

Mr & Mrs J R Mansell

# Barton House Nursing Home

## Inspection report

68 Cemetery Road  
Cannock  
Staffordshire  
WS11 5QH

Tel: 01543504139

Date of inspection visit:  
22 March 2019

Date of publication:  
04 April 2019

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

# Summary of findings

## Overall summary

About the service: Barton House is registered to provide care with nursing to 15 people with mental health conditions including people with dementia and complex behaviours. At the time of our inspection, there were 14 people using the service.

People's experience of using this service:

- Staff had received safeguarding training and knew how to keep people safe protecting them from harm or abuse.
- People's risks to safety and well-being were assessed, recorded and reviewed to reduce the risk of avoidable harm occurring.
- Medicines were managed safely.
- Staff were suitably skilled to meet people's needs.
- Assessments and care plans were person-centred.
- People received enough food and drink to meet their dietary requirements.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People told us that they enjoyed living at Barton House and that they were cared for by staff who treated them with kindness.
- Staff supported people to maintain their independence.
- Complaints were dealt with in a timely way and in line with the service's policy.
- There were mechanisms in place to monitor the quality and safety of the service.

The service met the characteristics of Good in all areas; more information is in the full report

Rating at last inspection: At the last inspection, the service was rated as Good (Report published 25 June 2016)

Why we inspected: This was a planned inspection based on the date and the rating of the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

## 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Barton House Nursing Home

## **Detailed findings**

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by one 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 took place on 22 March 2019 and was unannounced.

**What we did:** Before the inspection, we reviewed the information we held about the service. We considered the Provider Information Return (PIR). This is a form that asks the provider to give us some key information about a service, what the service does well and improvements they plan to make. We looked at notifications. Notifications tell us about important events that have occurred at the service, which the provider is required to send to us by law such as safeguarding concerns, deaths and serious injuries. We asked the Local authority for feedback about the service. We used this information to formulate our inspection plan.

During the inspection, we spoke with three people, three relatives, three members of staff, the cook, the registered manager and the provider.

We looked at two care records and four supplementary care records. We reviewed the ways in which medicines were stored and managed and we looked at the records relating to the safety and quality of the service such as audits, complaint sand logs of accidents and incidents.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Barton House. One person said, "I am really safe here and that makes me happy."
- A relative said, "I know that [person's name] is totally safe."
- Staff had received safeguarding training and knew how to identify and report any safeguarding concerns.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place.
- Staff knew people well and could tell us the actions they took to reduce the risk of avoidable harm occurring.
- The service had environmental risk assessments such as Personal Emergency Evacuation Plans (PEEPS) which gave staff guidance on how to support people in the event of a fire.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Staff we spoke with told us that there were always enough staff on duty and on occasions, agency staff were called to support in the event of staff sickness or holidays. One member of staff said, "Sometimes if we do get short staffed, we always have help and we work really well as a team."
- The service had a recruitment policy in place to prevent the risk of unsuitable staff working with vulnerable adults.

Using medicines safely

- People received their medicines in a safe way.
- Protocols were in place which staff used to guide them when administering medicines that were needed 'as required'. Protocols were also in place for topical creams and homely remedies.
- The registered manager undertook weekly checks of the medication system to monitor and oversee the safety of medicines in addition to full monthly audits.

Preventing and controlling infection

- Staff we observed wore Personal Protective Equipment (PPE) such as plastic aprons and gloves.
- PPE was accessible around the home for staff and people to access as required.
- There was an infection control policy in place.

Learning lessons when things go wrong

- The registered manager electronically recorded accidents and incidents as they happened and then

analysed any patterns or trends in incidences to try and prevent them reoccurring.

- Action plans were put in place to address any shortfalls.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People received a pre-assessment before moving to live at Barton House. This meant the registered manager could be assured that they could meet the needs of people who were new to the service.
- Assessments and care plans were reviewed monthly and records were amended to reflect people's change in needs.
- Staff we spoke with told us they read care plans so they could understand how to care and support people in line with people's wishes and choices.
- Staff shared information with each other at the start of shifts to allow them to provide effective care and support for people.
- The service promoted the use of champions. The champions promoted areas of best practice in particular areas of expertise and used this knowledge to ensure positive outcomes for people.

Staff support: induction, training, skills and experience

- Staff we spoke with told us they had received an induction when starting their employment and this helped them to ensure they could provide effective care and support for people.
- Staff received mandatory training and were also able to access training that helped them support people who were using the service who were living with specific health conditions.
- Staff received monthly supervisions which staff used as an opportunity to discuss areas of their own practice for improvement and development. One staff member said, "We get recognition for doing things right but then we also receive direction and further support if we are not doing something so well, it encourages us to improve."

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

- People told us they enjoyed the food and had options to choose from. One person said, "I was given a choice of two things today and I choose lasagne but I can have whatever I want really. It was lovely."
- We spoke with the cook and with care staff who told us people were given two meal choices, but that there were always other alternatives available. This confirmed what people had told us.
- Where people had specific nutritional needs, we saw that food was prepared and served in line with people's requirements.
- Where it was safe to do so, people were able to independently make themselves a drink as and when they wanted from a drinks trolley situated in the dining room.

Staff working with other agencies to provide consistent, effective, timely care

- People we spoke with told us they had meetings with social workers and other professionals. One person



told us, "I do get to see my social worker."

- A relative told us, "We have regular reviews with other professionals; in fact, we had one just recently."
- Assessments and care plans were updated with advice from professionals so that staff were able to provide the most up-to-date and relevant support for people.

