

Barty House Nursing Home Limited

# Barty House Nursing Home

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

# Summary of findings

## Overall summary

This inspection took place on 7 and 12 December 2018 and was unannounced on the first day.

Barty House Nursing Home 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.

Barty House Nursing Home is registered to provide accommodation and personal or nursing care for up to 58 older people. Accommodation is provided over two floors and is wheelchair accessible with a passenger lift between floors. There are well maintained gardens and off-road parking. There were 51 people living at the service when we inspected.

At our last comprehensive inspection on 14 April 2016 we rated the service good. The Safe key question had been rated as 'Requires Improvement' as a breach of regulation 12 (1) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicine records had not been maintained to make sure people had received their medicines as prescribed. A follow up responsive inspection took place on 23 June 2017 to check whether the breach of regulation had been met. This inspection showed that improvements had been made and the safe key question was rated as 'Good'.

At this inspection on 7 and 12 December 2018 we found the evidence continued to support the rating of good, with the Responsive key question improving to 'Outstanding'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated any risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good overall with the Responsive domain improving to Outstanding.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received an individualised service that increased their self-worth and well-being. There was an innovative approach to supporting people to live a happy and fulfilled life. People's dreams and aspirations were encouraged and fulfilled. People were supported to follow their likes and interests with a wide range of social activities within the service and out in the local community. People played an active role in their local community hosting events throughout the year.

People received person centred end of life care that encompassed their wishes and offered support to loved

ones. People were treated with dignity and compassion at all times. The care team worked alongside health care professionals to ensure people could remain at Barty House and have a comfortable and pain free death.

Care plans were comprehensive and detailed the person's wants and needs from their support. People's care and nursing needs were assessed with them prior to receiving a service and these were kept under continuous review. People's specific health care needs were met with the support from health care professionals.

People were treated with kindness and compassion. Staff understood the importance of promoting and respecting people's privacy and dignity. People were encouraged and empowered to remain as independent as possible.

People received a service that promoted their safety whilst promoting their rights and choices. Potential risks had been mitigated. People were protected from the risk of infection with appropriate control measures. The environment and equipment had been maintained to promote people's safety.

People received safe care from enough care and nursing staff. Nurses and care staff had been trained to meet people's needs including their specialist needs. Staff received regular support and guidance from the management team.

People were supported to maintain their nutrition and hydration. The kitchen team ensured people had access to a variety of food choices. People that required additional support with their meals were catered for and supported in a safe way.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were given the opportunity to raise and concerns or make suggestions about the service they received. These were listened to and acted on.

Systems were in place to monitor and improve the quality of the service.

Further information is in the detailed findings below.

## 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 ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

People were supported to have an enhanced sense of achievement and well-being.

Staff went the extra mile to provide people with fulfilment which focused on their likes and interests.

People played an active role within their local community.

People's care plans were extremely detailed and individualised to meet people's diverse needs.

People received person centred end of life care that was dignified and ensured people's wishes were fulfilled.

People's suggestions, concerns or complaints were listened to and acted on to improve the service.

### Is the service well-led?

Good ●

The service remains Good.

# Barty House Nursing Home

## 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 7 and 12 December 2018 and was unannounced on the first day. The inspection team consisted of one inspector, a nurse specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

Before our inspection we reviewed the information available to us about this home. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that we ask providers to complete at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection report and notifications which had been submitted to us. A notification is information about important events which the provider is required to tell us about by law. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke to 10 people who lived in the service. We spoke with three relatives or friends of people living in the service. We spoke with 10 staff which included, the registered manager, deputy manager, clinical lead, the operations manager, a nurse, team leader, two care staff and two members of the wellbeing team. We observed care and activities that were provided in communal areas and looked at the care records for seven of the people who lived in the service. We looked at records that related to how the service was managed including staffing, training and quality assurance.

## Is the service safe?

### Our findings

People told us they felt safe living at Barty House and felt their personal possessions were kept safe. One person said, "Yes, everything is safe about here. I have no home or family, it's important to me to feel safe. It's very good here, I do feel they look after you." Another person said, "Yes, I do, I feel safe here. I'm confident my possessions are safe. The staff are lovely. They're very kind. Of course, I would tell someone if I thought something wasn't right or I felt unsafe." People were protected from the potential risk of abuse and harm. Staff had been trained and understood the potential signs of abuse and the action that should be taken if they had any suspicions. One member of staff said, "The safety of the resident and their wellbeing is my main priority." The registered manager used a log to track any safeguarding concerns and to record any action that had been taken.

