manager was visible at the home throughout the day and was available to people, relatives and staff. People and relatives were very complimentary about the registered manager. Comments included, "The manager is very approachable" and "The management is very good and smooth here."

Quality assurance systems were in place to monitor the quality of care and treatment of service being delivered to people. Monthly visits were undertaken by members of the trustees for the College of St Barnabas. These involved discussions with people and staff at the home. The last audit in May 2017 had identified people were happy with improvements to the food. One person had told them they had gained weight which was positive. Monthly audits also included maintenance records, catering and food, infection control and health and safety. The registered manager and staff also undertook monthly audits that included health and safety systems, cleanliness, medicines management and care plans. The provider had implemented improvements for the home. For example, a clinical lead had been appointed to support the registered manager and staff.

Regular staff meetings and daily handover meetings took place at the home. One member of staff told us, "We had a meeting last week and we have regular handovers. They are like mini meetings and we can raise our concerns there." We observed a morning handover where all people's health needs were discussed after the GP had visited them. The clinical lead told us this is a good opportunity to pass on important messages.

People and relatives had the opportunity to feedback on the services provided. Residents meetings took place twice a year. Minutes of these meetings were maintained and they were thorough. The last meeting had included discussions about the new registered manager and changes to the way medicines were to be delivered. The provider also produced monthly newsletters that was sent to people and their relatives and they were readily available at the home. They included information about forthcoming events such as church services and planned activities.

The provider had recently completed a 'People matters' staff survey. They were in the process of compiling the results. A questionnaire to ascertain the views of people and stakeholders were in the process of being sent out.

The provider had a set of values and visions that staff worked towards. For example, "Our resident's privacy is important and should be respected "and" That every resident has a right to decide his or her own care. We cannot force treatment on anyone." We observed staff respecting the privacy of people and the decisions people made.