

Shaw Healthcare Limited

Barton Cottage

Inspection report

The Cottage Wing, Barton Health & Community Care
Centre
Short Lane, Barton under Needwood
Burton On Trent
Staffordshire
DE13 8LT

Tel: 01283714110
Website: www.shaw.co.uk

Date of inspection visit:
18 January 2018

Date of publication:
21 February 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 18 January 2018. Barton Cottage is a short-stay care home for 12 people. The unit is located in a wing of The Barton Health & Community Care Centre. 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. People were admitted from the local hospital or through the primary care trust instead of receiving treatment in hospital. Nine beds were allocated and funded for rehabilitation, intermediate and palliative care and three beds provided respite care for people with significant long term neurological conditions, such as Parkinson's disease. The accommodation includes a combined lounge and dining room, a visitor's room, a games room and enclosed garden. On the day of our inspection visit, ten people were staying at the home.

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.

At the last inspection, the service was rated as Good. At this inspection, we found the service had improved their rating to outstanding in Effective by demonstrating that they worked in partnership with a number of organisations to ensure people's care and support needs were met holistically. We found the service remained Good overall.

Staff worked closely with other professionals to ensure people's specific health needs were met and they were supported to regain their independence and return home as soon as possible. Staff looked for new approaches and equipment to improve people's care offering them maximum independence and choice. Improvements had been made to the premises which encouraged people to engage in activities and provided private space for people to spend time with their families. People enjoyed a wide range of food and drink, and the importance of eating and drinking well was promoted by all staff. Staff received appropriate training to meet the needs of people at the service and they were supported and encouraged by the provider to develop their skills and knowledge. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We saw the policies and systems in the service supported this practice.

People continued to receive safe care. People were protected from the risk of avoidable harm by staff who understood their responsibilities to identify and report any signs of potential abuse. We saw that concerns were taken seriously and investigated thoroughly to ensure lessons were learnt. Risks associated with people's care and support were managed safely and relatives were confident their family members were safe and well cared for. People received their medicines when needed and there were suitable arrangements in place in relation to the safe administration, recording and storage of medicines. There were sufficient, suitably recruited staff to meet people's needs.

The care people received remained good. People liked the staff and had formed positive, caring relationships. Staff were kind and caring and supported people to make choices about their care. People's privacy and dignity were maintained at all times.

The service remained responsive. People's support plans reflected their views and were reviewed when their needs changed. People were supported at the end of their life to have a comfortable, dignified and pain-free death. People's diversity was recognised and promoted by the staff and people were supported to follow their religious beliefs and to maintain important family relationships. People were supported to raise any concerns or complaints. The staff and acting deputy manager were approachable and were confident any concerns they raised would be listened to and acted on.

The service remained well led. There were suitable systems in place to assess, monitor and improve the quality and safety of the service. These were monitored by the provider to ensure any improvements needed were made in a timely way. The provider listened to the views of people using the service and their relatives to make improvements in the service.

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?

Outstanding ☆

The service remains has improved to Outstanding.

The provider, registered manager and staff worked closely with other professionals to meet people's needs holistically and to ensure they delivered care in accordance with best practice. The provider trained and supported staff to meet people's individual needs and encouraged them to develop their knowledge and skills. The premises had been improved to promote greater engagement in activities and provide private space for people and their families. Staff sought people's consent when providing support and people were able to make decisions about their care. People who used the service had the capacity to consent to their care and there were no people being restricted of their liberty.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Barton Cottage

Detailed findings

Background to this inspection

The unannounced, comprehensive inspection visit took place on 18 January 2018 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had knowledge of services for older people, including palliative care.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we had received from commissioners who purchase services on behalf of people. We used all this information to develop our inspection plan.

We spoke with six people who used the service and six relatives, five care staff, two nurses, and the registered manager. We also telephoned two health professionals who worked with the service. We did this to gain views about the care and to ensure that the required standards were being met.

We looked at the care records for three people to see if they accurately reflected the way people were cared for. We also looked at staff duty rosters, three staff recruitment files, and quality assurance audits carried out by the provider and commissioners.

Is the service safe?

Our findings

At this inspection the provider continued to protect people from potential abuse, harm and risks and the rating for this key question remains 'Good'.

