Peverel Court Limited

Bartletts Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 31 March and 1 April 2016. It was an unannounced visit to the service.

Bartletts Residential Home is a care home for older adults who may be physically frail or be living with a dementia illness. Nursing services are provided by the community nursing team from local GP practices. Bartletts is registered to provide accommodation for 38 people. At the time of our inspection 36 people lived at the service.

We previously inspected the service on 09 January 2014. The service was meeting the requirements of the regulations at that time.

Bartletts is situated in a large open greenfield area on the outskirts of Aylesbury market town. The building is made up from a converted Victorian country home and a new purpose build extension. Rooms were of varied size all have en suite facilities.

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

We found a number of potential risks to people; We found blind cords were not secured and people who had memory loss had access to a hot iron. However these were quickly rectified by the provider, after we pointed them out.

We received many positive comments about the service. Comments from people included "The staff are really nice, it's a very nice home," "It's very friendly, warm and relaxed, the staff are very kind and compassionate, I am very pleased I came to live here."

Relatives told us the service was managed really well. Comments included "The manager has always responded to my concerns" and "They [manager] could not be more helpful". Another relative told us "The manager is excellent, they are open and transparent. I just have reassurance."

People were supported by staff who were knowledgeable about their needs. Staff got to know people and understood their likes and dislikes.

People were offered a range on activities within the home and in the local community. People's interests and hobbies were supported. For instance the service purchased a greenhouse for a keen gardener.

Relatives told us they chose Bartlett's as it was "Warm", "Welcoming" and for the standard of "Quality of accommodation" and "It's got the right amount of activities and also space to have privacy."

People had support from staff who had been selected by management following robust pre-employment checks. Once in post, staff were offered training and support for them to develop in their role.

The providers were supportive of the registered manager and invested in providing a continued programme of improvement to provide a high quality service.

We have made a recommendation about environmental risk assessments and reviewing the quality of them.

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 always safe.

Potential risks to people in communal bathrooms and the unlocked laundry room had not been identified or assessed.

People were supported by enough staff and call bells were answered swiftly.

People were supported by staff who had received robust checks to ensure they were suitable to work with people.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with respect and their privacy and dignity were upheld and promoted.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making

compliments and complaints about the service.

Is the service well-led?

Good

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

People received safe care because the provider monitored the service to make sure it met people's needs effectively.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

Bartletts Residential 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.

The inspection took place on the 31 March and 01 April 2016 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was planned and carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with the seven people living at Bartletts who were receiving care and support, seven relatives; the registered manager and eight staff. We reviewed five staff files and five care plans, in addition to medicine records.

We contacted a number of health and social care professionals associated with the service to gain their views on the service.

We made observation of working practice and staff interactions and cross referenced practice against the provider's own policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People who lived at Bartletts and their relatives told us they felt safe and secure. Comments included, "I am well looked after and I feel safe", I just know that [relative] will be alright, I used to worry about them before" and "It has given peace of mind."

Throughout our observations during the two days of inspection we found that in general, risks were identified and assessed in a wide range of topics. For instance risks associated with fire were identified and staff were knowledgeable on how to support people in the event of a fire. Each person who lived at the home had a Personal Emergency Evacuation Plan (PEEP). These were kept in a place that was easily accessible. However not all potential risks had been identified by the service. For instance we found two areas which required urgent attention. Firstly we found blinds located in communal bathroom areas had cord which had not been secured. This potential risk had been identified by the Health and Safety Executive (HSE) as a known hazard which had caused death in children and adult care settings. This risk had not been assessed and no actions had been undertaken to minimise the risk. However this was bought to the attention of the registered manager and within 24 hours this had been rectified.

Another hazard identified the potential of burning. We found an unlocked and unattended laundry room with a plugged in laundry press. At the time the press was open and hot, this meant that people who were living with a dementia has access to this room and may have come to harm. This was fed back to the registered manager and within 24 hours a new lock had been fitted to the door.

We recommend the service seeks advice from a reputable source to develop environmental risk assessments and the quality assurance process around them.

Potential risks to the deterioration in people's healthcare were assessed for instance the risk of developing pressure areas and risk of falls. We saw that where people were at high risk of falls, the service had assessed this and equipment had been put in place to help minimise the risks. Process and procedures were in place to ensure that equipment within the home was safe and well maintained. Records of checks made were comprehensively completed. Safety certificates were in date.

People received medicines as prescribed. Staff did not always observe best practice when administering medicine. For instance we observed one member of staff physically touching one medicine. This posed a risk of cross contamination and harm to the member of staff. Poor hand hygiene was observed on one of the medicine administration rounds. However staff we spoke with who were responsible for administration of medicines were aware of good practice around medicines. We informed the registered manager about our observations they agreed that they would undertake additional quality spot checks on staff to ensure consistency in practice.