There were a variety of care plans and risk assessments in place to recognise people who may need further provision and help to keep them safe. Risks were anticipated, identified and managed by reviews. Care plans showed that there were assessments with information about whether the person was at risk of falls, pressure damage, or low weight. If so, advice was given to reduce these. For example, one person at risk of skin damage, used equipment to promote their skin integrity. Nurses followed a routine to ensure the person moved their position regularly to promote healthy skin.

Potential risks to the environment had been mitigated. Risk assessments for the environment were reviewed annually and included all areas of the service. Systems were in place to ensure the safety of people and equipment, regular servicing and checks of equipment took place. For example, gas safety inspection, lifting equipment, wheelchairs, slings and hoists. There was a schedule of audits and checks in place on a weekly and monthly basis for the maintenance team. These included testing the fire alarm system and checking the hot water temperatures. There was a head of facilities that managed the maintenance team. A maintenance book was used for staff to record any hazards or faults they had found.

There were enough nursing and care staff to keep people safe and meet their needs. People told us they did not have to wait for support when they needed it. The registered manager used an assessment tool to monitor and review staffing levels. The registered manager reviewed staffing levels on a regular basis and records showed staffing levels had been altered based on changes in people's needs. For example, following an audit of people's call bells an additional member of care staff was deployed during the morning to assist with answering any calls for assistance.

Systems continued to be in place for the safe recruitment of staff. There was a rolling programme of recruitment to ensure enough staff were available to cover things such as sickness and annual leave. Checks had been made against the Disclosure and Barring Service (DBS). This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with people. The PIN numbers were checked for nurses to ensure they could work as a registered nurse.

People received their medicines in a safe way, from nurses that had been trained and had their competency assessed. Medicines were observed to be given to people in a kind and patient way. Medicines, including 'as

required' medicines, were received, stored, administered and disposed of correctly. Medicines requiring additional 'safe storage' had been stored and monitored appropriately. Nurses kept accurate records of what medicines were given, and records were audited by a member of the management team.

Systems were in place to prevent and control the risk of infection. Domestic staff were employed and followed a schedule of cleaning each day. The service was clean and smelt fresh during our inspection. Staff completed infection control training and followed the provider's policy and procedure. Systems were in place to ensure cross contamination was minimised with the use of laundry bags for soiled laundry. The management team completed regular infection control audits. We observed staff using protective equipment such as gloves and aprons.

The registered manager took steps to learn and improve the service when things went wrong. Staff knew how to report accidents, incidents and near misses. The registered manager reviewed these reports to look for patterns or trends. All accidents were reviewed at the 'heads of department meeting' where any action or learning was discussed such as, a review of the person's risk assessment. These were also audited monthly and sent to the senior management team.

## Is the service effective?

### Our findings

People told us they enjoyed the food and had access to drinks and snacks throughout the day. Comments included, "The food is lovely. You certainly don't get left hungry", "The food is generally pretty good. We pick in the morning the choice for the day" and "Plenty of food and there's always cakes and biscuits in the conservatory, where you can make yourself a hot drink."

The catering was out sourced to a local company. There was a chef and a team of kitchen staff that prepared fresh food for people daily. People were offered a variety of choices for breakfast. We observed people eating cereal, toast and a full English breakfast. People were given a choice of nutritionally balanced meals each day. There was a seasonal four week rolling menu, that had been developed with the input from people. People requiring specific diets to meet their needs were catered for. For example, pureed, diabetic, low fat or low salt.

People's needs were assessed with them and their care was planned to ensure their needs were met. Care plans contained guidance for staff on how to support people with their needs in the way they wanted. Nationally recognised assessment and management tools were used for things such as pressure wounds and pain management. These were kept under review to ensure they met people's needs. People's individual protected characteristics under the Equality Act 2010 were considered during needs assessments and within people's care plans. People were supported to continue to practice their faith and attend services for all denominations. There were equality and diversity policies in place for staff to follow, this helped staff promote people's equality, diversity and human rights.