People had positive, trusting relationships with staff who understood their needs and how to keep them safe. One person said, "This is a wonderful place, the staff, you can't fault them". We saw that people and their relatives looked relaxed in the company of staff and we heard friendly chatter between them. Staff were aware of the signs to look for that might mean a person was at risk of abuse and knew what to do to make sure that any concerns were investigated and people were protected. One member of staff told us, "We look for signs and symptoms; if we think something has happened we would explain our duty of care, discuss it with the person in a gentle way and report it to the manager. It's about building trust with people". There were effective safeguarding systems in place which followed local safeguarding procedures. We saw that where required, concerns had been reported to the local safeguarding team and investigated thoroughly. The registered manager notified us of any safeguarding concerns in accordance with the requirements of registration with us.

People felt safe and well cared for by the staff. One person told us, "I think it's lovely. They treat you well". Relatives we spoke with told us they had no concerns about their family members. One said, "Very happy. [Name of person] is content and looks a lot better. It's clean and everybody's nice here". Risks associated with people's care were assessed and managed. Staff understood the risks to people's safety and wellbeing and how to manage them. One person told us, "I have bed rails and staff put them on at night; it makes me feel safe". We saw that staff followed risk management plans which gave them detailed information on how to manage identified risks, for example when supporting people to move using equipment or to avoid developing sore skin through pressure damage.

We observed a medicines administration round and saw that people received their medicines as prescribed. One person told us, "Staff bring them bang on the time they are supposed to". We saw that staff spent time with people and checked to ensure the person had taken the medicine before moving on. When people received their medicines on an 'as required' basis, staff had clear guidance on when they were needed. Staff recorded, stored and disposed of medicines correctly and there were management processes in place to ensure staff were competent to administer people's prescribed treatments.

The provider had systems in place to review when things go wrong to ensure that lessons were learnt and that action was taken to minimise the re-occurrence. We saw that a recent safeguarding concern had been thoroughly investigated and explored with the staff team. Whilst the registered manager told us that their investigation had not identified the need for any changes, this showed us there was an open and transparent approach to all safety concerns.

There were sufficient staff to keep people safe and ensure their wellbeing. People and their relatives had no concerns and we saw staff responded promptly when people called for assistance in their rooms. Staff told

us that staffing levels were kept under review and additional staff were rostered on when people's needs increased. For example, a member of staff told us that staffing levels had been increased when some people required assistance to eat their meals. Staff told us and records confirmed that the provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. In addition, the registered manager had checks in place to ensure that nurses were registered with the Nursing and Midwifery Council. This showed us the provider had suitable arrangements to ensure there were sufficient, suitably recruited staff to meet people's needs at all times.

People were protected by the prevention and control of infection. We saw that the home was clean and personal protective equipment was available for staff and people who live at the home to use when needed. We saw the staff had received training and followed clear policies and procedures to maintain high standards of cleanliness and hygiene in the home.

Is the service effective?

Our findings

People told us they received exceptional care and support that met their individual needs. One person said, "A member of staff visited me at home to talk about respite care and I booked a two week stay. I explained my needs and they took them all on board. They are meeting my needs far and beyond what I have asked for. I am extremely pleased and I am going to book another two weeks". Another person said, "I've settled in remarkably well. I was a bit apprehensive, as you never know what you're coming into but I'm very happy with it. The service has a good reputation in the area; I live in Barton so I know".

Commissioners we spoke with told us, "People using the service are extremely complimentary of the staff and the care they receive. When conducting quality announced and unannounced visits to the service, the passion for providing the best care possible is evident in the discussions with staff".

We saw that people's needs were assessed prior to them coming to the service and care plans were put in place as soon as people were admitted. Records showed that staff obtained full details of people's needs from the point of referral, including a full medical history and any gaps in information were followed up promptly. A relative told us, "As soon as [Name of person] came in, they had all the information from the district nurse who had referred them".

