

Choiceclassic Limited

# Barton Park Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

In February 2016 we formally notified the provider of our decision under Section 31 of the Health and Social Care Act 2008 to impose restrictive conditions on their registration. This was following criminal charges that were brought by Merseyside Police against all of the directors of Choicelassie Ltd and others who had worked at the service. We will report on this when the current proceedings have been concluded.

We undertook an unannounced focused inspection of Barton Park on 26 April 2018. We inspected the service against two of the five questions we ask about services: is the service well led, and is the service safe? This is because there had been a change in registered manager in the last 12 months and we wanted to ensure the home was sustaining its last rating of 'good'.

The Nominated Individual (person responsible) had not been in post for a period of over two years. The Commission had not received any statutory notification as legally required that advised who was performing in this capacity in their absence.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. Given the circumstances of the on-going criminal case and the concerns found on this inspection we are unable to rate the service as good overall following this inspection.

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

Barton Park accommodates up to 60 people in one adapted building. The nursing home is accommodated in an extended detached building with both apartments and single bedrooms available. At the time of our inspection there were 24 people living at the home.

A registered manager was in post who had recently registered with the Care Quality Commission. 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.

We observed that some of the automatic fire door closures did not work as they should. This meant that people would not be safe in the event of a fire. We advised the registered manager of our concerns during inspection and requested that immediate action was taken to rectify this. Evidence was later provided to demonstrate the required improvements had been made to ensure people were safe from the risks associated with fire.

There were governance systems in place and checks were being undertaken in various areas of service provision. However, the checks failed to highlight the concerns we found with regards to the fire door closures.

People told us they felt safe living at the home. We observed there were enough staff to provide safe, effective care.

Medication was safely managed, stored and administered. People received their medications on time.

Staff were recruited and selected to work at the home following a safe recruitment procedure. The registered manager retained comprehensive records of each staff member, and had undertaken checks on their character and suitability to work at the home.

The home was clean and tidy. There was provision for personal protective equipment stationed around the home, and staff were trained in infection control procedures. Equipment was in good working order.

Staff were able to describe the process they would follow to ensure that people were protected from harm and abuse. All staff had completed safeguarding training. There was information around the home which described what people should do if they felt they needed to report a concern.

Feedback from Staff and people who lived at the home was regularly gathered and analysed. All of the staff we spoke with said that they liked working at the home.

The service had the ratings displayed in the home from the last inspection as legally required.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Medication was managed well by staff who were trained to do so.

Staffing levels were consistent and people told us there were enough staff to meet their needs safely.

Safety checks took place on the building and the equipment within it. However, we had some concerns relating to the closures on some of the fire doors in the home that put people at risk.

Staff were recruited safely and only offered positions once thorough checks had been completed.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well- led.

There was a registered manager in post.

There were some ongoing concerns with regards to the overall oversight of the home.

Quality assurance systems were in place and regular checks were being completed by the registered manager and the nurse in charge. However, they had failed to highlight the concern we found with regards to the fire safety

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

This inspection was 'Focused' due to changes in the registered manager to ensure that any current risk was mitigated and that the home was still operating efficiently. The purpose of this inspection was to check the safety and well-being of people living at Barton Park.

This inspection was unannounced.

The inspection was conducted by two adult social care inspectors. We spent time in the office and around the home looking at records and speaking to the registered manager and people who lived at the home. We looked at the risk assessments for three people and associated documentation for three people, and looked at three staff recruitment files. We also looked at other documentation relevant to our inspection of this service. During this inspection, we spoke with three people who lived at the home, two staff, and one visiting relative.

## Is the service safe?

### Our findings

We saw that automatic closures on some of the fire doors were not working correctly. Because the fire doors did not close correctly this meant that any outbreak of fire or smoke would spread to other areas of the home quickly and place people at significant risk of harm or even death. The fire door attached to the office did not close correctly. We were particularly concerned about this due to the electrical equipment in the office which could catch fire. There were also two other doors which were propped open during our inspection, attached to people's rooms who wanted them to remain open. We highlighted our concerns to the registered manager during our inspection. We have since received confirmation and evidence to confirm the required improvements were made and additional safeguards added to people's bedrooms doors to ensure they can open them safely. We have raised these concerns with Merseyside Fire Service for them to follow up.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that all firefighting equipment had been checked, and new equipment was in place in various parts of the home to help people evacuate safely. Personal emergency evacuation plans (PEEP's) explained each person's level of dependency and what support they would require to ensure they were evacuated safely. We looked at some of the other certificates for portable appliance testing (PAT), electric, gas, and legionella. These were all in date.

People we spoke with said they felt safe at Barton Park. One person said, "There is nothing I would change here, I feel safe." Another person told us, "The fire system is always checked so I feel safe here." A visiting relative said, "I come here most days, I have never felt my (Family Member) is unsafe."