People's nutrition and hydration needs had been assessed and recorded using a national screening tool. Staff worked alongside health care professionals to support people that had complex needs relating to eating and drinking. Nurses had sent appropriate referrals to the speech and language team when there had been concerns regarding a person's ability to swallow. Some people required support from care staff to eat their meals, this was done in a dignified and calm way.

People's long-term health needs were monitored and supported. Staff worked alongside the diabetic nursing team to support the management of a person's diabetes. The care plan included information about the person's diabetes, and advised staff to observe the person for any symptoms of high or low blood glucose. There were close links with the local GP practice who visited the service twice weekly to review people the care team were concerned about. Health care professionals spoke positively about the health care support people received. One comment read, "The current regular nursing staff are caring and very experienced and a pleasure to work with." All healthcare professional visits or interactions were clearly recorded within the person's care plan. Any changes to people's care needs were discussed within the daily meeting and updated promptly.

People told us they felt the staff were well trained and able to meet their needs. A relative when speaking about the staff said, "I cannot sing their praises enough. They are so well trained, kind and thoughtful." Staff spoke highly of the training they received and said they could request any additional training to further their

skills. One member of staff told us their training had been adapted to meet their specific need and learning style. New staff were supported to complete an induction before working as part of the care team. Staff spent time working alongside experienced members of staff to get to know people. There was a rolling programme of training to meet people's needs including their specialist needs.

Staff told us they felt supported in their role by their line manager and the management team. Care staff received supervision from designated nurses; nurses received supervision from the management team. Supervision came in different formats such as group supervision and observational supervision. Staff also received an annual appraisal with their line manager. Nurses were supported to maintain their registration with the Nursing and Midwifery Council (NMC); with support from the clinical lead for the service.

People's needs were met with the design and adaptations within the service. People could move around freely and had access to a large outside space. People's individual needs were catered for with equipment such as, lifts, specialist baths, grab rails and handles and different height chairs. The registered manager planned to implement dementia friendly signage around the service to meet people's changing needs.

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 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA and was supporting people as identified in their DoLS assessments. Appropriate referrals had been made for an independent mental capacity advocate when people required support with decision making. The registered manager tracked all DoLS applications, authorisations and whether any conditions to authorisations were in place. Staff were observed knocking on bedroom doors and waiting for a response before entering. People's consent was sought prior to any care or support being given.

## Is the service caring?

### Our findings

People and their relative told us that the staff were kind, caring and patient. Comments about the staff included, "I get on with them [staff] very well. They're very patient, they have a lot to put up with. They're always trying to keep us cheerful" and "I've had excellent care and consideration."

A relative said, "I get on very well with the staff and I'm on full chatty terms with them. [Loved one] has been here four and a half years, so I've been coming here a long time. It's absolutely genuine care here, you will not find better."

People were given emotional support if they needed it. For example, staff were observed to be patient and alleviate a person's distress. Staff knelt next to the person and spoke in a calm way. People's emotional support needs were documented within their care plan. Staff were observed to be very thoughtful and considerate towards people. Observation showed communication between staff and people was warm and friendly, showing caring attitudes whether conversations were outwardly meaningful or not. Staff knew people well and were observed laughing, chatting and spending time with people.

People's care plans contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about people's backgrounds. Staff knew people well and understood people's wants and needs. People were encouraged to maintain as much independence as possible. People's communication had been promoted to make sure they were in control over their lives and choices. One person used an electronic tablet to communicate their choices.

People told us that staff protected their privacy and dignity. Comments from people included, "Oh yes, they look after my modesty. The door is locked in the bathroom, there's always two nurses with me. I'm not rushed, they're very gentle and make it enjoyable", "Without a doubt they respect my privacy and dignity. They close the door" and "They knock before they come in, they ask if I'm happy for them to do whatever." Throughout our inspection we observed that staff asked people for permission to enter their room and spoke discretely in a quiet voice if asking a person if they needed to use the bathroom. Staff never stood over people and always knelt to their level to talk with them. People's care plans reflected the importance staff put on people's privacy and dignity.

People were supported to maintain contact with people that mattered to them. We observed visitors throughout our inspection and there were no restrictions on what times people could visit. Visitors told us they were made to feel welcome by the staff team. There was a seating area with hot and cold drinks and snacks within the reception areas where people could meet their loved ones.