The provider worked in partnership with other healthcare services to provide a holistic approach to assessing, planning and delivering people's care and support. We saw the staff worked closely with onsite GP's, who visited the service daily, community nurses and clinical nurse specialists to ensure people's ongoing health needs were met. Staff also sought the advice of other professionals to ensure people's care and support was based on best practice. For example, one professional told us how staff had worked with a pharmacist when it was identified that a person's epilepsy was poorly controlled on admission to the service. A palliative care professional from the local hospice told us the staff regularly sought their advice to ensure people's symptoms were effectively controlled. They told us, "The staff are absolutely brilliant. They contact us if they have any concerns and follow our advice. When I visit the staff always stop and talk, giving me feedback on how people are; it's a really good team".

People told us they were involved in planning their care needs on discharge from the service. One said, "I'll be having care at home and will need a special bed like the one I have here. They are getting it sorted for me and I won't be leaving until this is all arranged. Staff worked collaboratively with therapists to ensure the planning for people's discharge home began right from admission. A rehabilitation professional told us, "We set goals for people to regain their independence and return home; the staff put this into practice by supervising and prompting. If anything isn't working, they discuss this with me and review it; we work well together".

People were confident staff had the right skills and knowledge to meet their needs. People and relatives commented, "Staff are very well trained and understand [Name of person's] needs", and "You can't fault them". Professionals working with the service felt staff were well trained. One professional told us, "Staff

have good, regular training; if I had any concerns I would speak with the manager who would address it". There was an induction programme in place and any staff who were new to care completed the Care Certificate. This is a nationally recognised qualification which supports staff to gain the skills and knowledge needed to work in a health and social care setting. Staff were positive about the training they received. One told us, "We get annual training in things like moving and handling and one of the nurses is an accredited trainer and acts as a champion for moving and handling and we can go to them any time". The nurse told us this helped them to keep up to date with best practice and introduce new equipment to support people's care. They told us, "I saw some specialist mattresses in use which were used to support people who are cared for in bed. When I came back from the course I got the manager to order them. It means we don't have to use things such as slide sheets which can be intrusive". This showed us the service looked for and encouraged the use of innovative approaches to care and support.

People benefited by being cared for by staff who were motivated and encouraged to develop their skills and knowledge. Since the last inspection, the provider had achieved an Investors In People award. The registered manager told us this enabled the organisation to train staff to meet the organisation's values, both in their behaviour and meeting service objectives. One member of staff told us, "We are having training around behaviours at the moment. We've recently seen people admitted who are living with Parkinson's disease and dementia and this has helped us to understand their needs better". Members of care staff had effective leadership from the nursing team. One member of staff told us, "We have regular supervision with a named nurse but when we are on shift we can always go to them and I know they value my opinion". Nursing staff told us they were supported to maintain their professional registration to ensure they kept up to date with best practice.

There was a strong emphasis on the importance of eating and drinking well. Staff were aware of people's individual needs and preferences and worked closely with dieticians, speech and language therapists and the on-site catering service to meet the needs of people who had low appetite or were disinterested in the menu available. For example, alongside a comprehensive choice, people were offered omelettes and scrambled eggs, cooked to order. Relatives were encouraged to bring favourite items of food to encourage their family members to eat and there were clear arrangements in place to ensure the food was stored and served safely. A relative told us, "I bring in [Name of person's] favourites and date and label the food for it to go in the fridge". The provider also ensured people's different cultural, religious and ethical issues around food were explored and respected. For example, one person's relative told us that their family member's concerns about eating poultry had been identified and respected.

People enjoyed their meals and at lunchtime, we saw people were supported to enjoy a relaxed, sociable mealtime. One person said, "Meals are lovely". Another said, "There's plenty of choice". People were able to choose where they ate their meal and we heard staff reminding them what they had chosen. Alternatives were provided if people had changed their minds. Staff chatted with people and provided support and encouragement where needed to ensure their mealtime experience was a positive one.

The premises were maintained and decorated to a high standard and used in innovative ways. For example, the garden room was being used as a games room to expand the range of activities on offer to people. It had been decorated to reflect the local area, for example pictures and items representing the brewing industry were on display. The changes had made the facilities more accessible to younger people using and visiting the service, for example people's grandchildren. They also added that it had prompted people to share experiences and reminisce about their past lives. There were also different areas for people to use for private space and to have time alone. The registered manager and staff told us about changes made in the courtyard garden and visitor's lounge. "We feel we provide the best care we can for people so we decided to look at how we could improve things for people's friends and relatives. We've ordered a sofa bed so that

people can stay overnight and they also have recliner chairs if they want to be near to their relative. We've installed a fountain in the garden to provide an area of reflection, to enable relatives to spend some time alone. People have told us it's very peaceful and the water is very relaxing. We'll also be planting up the area". We've been able to use some money left to us by a person who was a patient here".

