

Ultimate Care Limited

# Barton Brook Care Home

## Inspection report

201 Trafford Road  
Eccles  
Manchester  
Greater Manchester  
M30 0GP

Date of inspection visit:  
20 May 2022  
26 May 2022

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Barton Brook Care Home is a nursing and residential home located in Salford, Greater Manchester and can accommodate up to 120 older people. The home is operated by Ultimate Care Limited, part of the We Care Group. At the time of this inspection there were 94 people living at the home. There are four units at the home known as Brindley, Irwell, Monton and Moss.

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

Accurate and contemporaneous records were not always maintained regarding people's care. This included medication records, food/drink and re-positioning charts. This meant we couldn't always determine if people were receiving the care they required. We have also made a recommendation regarding governance systems within the home.

People who used the service and relatives said they felt the service was safe. Staff were recruited safely and there were enough staff to provide people's care. Staff carried out routine COVID-19 testing and there was enough personal protective equipment (PPE) available which people confirmed was always worn.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. People received enough to eat and drink and said provided assistance as needed. Staff told us enough training was available to support them in their roles, with ongoing supervision also provided.

We received positive feedback from people who used the service and relatives about the care provided. People said they felt treated with dignity, respect and had their independence promoted as required.

People had detailed care plans in place regarding the care and support staff needed to deliver. There was an appropriate complaints system. We received mixed feedback from people about the provision of activities within the home.

There were systems in place for people who used the service and staff to provide feedback about their care through audits, surveys and meetings. Staff spoken with during the inspection told us they felt the service was well-led and enjoyed their roles.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 13 April 2022 and this is the first inspection. The last rating for the service under the previous provider was good, published on 22 October 2018.

### Why we inspected

The service had not received a rating since registering with CQC on 13 April 2022. The inspection was also prompted in part due to receiving a number of safeguarding concerns about the home, although these had occurred under the previous provider. A decision was made for us to inspect and examine those risks, as well as the safety of other people living at the home.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service is requires improvement. This is based on the findings at this inspection.

We identified a breach of good governance and found evidence that the provider needs to make improvements regarding record keeping. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Barton Brook Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by three inspectors and two Experts 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.

#### Service and service type

Barton Brook is a care home with nursing. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The first day of the inspection was unannounced, however we informed the registered manager we would be returning to the home for a second day to complete the inspection.

Inspection activity was carried out between 20 and 26 May 2022 and we visited the home on both of these days. Further inspection activity was completed via telephone and by email, including speaking with people who used the service, relatives and reviewing additional evidence and information sent to us by the provider.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Salford local authority. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with eight people who used the service and 16 relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, regional manager and 11 care staff.

We reviewed a range of records. This included 14 people's care records, a selection of medicine administration records (MAR) and three staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found following our site visit.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People received their medication safely, although on Moss Unit a number of medication administration records (MAR) had not been completed accurately when people's medicines were administered. We were told these errors involved agency staff and the agency had since been contacted regarding the incidents. We were able to determine these medicines had been given, but not recorded.
- Prior to our inspection, there had been an incident where there had been a discrepancy with one person's controlled drugs which could not be accounted for. Although no harm had been caused to the person, the incident had not been reported to the local safeguarding team or the police in a timely way. We asked the registered manager to do this immediately at the time of the inspection and this was done.
- Medicines were stored securely in locked trollies, within a secure treatment room. We observed medicines were not left unattended when a medicines round was in progress.
- PRN (when required) plans were in place to guide staff about when these medicines needed to be given and under what circumstances.
- People living at the home and relatives said they felt medicines were given safely. One person said, "I take medication and they always remember to give it to me at the right time." A relative added, "(Person) takes medication and they give it to (person) every day."

### Assessing risk, safety monitoring and management;

- We checked to see that people were supported to maintain good skin integrity within the home. Staff completed records of when people had been supported to re-position during the day. However, we found gaps in these charts for some people who lived at the home. This meant we could not be certain if these interventions were always being carried out.
- We looked at the systems in place to protect people from choking and aspiration. People living at the home were provided with the correct consistency of diet such as pureed. However, food charts weren't always completed accurately by staff to demonstrate the texture people's meals were provided in if they struggled to swallow their food safely.
- Although we saw people received enough to drink to maintain good hydration, fluid charts weren't always completed accurately, along with actions taken, if set fluid targets had not been achieved each day.

Accurate and contemporaneous records were not always maintained regarding medication, food/drink and skin care. This was a breach of regulation 17, 2 (part 3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance.

- During the inspection, we observed an unsafe moving and handling transfer, known as a 'drag lift' where

two staff assisted a person by holding them under their arms. This was reported to the registered manager who took the necessary steps to address the issue.

- We checked to see if the premises and equipment were being well-maintained. We saw regular servicing was carried out of hoists/slides, firefighting equipment, gas safety, emergency lighting and legionella. The last electrical installation report was carried out in February 2022, although had been deemed unsatisfactory. A number of C2 (code two) faults had been identified which required urgent action. The report had been completed when the previous provider owned the home and we were given assurances that plans were in place for remedial work to be completed.