Some people were prescribed 'as required' (PRN) medicine. The service had a policy on PRN medicines; however they did not always follow this policy. Where PRN medicine was prescribed staff were not always given clear guidance on when to administer this. There were omissions of PRN protocols. Some prescribed

medicine for thickening fluids were not routinely signed for. We found no records for when this medicine had been dispensed. The registered manager was made aware of this and advised us they would be reviewing all documentation.
The service had a 'Homely remedy's policy', this had been countersigned by the GP and pharmacist. We observed the policy being used routinely.

We observed staff explaining medicine to people and offering them time to take medicine. Medicines were not rushed. Staff communicated well with each other about any changes required in medication. For instance a GP had reviewed one person medicine and had advised staff to cease it. We saw that this was updated on medicine administration records (MAR) and communicated in a handover meeting. Staffs were very knowledgeable about when medicines could be given. For instance a number of people required their medicine to be taken with food. Therefore staff either ensured breakfast was provided or delayed the administration of medicine until the person was ready to eat.

Medicines were stored well; each person had a lockable cabinet in their own room. We observed that daily temperature checks were completed. Where additional checks were required these were carried out and documented clearly. There was a clear process for administration of covert medicines. A local pharmacist undertook an annual audit of medicine. They advised us that they felt medicine was managed well in the home.

The PIR stated and the registered manager corroborated that the service was going to move to an electronic medicine management system. The registered manager felt this would enhance medicine administration.

People were protected from avoidable harm from abuse, as staff had a good understanding of what constituted abuse and what to do if a concern was raised. Information and the contact number for the local safeguarding team was displayed around the service. Staff advised us that they would not hesitate to raise a concern if they felt management had not raised an alert appropriately.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with adults. Records seen confirmed that staff members were entitled to work in the UK. The service used a checklist to support them ensure that all pre-employment checks and information had been received prior to staff commencing in post. The registered manager advised us the service has invested in a new service to enhance the recruitment process. They had negotiated with a third party service to undertake future recruitment screening. They felt this would ensure that the best candidate would be found for future staffing vacancies.

People and their relatives told us that they felt there was enough staff on duty throughout the day and night. We observed that all staff worked as a team. We looked at a selection of staffing rotas, we saw that where people had been unable to attend work due to sickness this was covered by either bank staff or additional shifts by permanent staff. Relatives told us that they observed a consistency in staff and the registered manager confirmed that the use of agency staff was kept to a minimum.

The registered manager assessed each person who lived in the homes dependency. This dependency level helped them inform staffing numbers. The provider supported the registered manager to identify safe staffing levels. We saw that this was reviewed regularly or as when needed depending on changes in people's condition.

Incidents and accidents were recorded and acted upon as required. Staff were aware of the need to report

accidents and felt confident to do so. We saw that trends were monitored by the registered manager on a monthly basis.

The service was supported by domestic staff. The home was kept to a high standard of cleanliness. The housekeeping staff were passionate about their work. One relative told us that the level of cleanliness had really impressed them they stated "It does not smell, its warm and clean." One healthcare professional told us "When going around the home I noticed that the home is very clean and hygienic which means that it is protected from risk of infection."

Good

Is the service effective?

Our findings

People and their relatives told us that they received effective and personalised care. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. On person told us "I know the staff really well."

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. The application procedures for this in care homes and hospitals are 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 were being met. We viewed applications made to by the service. We noted the registered manager had a system in place to keep track of applications made. The registered manager was able to demonstrate a good understanding of when an application was needed.

Staff we spoke with had a general understanding of the MCA. However records demonstrated there was room for improvement in involving people in decision making. A number of records seen indicated that people had been assessed as having capacity to make certain decisions about their care and treatment; however consent forms were signed by next of kin. Records did not show that the principles of the MCA were always followed. We spoke with the registered manager about this and they agreed to review documentation around consent to ensure that consent is sought from people who have the legal authority to do so.

Throughout our observations over the two days, we saw that verbal consent was gained prior to support being given.

Staff told us they had the training and skills they needed to meet people's needs. Comments included: "I have access to all the training, this means I can support my colleagues" and staff told us they had the training they needed when they started working at the home, and were supported to refresh their training. Staff completed training which included safeguarding, fire safety and moving & handling. The registered manager had a clear process for monitoring staff training.

The registered manager informed us that there was a clear induction programme and new staff worked alongside existing staff members. We were informed that a 'buddy' system was used to support new staff. We observed this to be the case. One stakeholder told us "I feel that staff are trained to a very high standard and the standard of the home is excellent."