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 or 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 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.

People who used the service had the capacity to consent to their care and there were no people being restricted of their liberty. The registered manager and staff told us that if there was any doubt that a person lacked the capacity to make a certain decision, a best interest meeting would be held with the people that knew them best. Records we looked at showed that the provider had suitable systems in place to assess people's capacity where needed. When people had no family or friends or had difficulty communicating, advocacy services were made available to ensure that their views were listened to.

Staff understood their responsibilities to support people to make their own decisions as far as possible. One member of staff told us about a person who was sometimes confused, "[Name of person] gets mixed up when deciding what to wear. I open the wardrobe and say 'what shall we wear today? I usually point to something or get things out to show her and help her chose". We also observed a staff member using both verbal language and gestures to support people with making decisions. For example, when asking people for their choices of drinks and if they wanted sugar. A professional told us they had no concerns about staff obtaining people's consent, "I always hear the staff saying 'is it alright if we do this' before they support people. This showed us people were supported to have as much choice and control over their lives as possible.

Is the service caring?

Our findings

At this inspection we found people continued to be supported in caring way by staff. The rating for this domain remains Good.

People and their relatives were positive about the staff and told us they treated them with kindness and respect. One person said, "The staff are wonderful, they look after me very well". Another said, "Staff talk to me every time they walk past. They stick their head round the door and ask if I'm all right". Relatives told us the staff had caring relationships with people. One said, "If the staff are having a break they sometimes come and sit with [Name of person]; they have a laugh and joke". We saw that staff showed concern for people's wellbeing. For example, a person was having difficulty with their hearing aids and a member of staff went to get some more batteries from their room. Staff told us it was important to them that people had the best possible care and support. One member of staff said, "I love my job; it's knowing that you are doing the best for people". Another said, "I treat people how I'd like to be treated or if it were my own mum and dad here". Staff also demonstrated empathy for the people they cared for, for example they told us about how a person had been upset that morning and how they had supported them.

People were able to move freely about the home and could decide how they spent their day. We saw some people chose to spend time in the communal areas and others preferred to stay in their bedrooms. One person told us, "I can go into the dining room for my meals but at the moment I prefer to stay in my room". We heard staff offering people choice about their daily routine, for example we heard a member of staff asking a person where they wanted to sit in the lounge and which type of music they wanted to listen to. At lunchtime, we saw that people were able to choose where they sat and what they wanted to eat and drink.

People's right to privacy and dignity was always respected. We saw that staff were discreet and supported people to go to their bedrooms when providing personal care. Staff knocked on people's bedroom doors and waited to be asked in. A relative told us, "The staff always knock and check if it's okay to come in and when [Name of person] wants time alone, they respect that".

People felt the staff encouraged them to be as independent as possible. One person said, "We talked about what I needed when we agreed my care. Staff walk behind me just to keep an eye on me". We observed staff were patient and walked alongside people who walked with frames, offering encouragement and assistance when needed.

Staff understood people's social needs and supported them to maintain important relationships. One relative told us they usually visited twice daily but on one occasion they were delayed due to a problem with their car, "I telephoned the staff and asked them to let [Name of person] know because I thought they might be worried. When I came in they knew all about it. The staff are very good like that". We saw that staff made visitors welcome and there was a room they could use to make themselves a drink.

Is the service responsive?

Our findings

At this inspection we found people continued to receive care and support that met their individual needs and preferences. The rating for the domain remains Good.