People could be assured that their information was treated in confidence. People's care plans had recently been transferred to an electronic system. The computer was password protected and when the registered manager or deputy manager were not in the office, the door was securely locked. Paper records were securely stored in locked cabinets in the office. Staff understood the importance of maintaining

confidentiality and their responsibility to manage people's personal information sensitively.

## Is the service responsive?

### Our findings

People received an extremely responsive service that met their wants and needs. There was an innovative approach to meeting people's individual needs. For example, a 'winter wonderland' had been created within the grounds and petting donkeys were available to people. To ensure everyone had the ability to be involved, people that were cared for in bed could choose to have a donkey visit them in their bedroom. Photographs showed people laughing and smiling whilst petting the donkey in their room.

Staff went over and above their role to support people to live a happy and fulfilled life. A group of people had been keen bakers however, the kitchen within the service was not accessible to everyone. As a result, the provider installed a working kitchenette within the dining room. This had enabled people to be involved in the entire cooking process from start to finish. People baked on a regular basis as well as being involved in tasting sessions with food from around the world.

Staff went the extra mile to promote people's past interests and promote their sense of achievement and well-being. One person had a passion for ballroom dancing, staff contacted a local ballroom dance group who visited the service to perform a range of ballroom dances. Another person enjoyed reading and writing poetry, poetry sessions were held with people enabling them to write their own poems. One person entered their poem into a local competition and won second place.

People were asked about items they wanted to achieve but hadn't had the opportunity. One person said that they had always wanted to learn Spanish however, they had never had the opportunity. As a result, a Spanish club was set up with people that were keen to learn Spanish, a member of staff whose second language was Spanish managed the group. People also were involved in discussions about the country and culture. A tapas and wine tasting session was held to promote the culture and food. One person used an electronic tablet to develop their language skills further.

People were supported to continue with their interests and hobbies. A gardening club was created with involvement from family members. Raised flower beds were built and used to plant vegetables and herbs which were then used by the catering team within people's food. People grew and ate vegetables such as tomatoes, beetroot and courgettes. People were supported to make and plant their own hanging baskets which were hung in the courtyard, outside of their bedroom windows. People took part in sun flower growing competitions; people were supported to plant the initial seed in a small pot within their bedroom where it was looked after before being planted outside.

People were supported to live as full a life as possible and be part of their local community. The management team were committed to promoting intergenerational care. This is when different generations participate in activities and share experiences that are mutually beneficial. A local childminding group visited the service on a regular basis and people had been involved in a teddy bears picnic and a Christmas party. The photographs showed people were laughing and smiling with the children. The photographs also included people joining in with activities such as play doh and arts and crafts with the children. On the first day of our inspection some people were visiting the local grammar school for Christmas carols. A letter

exchange programme had been created with a local school. This enabled people to write letters to school children and then receive a reply; building a relationship as a pen pal.

One person's past vocation was a teacher; staff contacted a local school and arranged for the person to visit the local primary school. The lady visited four classes during the day and attended the school assembly. Children asked questions about the difference between when the lady taught at school to modern day school life. The photographs showed the lady laughing and singing hymns along with the school children.

People's care plans were extremely detailed providing comprehensive information and guidance on the person's needs and preferences. Health care professionals told us that people received an individualised service that placed them and their wishes at the centre. Systems were in place to make sure care plans were under continuous review so that people's needs continued to be met. Nurses and care staff were knowledgeable about how people liked to be supported and used this information to meet their needs.

There was an innovative approach to the use of technology to enhance people's well-being. One person staying for a period of respite, was going to miss a family wedding. The staff supported the person to get dressed into a suit and their room was decorated in wedding decorations. The staff used skype to enable the man to watch the wedding speeches and feel part of the day. People's communication needs were assessed and catered for, items such as local newspapers and articles were available in audio format. Audio books and large print books were available to people. There were easy read versions of documents available to people such as, the complaints procedure.

People received person centred end of life care that enabled them to have a comfortable, dignified and pain-free death. Staff received in-depth best practice training from the local hospice team following national guidance. Following this training the Barty Butterfly symbol of dignity was created. This was a blue butterfly that was used to inform everyone that a person is nearing the end of their life, and, needed to be shown additional privacy to spend time with their loved ones. A member of staff said, "I enjoy making people's end of life a pleasant and memorable experience." Dignity Day was celebrated with the blue butterfly taking centre stage throughout the day. Trees in the garden were used to hang blue butterflies which people and relatives used to write messages to their loved ones that had passed away. Special bed linen was purchased which included stitched butterflies and this was used when the staff supported people after their death.