Staff we spoke with told us that they felt supported; we saw that one to one meetings and annual performance review meetings took place. The registered manager advised us that since being in post they have supported a number of staff move into differing positions. They advised that this was to ensure there was a good skill mix amongst staff members. They acknowledged that as a result some people were overdue one to one meetings. However future dates had been planned.

Staff told us the teamwork existed and we observed this in action. A daily handover meeting was held to ensure that important information was shared between shifts. A daily allocation sheet helped the manager understand staff's workload.

Staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also recorded in their care plans. The deputy manager updated records when needed. For instance, one person had been seen by speech and language therapist (SALT), they had provided advice, which changed the dietary needs, and a new sheet of dietary needs was completed and given to the chef.

The PIR indicated the service was proposing to introduce an additional space where people could access drinks and snacks. At the time of our inspection this was not in place, however we saw that drinks and fruit were available to people in the lounge areas. There was a choice of meals and snacks available. Where people's care plan advised that support was needed to ensure people were safe while eating, we saw that this happened.

Comments about the food included "The food is good, I enjoyed it," "Food is very good." A relative told us "[relative] enjoys the food; I think it is well presented."

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. On day two of our inspection concerns were raised about two people's health, this was responded to very quickly and a GP visited. We also saw how people were supported by community nurses and other healthcare professionals.

One relative informed us "I am always informed of any changes in health, they sorted out health appointments." Another relative told us "They have kept a good eye on [relative] diet, so much so that their condition is very much improved."

One healthcare professional told us "Staff are always willing to take on board treatment plans."

Good

Is the service caring?

Our findings

We received some very positive feedback from people and their relatives about how caring and kind the staff were. We observed some good interaction between staff and people. It was clear that good relationships had been developed and some staff were really knowledgeable about people.

Comments from people included "The staff are really nice, it's a very nice home," "It's very friendly, warm and relaxed, the staff are very kind and compassionate, I am very pleased I came to live here."

Relatives told us "Staff have the patient of saints, staff are so friendly, and from day one we were made to feel welcome. I have peace of mind as I don't worry; the staff are really caring people." Other relatives told us "The staff are wonderful, it's a fantastic home, " and "Its welcoming, friendly, clean and tidy, everyone is so positive and always have time for you."

A healthcare professional told us "The team at Bartletts seem to be truly dedicated and very caring towards residents."

A number of staff had worked in the service a long time. Some in excess of five years; this meant that they had a good understanding of people preferences. People appeared relaxed in the company of staff, we observed laughing and joking. Staff were able to start a conversation with people as they were knowledgeable about their family members and friends.

On day one of our inspection we observed someone getting very distressed, this was responded too sensitively, calmly and in a professional manner. On day two of the inspection another person was being support as they became upset. Again staff responded in a professional and caring way. Another person was having an episode of ataxia (shaking). The member of staff was very attentive and held their hand until the episode finished. This demonstrated knowledge of staff but was also undertaken in a respectful and dignified manner.

Staff we spoke with were aware of how to promote people's dignity and independence. However on a few occasions we observed that some staff did not knock prior to entering a room. We spoke to the registered manager about this; they agreed to increase quality spot checks.

The service tried to understand people as much as possible, for instance life histories were taken and the activities assistant always spent time with people who had recently moved into the home to learn about their likes and dislikes.

One relative told us the service had gone out of the way to ensure their relative had access to hobbies they enjoyed prior to moving into the home. "They bought a greenhouse, we as a family were prepare to buy it, but the home provided it." Another relative told us "They always provide a birthday cake, they [staff] always show remarkable amount of respect for people."

Rooms were personalised and people were free to take their own belongings into the home, however good quality furniture was also provided if needed.

Relatives we spoke would not have any hesitation in recommending the home for people considering residential care, and in fact a number of relatives told us they had already recommended the service.

Confidentiality was maintained as people's care plans were kept securely. Telephone calls about people medical conditions were made in a care office and not in public areas.

People had choice of where to spend their time; people were asked on a regular basis what they wanted to do. The home had a number of different lounge and dining areas. People preference to remain in their room was respected.

People's preferences for end of life care was discussed and recorded. We saw that where people lack the mental capacity to discuss their wishes; this was discussed with family members and GP. At the time of the inspection no-one who lived at the home were being support by an advocate. An advocate is a person independent of the service who can help people make decisions about their care and promote their rights. The registered manager informed us that information is available for people if needed.

Good

Is the service responsive?

Our findings

Pre-admission assessments were undertaken prior to people moving into the service. Important information was gathered about previous life history, as well as important relationships. People received individualised care that met their needs. The service undertook person centred care planning and we saw a wide variety of person centred information. This included an individual care plan and life history document. Information was gathered about people's religious beliefs.