People were supported by the staff and a range of health care professionals who worked together to support people to recover their independence and return home to soon as possible. Each person had an individual support plan which identified their goals, for example increasing mobility or regaining life skills such as preparing and cooking meals. One health care professional told us, "We set goals with the person and staff work jointly with us to support people being able to return home. Staff follow the plan of care and if there are any problems, they discuss this with us and we can review things to make sure people are being supported appropriately. I'm here on a daily basis and they come to me all the time". One member of staff told us, "We can always go to [Name of healthcare professional] if a person is struggling to stand or walk and their care plan is reviewed – we work well as a team". Staff recorded the care they provided and a hand-over was held at the start of every shift to update staff on people's changing needs. The manager told us, "We allow 30 minutes to enable staff to share all concerns". We observed hand-over and saw that staff discussed each person's needs in detail and reviewed any interventions by other professionals to ensure their advice was being followed.

People were supported to make decisions about their preferences for end of life care. Relatives we spoke with told us the staff understood people's individual needs and kept them involved and informed. One said, "Everything is in place for [Name of person], they let me know how they have been when I visit and keep me informed of any changes". We saw that any equipment and medicines were arranged to ensure people were supported to have a comfortable, dignified and pain free death.

People's diverse needs were understood and action was taken to remove barriers to ensure people could access other services as part of their rehabilitation. For example, staff and the registered manager told us about adjustments that had been made to ensure a person could be safely transported to a hospital appointment. The registered manager was working with the therapists to provide information on what people should expect as part of the rehabilitation service. We saw that consideration was being given to ensuring this was in an accessible format to meet the needs of people with a disability or sensory loss.

People were offered opportunities to join in weekly exercise classes as part of their rehabilitation and were encouraged to follow their hobbies and interests. We saw that people had newspapers, magazines and crossword puzzles and there was a games room where people could play card games, dominoes and scrabble. A member of staff told us, "We order papers and magazines for people from the local village shop and they deliver them daily". Another member of staff told us they organised bingo sessions from time to time, "We have prizes such as biscuits, shower gel and shampoo. Staff join in if they are not too busy". People were supported to follow their religious and spiritual beliefs, for example a local minister visited to offer Holy Communion and other faiths were catered for when required.

People and their relatives told us they would speak to a member of staff or the registered manager if they had any concerns or complaints. A relative told us, "I'd be happy to go to staff or the manager but I've not had any problems; anything [Name of person] wants, they get". The complaints procedure was published on the notice board in the reception area and people were asked for their feedback when they were discharged. There was a system to log any concerns or complaints and we saw these were acted on.

Is the service well-led?

Our findings

At this inspection, we found the service was consistently well-managed and led and the rating remains good.

There was a registered manager at the service and staff understood their roles and responsibilities. People and their relatives felt the staff were well led by the registered manager and told us they would be happy to recommend the service to others. One relative told us, "If the manager at the top is failing then it filters down but the way it is they must be succeeding because of the demeanour of the home and staff". Another said, "I would recommend anybody who needed to come here because it will make them feel better". People's comments were echoed by thank you cards which were display throughout the unit. Comments included, "Thanks for the wonderful care during [Name of person's] final weeks", and, "Thank you for looking after [Name of person] and your kindness, I was able to have short, well appreciated break". The provider also continued to seek people's views on their experience of care through a questionnaire when people were discharged from the service. This was carried out on a monthly basis and shared with commissioners of the service to demonstrate the quality of service provision. The December 2017 analysis showed that no negative comments had been received.

Staff were clearly proud of the service and told us that they worked well as a team to ensure people received effective care and support. One member of staff said, "We're a small team and as nurses we can be hands on and involved with people and their relatives, the manager also works on the floor and keeps in close contact with people". Another member of staff said, "We work together to help each other, we want the best for people – that's our goal". We found the registered manager worked closely with commissioners and relevant agencies to ensure people received effective, joined up care. A commissioner told us, "Overall the service is extremely well led by a manager who has the wellbeing of patients at the centre of all they do.

There were clear and effective governance arrangements at the service. The registered manager carried out a range of audits which looked at the quality and safety of the service. Where needed, an action plan was put in place and monitored to ensure any shortfalls were addressed. Accidents and incidents were monitored for any trends, to ensure the risk of reoccurrence was minimised. The provider also monitored the quality of the service, for example by carrying out a bi-annual 'quality of life audit' to ensure the service continued to meet the legal requirements. We saw that minor concerns identified in the September 2017 audit had been addressed. This showed us there were systems in place to continuously drive and sustain improvements at the service.

The registered manager understood the requirements of registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this.