

Libatis Limited

Barton House

Inspection report

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Dawlish
Devon
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Tel: 01626864474

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Barton House is a residential care home in the coastal town of Dawlish, providing personal and nursing care to 15 people aged 65 and over at the time of the inspection. The service can support up to 15 people and is set over three floors in a listed building.

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

The registered manager and provider had made some efforts to improve the service based on the feedback from our last inspection, we saw more detailed care planning and some environmental improvements had been made. The service was no longer in breach of regulations around premises and equipment. However, some changes had yet to be embedded and the service needed more time to ensure they could evidence a sustained change. People were placed at risk because of a lack of knowledge regarding the requirements of the service to ensure a safe and quality service was provided.

We identified new concerns at this inspection regarding the safe management of medicines and safeguarding. These issues placed people at potential risk of avoidable harm.

People told us they felt safe and relatives said they were pleased their loved ones lived in Barton House. We found some discrepancies in the safe management of medicines and asked the registered manager to address these immediately. We found an infection control concern in the laundry. However, the rest of the service was clean and feedback from people and relatives was they were very happy with the cleanliness of the service.

There were enough staff to meet people's needs and spend time with people in their rooms. However, staff training was lacking in key areas such as safeguarding to ensure that staff had all the knowledge and skills they needed to meet the needs of people. Supervision was not taking place as it should be according to the policy of the service.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People said they enjoyed the food and were offered drinks regularly. Professionals told us it was a cost effective, friendly local service. Some people were supported to achieve positive outcomes like losing weight or building up their confidence. Activities were provided in the form of entertainers visiting the service, in-house activities and staff sat with people in their rooms.

Staff were kind and friendly and worked hard. Staff told us they felt very supported by the registered manager. Systems to identify areas that needed attention were not robust enough to identify the concerns we picked up on. There was further training and support needed for the management team to be confident

in their knowledge of regulatory requirements to ensure a safe and well-led service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (report published on 6 February 2019). The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding, consent, staff training and supervision, making notifications, and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good and request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. 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 not always effective.

Details are in our effective findings below.

Requires Improvement 

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.

Inadequate 

Barton House

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one assistant inspector.

Service and service type

Barton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During our visit to Barton House we spoke with five people who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the registered manager,

and senior care workers.

We reviewed a range of records. This included four people's care records and four medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with six further relatives and received feedback from three further staff and three professionals who regularly visit or work with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Preventing and controlling infection

- People's medicines were not being managed safely. Recorded stocks of medicines did not match with actual amounts of medicines in the service. The system used for ensuring stocks were correct did not account for medicines carried over from the previous medicines cycle. This meant it was not clear whether medicines had all been administered as prescribed and how many should be in stock.
- One medicine was not in stock as it had run out. This was a cream for application for a person who had a high risk of their skin integrity breaking down.
- There were several missing entries in the medicine administration records (MAR) we checked. It was not clear whether medicines on these occasions were administered as prescribed.
- One person who was prescribed antibiotics for an infection to be taken at specific times had entries made on the wrong days on the MAR. This showed a lack of awareness by staff on how to accurately and safely record medicines administration.
- The laundry was located in a small cupboard on the ground floor. There was one sink used for sluice and hand washing and there were no clear boundaries for where clean and soiled items should be stored.
- A bin was overflowing with bags with soiled linens in them and the bags were touching the walls and cupboards. This posed a cross contamination risk. We asked the registered manager to rectify this immediately which they did.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate people were receiving their medicines as prescribed or to ensure that risks arising from infection control procedures were being effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored safely in locked cabinets in a locked room.
- People told us they were happy with how they were supported with their medicines.
- Relatives and people said they thought the service was clean.
- We saw staff using personal protective equipment such as gloves and aprons appropriately.

Systems and processes to safeguard people from the risk of abuse

- The service had failed to report to the safeguarding authority when an allegation of suspected abuse was made regarding a person living in the service. There was a lack of awareness within the staff and management team of when concerns needed to be passed on. We clarified with the registered manager

before we left, what was appropriate to report to the safeguarding authority.

- The service had failed to ensure all staff had attended safeguarding training in line with their policy. This meant staff may not have had the knowledge and skills to identify a concern or potential abuse and report it. We asked the registered manager to explain this. They said they had arranged training for 2019 but had been let down by the training provider and had not had the chance to ensure all staff had attended training.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate people were effectively safeguarded from abuse. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found there had been an improvement in the assessment of risk in the areas we identified at our last inspection and risks relating to health and social care needs were assessed.

At our last inspection the provider had failed to ensure premises and equipment were safe and in good working order. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found there had been an improvement in equipment provision and facilities available to people. Building checks were completed on fire, and health and safety elements of the service.
- Professionals told us they thought people were safe living in Barton House. They said, "No safety concerns", and, "I can't think of anything that would make it unsafe."