Information on what was important to each person, there likes and dislikes were recorded. Care plans detailed people's routines. Care plans advised staff on how best someone needed to be supported. For instance, what equipment they needed and how often they required support. People healthcare was monitored through regular reviewing of care plans. However we have asked the registered manager to ensure that changes in conditions are reflected in all paper work. As we found some evidence that not all documentation was updated when changes were noted.

Care plans detailed what equipment was required to minimise risks, for instance one person needed to use adapted cutlery and we saw this was offered. Another person's care plan identified that the risk to them falling was managed by a sensory mat. We saw that where required this was provided and in use.

The registered manager advised us that they had been working with the local clinical commissioning group to investigate if a 'digital nursing hub' would benefit the service. The scheme is a model of care that allows care home staff to have 24 hour access to qualified nursing staff, who could advise about any changes in people's condition. The aim would be to reduce unnecessary admissions into hospital.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required.

The person responsible to undertaking activities had a wide variety of training to develop their skills. They were always looking for new activities. There was a clear programme of activities available. When we spoke with people we could see that activities could change depending on what people wanted to do.

The provider had introduced 'apple tv' (an interactive multi-media system). People had access to social media through this; we were informed a number of people who lived at the home used 'facetime' an interactive visual telephone call. This supported people to maintain a healthy relationship with people who were not able to visit the home.

The PIR stated the service was hoping to introduce a dementia friendly cinema and music therapy room. Staff were supported to understand needs of people who were living with a dementia. The 'apple tv' and associated 'apps' helped people with non -verbal communication to help them express their views

People were supported to access the community; wheelchair taxis were booked for theatre or cinema trips.

The registered manager advised us that they have ensured that activities were available seven days a week. Relatives we spoke with corroborated this. One relative had commented on a painting exercise that had been undertaken. They felt it was a very engaging activity and people appeared happy to join in.

The service had a complaints procedure. People we spoke with were aware of how to raise concerns. The service kept a record of all comments, complaints and compliments. We saw that the registered manager responded promptly to comments from relatives. This was also supported by what relatives told us. "X is always available, I know I can raise anything with them, and when I do, I always get a response."

We saw that comments from residents and relatives were used to help develop and improve the service, action plans were completed when themes of improvements were identified.

The service had some links with the local community and charitable services. The service worked closely with a local country club/spa. A member of staff was voted 'community member of the quarter' as a reward the winner was treated to a SPA treatment at the centre.

We saw the service helped raise money for charitable trusts, namely Macmillan and Dementia UK. Coffee mornings were held and handmade cards were sold in aid of Dementia UK.

Good

Is the service well-led?

Our findings

People were supported by a service that was well led. There was a clear structure in place of senior management support. All staff were aware of their roles and responsibilities. The registered manager had been in post since May 2015. Since being in post they had established themselves as a confident and competent manager. Staff told us they felt the manager was "Approachable" and "Supportive", they told us "There is an open door" and "I know I can discuss anything , I have been able to share my views and they have been listen to". Another member of staff told us "I feel valued by the manager, as well as the director, when they come in they know my name."

This was supported by what relatives told us. Comments included "The manager has always responded to my concerns" and "They [manager] could not be more helpful". Another relative told us "The manager is excellent, they are open and transparent. I just have reassurance."

Relatives told us they chose Bartlett's as it was "Warm", "Welcoming" and for the standard of "Quality of accommodation" and "It's got the right amount of activities and also space to have privacy."

There was a clear vision which was adopted by all staff and that was to ensure people received compassionate care which promoted happiness and provided high quality care. The service had a business plan which was clearly communicated.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The provider was aware of the new requirements following the implementation of the Care Act 2014, including the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

We acknowledged the previous performance assessment given by CQC was displayed throughout the building.

The service had a senior management team which included a quality assurance manager. The post supported the registered manager monitor the quality and effectiveness of service delivery. A number of regular audits were undertaken, these included a monthly falls audit and a quality audit.

The quality assurance processes helped the service monitor its performance The performance tools were reviewed regularly by the provider together with the quality manager and registered manager. There was clear level of support from the provider to monitor the quality of service provided to drive improvements. However these performance tools and quality audits had not identified the concerns noted about potential risk to people safety. This was discussed with the registered manager who agreed to raise this with the senior management team.

The registered manager held regular staff, resident and relative meetings. It was clear from the minutes that these meeting were used to drive improvement and gain feedback from people about performance. We saw that action plans were devised to monitor improvements or changes required.

The service sought formal feedback on performance through questionnaires. These were sent to relatives and stakeholders. We saw the results of last year's survey. The feedback from relatives was very positive. Some comments included "An exceptional Leader", "Long serving staff all doing a fantastic job."

We saw evidence that staff, people and their relatives were kept informed of any changes in the services. For instance relatives told us they had been informed of managerial changes last year, and had all been informed of on-going decorating within the service.