- Some people living at the home and their relatives told us they felt the home environment needed modernising. One relative said, "It could be with a bit of updating as it looks a bit tired in places."

### Staffing and recruitment

- There were enough staff employed to care for people safely, however there was a heavy reliance on the use of agency staff at the time of our inspection, which regular staff said could be difficult due to them not being as familiar with people living at the home. Although staff told us each of the units was busy, they didn't feel people's care was ever compromised as a result of low staffing levels. One member of staff said, "Some people can be quite demanding and are awake during the night. The numbers of people on the units is down at the moment, so for now we have enough staff." Another member of staff said, "We are very busy on the residential unit as a lot of people also have dementia, but we still manage to meet people's care needs."

- Staff were recruited safely, with all the necessary procedures carried out. This included completing application forms, holding interviews, seeking references and carrying out disclosure barring service (DBS) checks. Staff confirmed these checks were carried out when they commenced employment.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Our inspection was prompted, in part, following a number of safeguarding allegations made towards staff at the home which were investigated by both the police and local authority, however, the outcomes had been largely inconclusive. These had occurred under the previous provider. Our inspection looked at the systems in place to prevent other people from being placed at risk of harm.

- People and relatives told us they felt safe as a result of the care they received. One person said, "Yes, it is safe. The people that work here make me feel safe if you need anything they will get it." A relative said, "Last night was the first full night's sleep I have had, I have got peace of mind knowing that (person) is safe and sound there."

- A safeguarding policy and procedure was in place and the training matrix showed staff had received training.

- Staff displayed a good understanding about safeguarding and said they had not witnessed any abuse whilst working at the home.

- A log of all accidents and incidents was maintained, with details provided about actions taken to prevent re-occurrence.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or



managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was carried out in line with government guidance at the time of our inspection. One relative said, "COVID-19, they are keen on that and carry out testing and I wear a mask when I arrive."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- MCA assessments were completed where necessary which were decision specific about people's abilities to make choices. People's families were involved in this process to help people make these decisions.
- DoLS applications were submitted to the local authority where people lacked capacity and were subject to any restrictions.
- Staff had completed MCA training and had a good understanding about the legislation and why it was required.
- People told us staff sought their consent before delivering care and there were signed consent forms within people's care plans. One person said, "You can have a bath or shower, if you need help, they will help you, they ask you first, they are there in case I need them. They always ask me if I am ready."

Staff support: induction, training, skills and experience

- People living at the home and relatives said they felt staff had the correct skills to carry out their role. A relative said, "Staff are quite attentive, they listen to my questions and give me answers, I see staff are quite patient with them."
- Staff told us they had received the appropriate training and induction to meet the needs of the people they were supporting. Training completed by staff was recorded on the training matrix. One staff member told us, "There is a lot of training and we have been informed we will be receiving more from the new provider." Another member of staff said, "Yes, we definitely receive enough we have dates planned for more."
- Staff supervisions took place and gave staff the opportunity to discuss their work and appraisals were planned for later in the year. A member of staff said, "We do have supervisions, usually with the unit manager."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law ;Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support;

- People's needs were assessed when they first moved into the home and were involved in the process if they were able, alongside their relatives or friends.
- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. Staff at the home worked closely with services such as dieticians and the speech and language therapy (SALT) team if there were concerns about people's care.
- Oral health assessments were completed and people had been able to see the dentist if they were registered with one. Records were maintained by staff when people had been supported with their oral care.

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

- We received mixed feedback from people who lived at the home and relatives about the food. One person said, "The food is rubbish and I don't like anything about it. The food is not nice and I don't think it is well presented. We don't have many vegetables and it is always canned. Sometimes as soon as I see the plate, I refuse it." However a relative commented, "The food is lovely there. (Person) had fish pie yesterday the food is excellent."
- People had specific nutrition and hydration care plans in place, and this provided staff with information about the support people needed to eat and drink.
- During the inspection we observed the mealtime experience and saw people being supported to eat and drink by staff if they required support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported;

- People living at the home and relatives provided positive feedback about the care provided. One relative said, "I am very happy. They are looking after (person) well and keep me informed of things. (Person) fell out of bed four weeks ago and they responded to this very well." Another relative said, "(Person) is ok and they are looking after (person) well. (Person) is clean, safe and all the care staff are fine." A person living at the home added, "I very much like it here and they are always making sure we are okay."
- People living at the home described the care staff as being kind and caring towards them. One person said, "Yes, they are. One of the staff always comes in and hugs me before they leave." A relative added, "They are very kind and sympathetic. All really good and smashing with everyone."
- During the inspection we spent time carrying out observations and saw lots of nice interactions between staff and people living at the home. Although staff were busy, we saw they also had time to sit and speak with people during the day. We saw one person had dirty clothing, however a member of staff recognised this and quickly took them to their bedroom to get changed.

Respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People spoke highly of the staff team saying they felt treated with dignity and respect. One person said, "All of my personal care is done privately. They make sure it is not embarrassing for me." Another person said, "The staff make sure I am covered up when they do my care."
- During the inspection we saw people were able to do things for themselves to maintain their independence which included things like eating and drinking, or walking with mobility equipment. Things people could do the themselves was also recorded in their care plan. One person said, "I like to do things myself and the staff let me."
- Relevant information, including people's ethnicity and religion, was recorded in people's care plans.

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

- People told us they were involved in the care they received and were involved in decisions about how their care was delivered. People said they felt listened to by staff and that things changed as a result.
- Reviews of people's care took place, and this presented people and their families an opportunity to discuss how their care was progressing and make any changes.
- Additional systems in place to involve people with the care provided included satisfaction surveys and residents meetings so feedback could be collated.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People living at the home and relatives said they felt the home was responsive to their needs and person centred. One relative said to us, "It is as person centred as it can be and they do their best."
- Each person living at the home had their own care plan in place, although at the time of the inspection paperwork from the previous provider was being used, which was in the process of being updated to an electronic care planning system.
- During the inspection we looked at the care plans of 14 people. We then checked to see that what was documented in the care plan was being followed by staff. Overall, we saw this done and staff supported people with their daily care needs with things like personal care, eating/drinking and mobilising around the home. Records of these care interventions were documented, however as referred to in the safe domain of this report, they weren't always well maintained.
- People living at the home and relatives provided mixed feedback about activities within the home, however we did see some activities taking place during the inspection. One relative said, "I am disappointed as it says on the website about activities, but only know about bingo now and then. I have not seen any stimulation, only bingo Mum says or one to one scrabble. I do understand that they are trying to get things back to normal after COVID." Another relative said, "I would like to see more going on as restrictions are lifting, as the family could go and do things with (person) as well." A person living at the home added, "Usually it depends. I like bingo, We have singers in and I like quizzes and they do them here. We go in the garden and have tea coffee and cakes." We provided this feedback to the registered manager.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Interpreter services could be accessed as needed for people who may speak a different language. Documentation could also be provided in large print for anybody that needed it.
- People's care plans took into account their communication needs including sight, hearing and speech, as well as any sensory aids required such as glasses, or hearing aids. People had been able to see the optician if they wore glasses.

### Improving care quality in response to complaints or concerns

- There was a complaints process in place and the registered manager maintained a record of how any

complaints had been responded too. Some relatives said they had made complaints about the home regarding people's care which were still in progress at the time of our inspection.

- A complaints policy and procedure was available and we saw information displayed on the units which informed people about what to do if they were unhappy.

#### End of life care and support

- Appropriate arrangements were in place to care for people as they approached the end of their life. Do not attempt cardiopulmonary resuscitation (DNAR) forms were completed for people where necessary and relatives told us they had been involved with this process. One relative said, "We had the DNAR conversation at some point prior to admission which was signed. (Person) has come on well in the time spent there and is comfortable in the environment."

- We spoke with a health care professional who was involved with the home regarding end of life care who told us, "The staff on the units are very engaging with the team and we have not encountered any problems."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems in place to monitor the quality of service provided to ensure good governance. This included audits of medication, infection control, care plans and the environment. Managers also completed 'Walk arounds' on the units to monitor standards on a daily basis.
- Systems were in place to involve people, relatives and staff in how the service was run. This included the use of satisfaction surveys to obtain feedback. Reviews had also been carried out with people and their relatives
- Further quality monitoring systems were in place using competency assessments of areas such as medication and moving/handling. Staff meetings were held, and surveys sent so that feedback could be sought and used to make improvements.
- As we identified a breach of regulation 17 regarding good governance within the safe domain, this key question cannot be rated higher than requires improvement.

We recommend quality assurance processes are strengthened to ensure record keeping improves.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements;

- Both the provider and registered manager were clear about their roles. At the time of the inspection, there was a registered manager in post, who was supported by a regional manager who worked on behalf of the provider.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. Although the home was now operated by a new provider, the inspection history had remained with the home and we saw the ratings were displayed as necessary.
- The registered manager and provider understood their responsibility to submit statutory notifications.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff team spoke of a positive culture at the service and said they enjoyed their roles. One member of staff said, "We all work well as a team and help each other as best we can." Another member of staff said, "I enjoy my job and there is good team work."
- Staff told us they felt the service was well-led. One member of staff said, "I've never had any problems with the manager and I would say they are supportive and approachable." Another member of staff said, "Yes I

would say so. If ever there is a problem with anything we can speak to management."

Working in partnership with others;

- The home worked in partnership with various local authority's and health teams in the Salford area. This included social work teams, district nurses, dieticians and speech and language therapy. The home also had a number of links within the local community, which people were able to access.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	2 (3) - Appropriate systems were not in place to maintain securely an accurate, complete and contemporaneous record in respect of each service user