Staffing and recruitment

- Staff were recruited safely. Processes to employ new staff included application, interview, and shadowing stages. Staff had a police safety check completed before commencing working with people.
- There were enough staff to meet the needs of people. People told us there were enough staff and they were available when they needed them.
- Staff said there were enough of them on shift. One staff member said, "Staffing is adequate, to be honest there are challenging moments when people call in sick...but with the best will in the world that will happen wherever one goes." Another said, "Afternoons we have time to talk with people, two and four is quite a quiet time in the home we tend to do activities or sit and chat."

Learning lessons when things go wrong

- The registered manager was open to signposting for improvements and took on board feedback for learning from where improvements needed to be made. Some changes had been made since our last inspection.
- However, we did not see evidence of where the service was able to identify issues for itself and learn from them. We asked for examples of where lessons had been learnt and improvements made as a result and we were not provided with any examples other than what had been identified at our last inspection.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not provided with appropriate training, necessary for them to undertake their role.
- The provider monitored staff training on a training matrix. The training matrix provided to us identified significant gaps in the training staff had received. For example, not all staff had received training in areas including safeguarding and diabetes.
- This meant the registered manager could not be assured that staff had the necessary skills to carry out their duties.
- The registered manager said, "The plan is by November [2020] everyone should be up-to-date with mandatory training." People were placed at an avoidable risk of harm by staff that had not been adequately supported with appropriate training to meet the needs of people.
- Since our last inspection staff had been consulted on how often they would like supervision and feedback meeting twice yearly for supervision was their preference. Records showed staff met the registered manager for appraisal in 2019 but had not been supported with a second supervision.
- We asked the registered manager about this and they said, "I don't think we did the second supervision last year, but we are always speaking to the staff and if any performance issues come up I always speak to staff or if they need any extra support. We have no official tracker."

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate staff had received adequate support through training and supervision to meet the needs of people. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff followed an induction plan and shadowed more experienced staff before working alone with people.
- Staff told us they felt supported. One staff member said, "I am tremendously supported at my workplace and this has ensured my loyalty to my employer, the chain of command at every level is approachable and I have always felt that I can speak my mind with them. I feel so supported that I am always prepared to help out and do extra for them."

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people did not have the capacity to make particular decisions about their care, for example regarding sensor mats or bed rails. The service did not fully record how these decisions had been made in their best interests.

People's best interests were not assessed in line with best practise guidance or the MCA. This was a repeat breach of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- DoLS were applied for where needed.
- Consent records were in care files.
- Staff asked people for consent before delivering care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came into the service. Assessments included people's physical, emotional and spiritual needs. One professional said, "Very responsive and quick to come in and assess people...and gather all the information she needs."
- The service had not managed medicines or ensured infection control practises in the laundry area in line with best practise guidance such as the National Institution for Clinical Excellence (NICE) guidelines.

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

- People told us they liked the food. They said, "I don't like any soggy food, my toasts has to be crisp and brown and that's how it comes", and "The food is lovely."
- People had drinks within reach and were regularly offered warm or cold drinks according to their preference.
- People who required extra support when eating received it.
- People who required support to put on weight were provided with a fortified, enriched diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Feedback from professionals was that medical attention was sought in a timely way. We saw referrals were made for dieticians and speech and language therapists where required.
- People were supported to achieve positive outcomes such as feel well enough to go home. One professional said, "If we have someone with rehab goals [the registered manager] has put those in place in terms of care planning, good at recording needs to evidence if people able to move on."
- One person told us how staff supported them to exercise every day because they wanted to be healthier.

Adapting service, design, decoration to meet people's needs

- At our last inspection we identified there were limitations to what adaptations the provider could make

because the building was listed. The design of the building limited how staff could interact with people as the main ground floor lounge was small and bedrooms were across three floors with narrow staircases.

- People, professionals and relatives all told us the building and décor could be updated to make it more pleasant and light. Some investment had been made by purchasing new carpets in some rooms.
- At our last visit we identified the first-floor lounge was poorly used and there was an excess of unused equipment stored in it. At this inspection we fed back at the start of the day it was cluttered again and could not safely be used by people or visitors. By the end of the day, care staff had cleared it, so people could walk through it safely to the lift and sit down with family and friends if they visited.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; respecting equality and diversity

- People told us staff were kind and caring. They said, "They are so kind. I don't want to leave and go back to living how I was before. It's changed my life coming here" and, "They are very caring."
- Relatives said, "Couldn't be in a better place, personally I think they are absolutely brilliant, they are so placid and so kind to everyone and nothing is too much trouble" and "It's not a palace but they get treated palatially."
- Interactions we observed showed staff were good humoured and engaging with people. Staff used humour and light banter and gentle perseverance to encourage people to engage with care and support. We observed some thoughtful, caring interactions between staff and people living in Barton House.
- People had their equality and diversity needs assessed.

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

- People told us they were offered choices about what they ate and what they wore and whether they stayed in their room or went downstairs to join in activities.
- People were involved in reviews of their care where possible and families were consulted on changes in needs and reviews of care.