People's preferences about treatment through all stages of their lives had been discussed and recorded. Staff knew people well and ensured people's wishes were fulfilled. The care team worked as part of a multi-disciplinary team including the local hospice and the community palliative care team to enable people to remain at Barty House, if that was their wish. Practical assistance was provided to relatives and a bereavement booklet was created and given to relatives following the death of their loved one. This was a practical guide of what to do next following the death of their loved one. For example, how to register the death, the organisations that you may need to contact and information about the support group. This was a group for relatives run by relatives who meet monthly at the service and provided emotional support and guidance.

Family members were given the opportunity to hold the wake for their loved one at the service. A separate dining room and lounge was used for these occasions. Staff and other residents were given the opportunity to stand on the front lawn to show their respect as the Hearse drove past the service.

A complaints policy and procedure was in place which people and their relatives had access to. Following a complaint, a comprehensive investigation took place by a member of the management team. The investigation included any recommendations that had been made and any action that was required.

Complaints were acknowledged and once an investigation had been completed an outcome letter was sent to the complainant which detailed the outcome and any recommendations that had been made. The registered manager and senior management team reviewed any complaints or compliments monthly. Records showed that the procedure had been followed and action had been taken to address concerns that had been raised.

The service had received an extremely high number of compliments with 11 being received in the month of November 2018. These were from relatives, friends and visiting professionals, these were in the form of letters, emails, cards and online reviews. One compliment read, 'I would like to say a big thank you for the care [loved one] received over the past three years. He had some really kind loving carers and nurses during his time with you.' Another complement thanked the staff for their patience and kindness during a difficult time. The family also thanked the staff for arranging their mums 90th Birthday party at Barty House. They also wrote that they were grateful for the support shown to the family on the day their loved one passed away. Another letter read, 'Thank you so very much for taking care of [loved one] for us. We are all so very grateful.' An online review from October 2018 read, 'It gave us piece of mind that [loved one] was well looked after and in the best place to meet his needs. We always felt welcome, the staff were always willing to answer our queries, however small. The dedicated staff could not have been more supportive of [loved one] and to ourselves.'

## Is the service well-led?

### Our findings

People, relatives and staff were complimentary about the management team, who they saw often within the service. Comments from people about the management included, "It's very good, I'm happy here" and "When she walks by she says hello. I think she does her best. She's quite approachable." A relative said, "[Registered manager] is an excellent manager, knowledgeable and very well respected. She'll always make herself available and I am totally confident in advice she is able to give."

There was a commitment throughout the organisation to provide people with a high quality person-centred service. Staff said they felt there was an open culture where they were kept informed about any changes in people's needs and to their job role. Staff spoke highly of the management team and comments included, "The registered manager is very kind and approachable. I can talk to her" and "The management team are approachable and always listen to you." The registered manager was supported by a deputy manager and a clinical lead, all of which were nurses. Staff understood the management structure, who they were accountable to and their role and responsibility. This was outlined within their job description and contract of employment.

The management team spent half of their working week working as part of the care team, enabling the promotion of a positive person-centred culture. The registered manager had a clear understanding of their role and responsibility. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. All incidents have been reported correctly. The registered manager attended local forums and received email updates about current best practice and any changes to legislation. The management team had developed working relationships with healthcare professionals for the benefit of people living in the service.

People and their relatives were involved in developing the service. The registered manager held regular resident and relative meetings where service developments and improvements were discussed. There was a representative from the management team, catering team, nurses and care staff, this enabled people's questions or suggestions to be promptly acted on. A food committee had been set up within the service to provide feedback about meals and make suggestions about meals people would like on the menu. A quarterly newsletter was given to people and displayed throughout the service. The newsletter included events that had taken place and events that were forthcoming. People and those acting on their behalf had their comments and complaints listened to and acted on.

There were a range of audits in place to monitor and improve the quality of the service that people received. The registered manager completed regular audits such as, medicines management, health and safety, care records and an entire systems audit. A regular provider visit audit was completed by the operations manager, this included, speaking with people, staff and visitors, observations and care records. These audits generated action plans which were monitored and completed by the management team and the operations manager.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating both on their website and in the registered office.