

Barty House Nursing Home Limited

# Barty House Nursing Home

## Inspection report

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Date of inspection visit:  
23 June 2017

Date of publication:  
24 July 2017

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 April 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barty House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Barty House Nursing Home is a care home providing accommodation for up to 58 older people who require nursing and personal care. The home is located in a rural area outside Maidstone. At the time of the inspection 53 people lived at the service.

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.

At our previous inspection on 14 April 2016, the service was in breach of regulation 12 (Regulated Activities) Regulations 2014. This breach was in relation to medicine management. We found medicines records were not always maintained to protect people's health and wellbeing in line with current legislation and guidance. We found gaps in people's medicine records. At this inspection improvements had been made and the service was no longer in breach of the regulation.

Nurses were signing people's medicine records accurately. There were no identifiable gaps in people's medicine records. The provider had introduced an electronic system to record when people were taking their medicines and nursing staff were also completing hand written medicine records.

Staff received appropriate training for moving handling. During our inspection we observed good moving and handling practices.

The provider had ensured that there were appropriate systems in place to identify and minimise risk for people living at the service. Risks to people's safety had been assessed and actions taken to protect people from the risk of harm.

There was sufficient staff to provide care to people. Staff had safety checks to ensure they were safe to work with adults.

People were protected from abuse by trained staff who could identify the forms of abuse and who they could report to. The provider had effective safeguarding systems in place.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

We found that action had been taken to improve safety.

Staff were effectively managing and recording people's medicines.

Staff received full training on moving and handling.

There were sufficient staff to provide care.

The provider had ensured there were appropriate measures in place to identify and mitigate risk.

People were protected against abuse as the provider had ensured effective safeguarding policies and procedures.

# Barty House Nursing Home

## **Detailed findings**

### Background to this inspection

We undertook an unannounced focused inspection of Barty House Nursing Home on 23 June 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 14 April 2016 had been made. The team inspected the service against one of the five questions we ask about services: is the service Safe?

The inspection was undertaken by one inspector.

During our inspection we spoke with three people using the service, two members care staff, two registered nurses, the registered manager and an office administrator.. At this visit, we looked at the auditing and quality assurance records at the service, three people's care plans, environmental safety documentation and people's medicine records. Before our inspection, we reviewed our previous report and the information we held about the service.

# Is the service safe?

## Our findings

People we spoke to who use the service told us they felt the care staff provided safe care. One person told us, "I feel safe because the staff are very good and always come when I need them." Another person told us, "I feel safe living here."

At our previous inspection 14 April 2016, the service was in breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found medicines records were not always maintained to protect people's health and wellbeing in line with current legislation and guidance. We found gaps in people's medicine records. At this inspection improvements had been made and the service was no longer in breach of the regulation.

Medicines were being effectively monitored by trained, competent staff. During a medicine round the nurse took time to engage with people and encouraged them to take their medicines. People were told what their medicines were for. One person told us, "I always receive my medicines when I am supposed to have them." We looked at people's medicine administration records (MAR) and could not see any identifiable gaps. One nurse told us, "We have to complete on the hand held device when a person has their medicine and on the hand written records." The provider had introduced an electronic system that staff used, to log when they interacted with people living at the service and what was provided, for example, to administer prescribed medicines. The registered manager told us, "Following the last inspection there has been a lot of changes and this included changing our pharmacist." One nurse told us, "There have been good improvements since the last inspection. The previous pharmacist was inconsistent so we have changed and it is going well."

Some medicines were prescribed to be taken 'when required' (PRN). There were PRN protocols in place for those that required them. The information provided to staff included what the PRN medicine was, what it was for and the time frame between taking them.

All staff had received training on moving and handling. All staff we spoke with could tell us individual people's requirements regarding moving and handling. People's care plans contained guidance for staff on how they should safely move people throughout the service. For example, one person's care plan told staff that the person required the assistance of one person when moving around the service. We observed staff assisting people throughout the service and witnessed good moving and handling practices.

The provider had ensured that staff were safe to work with the people they supported. We looked at three staff files and these included completed application forms, two references and photo identification. There were no gaps in employment history in the checked staff files. Staff records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

People who use the service told us that there were enough staff working available to support them. One person told us, "There are enough staff to support me." The registered provider used a dependency tool to identify the amount of care hours required to meet people's needs. The provider used a dependency tool to

identify the amount hours care a person required and this was reviewed monthly. The registered manager told us, "There are 12 care staff available on the morning shift. During the afternoon there were nine care staff available and five overnight. There are always two registered nurses on shift." We observed staff responding to call bells in a timely manner. One person told us, "I push the button and they are here very quickly."

Risks to people's personal safety had been assessed and plans were in place to minimise risk. People had risk assessments that were personalised to their needs and these were reviewed on a regular basis and adjusted if a person's needs had changed. Risk assessments were personalised and provided staff with guidance on how to reduce the risk. Risk assessments included moving and handling, falls, eating and drinking, bed rails and choking. One person's eating and drinking risk assessment identified that the person should not be left alone when eating. The assessment instructed staff should encourage the person to take small bites and eat at a slow pace to mitigate any risk.

People were protected against the potential risk of abuse as staff had received safeguarding training and could identify the types of abuse and how to appropriately react. All members of staff we spoke with could identify the potential forms of abuse and what they should do with the information. One member of staff told us, "It is important that we can identify any form of abuse and report it to the management. As we know people well we can notice things like bruises on a person." The registered manager maintained a safeguarding log that showed any investigations that took place.