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

- People's rooms were personalised with photographs and with items that were important to people. This created a homely environment for people.
- The provider had applied for planning permission to extend the building to create more space that would allow everyone to have a single room of their choosing. These plans were on-going and formed part of an overall improvement plan for the service.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare as and when required.
- The service supported people to attend medical appointments where necessary and staff liaised with specialised healthcare professionals as needed to ensure people received consistent and effective support.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had a good understanding of the MCA and told us how they adopted the principles of the MCA to care for people. One staff member said, "Everyone has capacity until it is proven otherwise. We support people to make decisions and if they don't have capacity, decisions are made in people's best interests to keep them safe."
- The registered manager had made applications to the local authority to ensure that where people were being deprived of their liberty, this was done lawfully.

# 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

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 that staff cared for them in a kind and caring way. One person said, "I am happy living here, staff are really good and they make sure they look after us properly."
- Another person said, "It is nice here, I like it."
- A relative told us, "This is the best care home that [relative's name] has been to. We are all like a little family here." Another relative said, "All staff do their utmost for [relative's name]."
- Throughout our inspection, we observed staff interacting with people in a warm and friendly way. People who were not able to communicate effectively demonstrated that they were happy through body language, gestures and sounds.

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

- People told us they were supported to make choices about how they received their care. One person told us, "I go out down to the local shop, I come and go as I want to."
- People were encouraged to take part in resident meetings which enabled them to voice their opinions and feelings about how the service was run.
- People were asked about their diverse needs and the service took into consideration the protected characteristics under the Equality Act 2010 such as race, religion and sexual orientation.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us how staff supported them to keep as independent as possible and we saw people maintaining their independence during our inspection. For example, one person could collect their breakfast from a serving hatch in the dining room as opposed to waiting for a member of staff to bring it to their table. We also observed people independently accessing the community.
- A member of staff said, "We recognise that people can do things for themselves so we help them to continue to be independent so that they continue that way for as long as possible."
- Staff told us how they maintained people's dignity and respected their privacy. We received comments that included, "We ensure that doors and curtains are closed when we are supporting people with their personal care" and, "I talk to people with dignity, just as I would any members of my own family. I let people know what I am doing and I always cover people when I am supporting them with personal care tasks."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were detailed and contained information about people's individual routines and preferences. This enabled care staff to support people in line with their wishes.
- Plans were reviewed regularly and updated to reflect any changes in needs.
- There was an activities coordinator in post who tailored activities to meet individual preferences. One staff member said, "The activities person knows what people like and they try to do things with people that are specific to the person to make it interesting for them."
- One person told us, "We do baking, we make things for special occasions to decorate the home and we go on lots of trips." Another person said, "I have been to Rhyl, Blackpool and I went to Lichfield and went up the tower at the Cathedral."
- People were encouraged to celebrate important life events and special occasions. A relative told us, "We had a fabulous party for [relative's name] when it was their Birthday. We were invited to a party that staff were having for them. There were balloons, a cake and a singer even came in."
- People were supported to maintain their religion and faith where it had been identified that this was important to them. The registered manager told us that people attended the local church and church services had taken place within the home.
- The service met the Accessible Information Standard (AIS) by ensuring it made reasonable adjustments for people with communication needs. The AIS places a responsibility on the service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.

Improving care quality in response to complaints or concerns

- There was a complaints policy and system in place to ensure complaints were responded to in a timely way.
- Where complaints had been received, these had been addressed and actions put in place to reduce the risk of further complaints being made. 'Lessons learned' were documented in a file of the same name and this was shared for future learning and reflection.

End of life care and support

- At the time of our inspection there was no one in receipt of end of life care.
- People's end of life wishes and preferences were discussed with people and this was documented in assessments and care plans.

## 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service promoted a culture that was person-centred and inclusive. The registered manager said, "We support people with a range of complex needs, often people who come here have come from other services. We try hard to ensure we can meet people's needs."
- The registered manager understood their responsibilities under Duty of Candour, that is to be open and honest when things went wrong.
- People, relatives and staff spoke highly of the registered manager. One person said, "[Registered manager's name] is a good person." Another person said, "[Registered manager's name] is a good manager, she is just lovely."
- A member of staff said, "They are one of the best managers I have ever had." Another member of staff told us, "I can go to [registered manager's name] with absolutely anything, they are really approachable."

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

- The registered manager met the requirements of their registration. The service had their ratings on display and notifications were submitted to us as required by law.
- The provider held meetings with the registered managers from Barton House and their other locations to identify, discuss and share areas of best practice and learn from each other in order to provide consistent care across their services.
- The service employed nursing assistants to provide support to the nursing staff on shift and to take a senior role supporting the care staff on duty. This additional level of delegation supported the registered manager with the day-to-day running of the service.
- The provider and registered manager shared the responsibility of completing audits to monitor the quality and safety of the service. The provider sought support from external consultants led by the Chair of The Dignity Council to improve the auditing processes. The provider told us, "We wanted the audits to be meaningful so we worked together to achieve this and this is still work in progress." Audits were reviewed regularly to continue to improve and drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service welcomed the views of others and issued people and their relatives with questionnaires and surveys as a mechanism to obtain feedback about the service. The feedback was collated and action plans put in place so issues that had been highlighted were responded to.

- Staff told us they had staff meetings and these were used an opportunity to share their thoughts and views whilst receiving feedback and updates about the service.

#### Continuous learning and improving care

- The provider had looked at adopting new ways of improving and enhancing care for people and shared their Quality Improvement Plan from 2018 with us.
- The provider and the registered manager kept up-to-date with best practice initiatives within the health and social care sector to learn and develop their own skills and to share good practice throughout the service.

#### Working in partnership with others

- The service had developed good community links and relationships to enhance care and support that people received.