Respecting and promoting people's privacy, dignity and independence

- People were talked about with respect and using respectful language by the registered manager and staff. Care records were also respectful.
- People told us they were treated with dignity and respect.
- People were supported to have greater independence where they wished to. For example, one person told us "I was in my bed all the time before now I'm walking around again." This person told us they didn't know what they would have done without the staff and their life had been transformed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

- Improvements had been made to care planning documents since the last time we visited. They contained more personalised information. Staff could see at a glance how people liked their tea, and how they liked to be supported with personal care.
- People's life histories were captured, and staff made efforts to engage them in the things they enjoyed. For example, staff told us about one person who liked steam trains, so staff arranged for them to watch them go past in the local train station or recorded them when they went past to show the person the videos later on.

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.

- Staff understood the communication needs of people and could describe how they supported them to navigate their day. For example, one person who had suffered some sight and hearing loss was approached by staff who stroked his hand gently and spoke into one ear rather than the other as he responded better to being communicated with that way.
- There was information available in an accessible format such as images of food.

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 told us they had enough to do. One person said, "I don't feel lonely", and another said, "I'm kept busy if I want to be." Another person said, "They used to nag at me to come join in but now they know I am happier not to."
- The service arranged for outside entertainers to visit and perform.
- The registered manager told us how they supported people to avoid isolation by involving relatives as much as they could, and ensuring staff spent time in people's rooms talking with them.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place, we asked the registered manager to ensure it was in a visible place for people and visitors to see.
- People and relatives told us they felt comfortable making a complaint but had never had an issue with the service to do so yet.

- Complaints and the action taken to investigate and act around them were recorded. The registered manager had not reviewed the complaints from 2019 to identify any themes.

End of life care and support

- The service was not supporting any person who was approaching the end of their life at the time of the inspection.
- People had their advanced care planning wishes recorded where they had been able to have these conversations. Families were approached where this was not possible.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

We have rated this service inadequate due to the number of repeated and new breaches in regulation found at this inspection, the track record of quality in the service and the concern that provider and registered manager oversight and processes were failing to pick up on issues that were affecting the quality of care and safety for people living in the service. Due to a failure to fully understand regulatory responsibilities the provider and registered manager have not provided accurate intelligence on risks people face to the CQC and other key stakeholders. This leaves the service in need of further regulatory input and support from local services to ensure people are safe and being provided a quality service.

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

- Some improvements had been made since the last inspection. However, not all the issues we identified at the last inspection had improved sufficiently to address all breaches in regulation. We found repeat breaches in three regulations despite the service being supported on how to improve on them.
- Quality assurance processes were not robust enough to identify areas of concern and then act to improve them. The concerns we identified with medicines, infection control, safeguarding and best interest assessing had not been picked up by the audit process. The registered manager and provider were unable to effectively identify areas for improvement in the service.
- The oversight from the provider and registered manager needed further improvement to ensure the quality and safety of the running of the service.
- The registered manager was stretched across two services requiring improvement, this slowed down how quickly they could implement and embed change.
- There were some gaps in the knowledge of the registered manager around regulatory requirements regarding safeguarding reporting, staff training, and consent.

We had to explain to the registered manager when it was appropriate to make a safeguarding referral. This showed people may have been placed at risk through unskilled care practises.

We found this extended to making notifications regarding when one person had passed away and for one allegation of abuse. The service did not inform external agencies such as the local authority or the CQC where risks had emerged. This meant intelligence about the service was unreliable and people may have been placed at risk and harmed without relevant professionals involvement to prevent or mitigate risks with their experience or practise.

Systems and processes to identify areas of risk and how to improve the service were ineffective. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Notifications were not made when required regarding suspected abuse and when a person passed away. This was a breach of the Care Quality Commission (Registration) Regulations 2009, Regulation 18.

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

- The registered manager was visible in the service, open in their approach and said they cared about people. Staff mirrored this approach.
- The service did achieve some positive outcomes for people and feedback from people and relatives was they were happy in the service. The service had a focus on making people comfortable and meeting their basic needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The duty of candour was met in so far as relatives we spoke with told us they were notified of any concerns.
- The equality characteristics of staff and people were assessed where required.
- People, relatives and professionals were asked for their feedback on the service through questionnaires.

Continuous learning and improving care; Working in partnership with others

- The service had accepted support from the local authority quality team to improve care plans. We noted an improvement in this area.
- The registered manager had listened to feedback regarding networking and sharing best practise with other services and had contacted managers of other services. in the 12 months since the last inspection, a meeting had yet to take place.
- The registered manager had worked to complete their level five diploma qualification in leadership in health and social care since the last inspection. They told us this was hard work but had improved their confidence.

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 18 Registration Regulations 2009 Notifications of other incidents Notifications were not made when required regarding suspected abuse and when a person passed away. This was a breach of the Care Quality Commission (Registration) Regulations 2009.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's best interests were not assessed in line with best practise guidance or the MCA. This was a repeat breach of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate people were receiving their medicines as prescribed or to ensure that risks arising from infection control procedures were being effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 13 HSCA RA Regulations 2014
Safeguarding service users from abuse and improper treatment

Systems were either not in place or robust enough to demonstrate people were effectively safeguarded from abuse. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

Systems and processes to identify areas of risk and how to improve the service were ineffective. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Systems were either not in place or robust enough to demonstrate staff had received adequate support through training and supervision to meet the needs of people. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.