Staff were able to describe the course of action they would take if they felt someone was being harmed or abused. This included reporting the suspected abuse to the registered manager, the local authority or contacting the police, depending on the nature of the concern. Staff had been trained in safeguarding adults and understood the different levels of abuse and who might be most at risk. There was also a whistleblowing policy in place. Staff we spoke with said they would 'whistle blow' to external organisations such as CQC if they felt they needed to. There was information displayed around the communal areas of the home such as the phone number for the local authorities safeguarding team.

Risk assessment documentation for people was presented in a clear and consistent way. We saw that risk assessments were in place for areas such as decision making, social inclusion, mobility, and falls. The risk assessments in place around falls had been changed so they included more information about the person. For example, we viewed one person's falls risk assessment which described in detail why the person was at high risk of falls. There was also information around how to keep the person safe, such as 'ensure person has their mobility equipment available and within reach.'

Medicines were administered individually from the trollies to people living at the home. Medication requiring

cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range. We saw there was a thermometer on the wall where the trolleys were stored. Checking medications are stored within the correct temperature range is important because their ability to work correctly may be compromised.

Some people were prescribed medicines only to be taken when they needed it (often referred to as PRN medicine) and had a plan in place to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain or if people became upset or anxious.

The medication administration records (MAR) included a picture that was sufficiently large enough to identify the person. We noted that the MAR charts had been completed correctly and in full.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

We looked at how incidents and accidents were managed at the home. We saw that there was a process in place to analyse the number of incidents which occurred over the month. There was also consideration given to time of day of incidents and staff on duty.

Everyone we spoke with told us there was enough staff on duty to keep them safe. One person said, "The staff come at once". A visiting relative told us, "There are always staff around, no matter what day you come."

Staff were recruited safely and satisfactory checks were made on staff before they started working at the home. These checks included two references and a disclosure and barring service (DBS check). This is a check that new employers request for potential new staff members as part of their assessment for suitability for working with vulnerable people. We checked one staff members file who had been working at the home for almost twenty years and saw that some information was missing, so we raised with the registered manager. Who took action and assured us they would request the relevant information for the staff file.

# Is the service well-led?

## Our findings

There was a registered manager in the home who had been in post since November 2017.

In February 2016 we formally notified the provider of our decision under Section 31 of the Health and Social Care Act 2008 to impose restrictive conditions on their registration. This was following criminal charges that were brought by Merseyside Police against all of the directors of Choicelassie Ltd and others who had worked at the service. We had taken this action because we believed people may be exposed to the risk of harm unless we did so. This case is currently on going and we will report on this when it has been completed.

The Care Quality Commission has continued to monitor and inspect the service since the charges were brought against those accused. During this time there has continued to be no oversight by registered provider or on their behalf. Although the registered manager had governance systems in place, it would be expected that there should have been some level of oversight on behalf of the provider as they are precluded from entering Barton Park. The Nominated Individual (person responsible) had not been in post for a period of over two years. The Commission had not received any statutory notification as legally required that advised who was performing in this capacity in their absence.

There were quality assurance systems in place that included all areas in relation to the running of the home such as; care planning, infection control, health and safety and medication. We saw that care plan audits were completed by a designated RGN (Registered General Nurse). The registered manager had a process in place for checking these audits and assigning any outstanding actions to the RGN. Medication audits took place. The process for these audits was that the registered manager would complete a full audit of five people's medications per month. The administering pharmacy also completed medication audits. Any action plans or points for consideration were drawn up and appropriate action had been taken. We saw that recent care plan audits had identified gaps in relation to what records people needed in their care plans, and we saw these had been assigned to a named nurse for completion. The action was signed by the nurse and the registered manager when it had been completed. Despite these audits being in place they had failed to highlight the concerns we found with regards to the office door not closing properly and the potential fire risk this could pose to people. Therefore, some of the audits required further improvement.

Staff and people who lived at the home were complimentary concerning the registered manager. One person said, "The manager is really nice. I get on well with them." One visiting relative also said, "The manager seems friendly enough."

We spoke to the registered manager and they were aware of their role and responsibilities regarding reporting any notifiable incidents to CQC.

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public



whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Barton Park was displayed for people to see.

The culture of the service remained warm, relaxed and friendly. All of the staff we spoke with said they would recommend the home to others, and enjoyed working there.

The registered manager had developed good systems for getting feedback from people living at the home and their relatives. We saw that feedback was regularly acted upon. Feedback had recently been gathered, and no one raised any concerns. Feedback gathered using Survey's and regular face to face conversations with people and their families.

Team meetings and resident meetings took place every few weeks and we were able to view minutes of these.

The service had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	One of the fire door closures did not work correctly and there were further doors which were propped open around the home.