

Libatis Limited

Barton House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Barton House was a residential care home providing personal care to 14 people aged 65 and over at the time of the inspection. The service can support up to 15 people.

People's experience of using this service and what we found

Following the last inspection, a new quality assurance system had been introduced by the provider and registered manager with the support of other professionals. During this inspection, we found aspects of this new process still needed to be fully embedded as issues we noted with people's records and training shortfalls had not been identified. The registered manager took prompt action when informed of our findings.

We found people's medicines were administered safely however, there were aspects of the management of medicines that we needed to be assured about during our time on site. These were addressed or were in process of being addressed. For example, ensuring the details of how and when all 'as required' medicines should be given by staff.

The service had not experienced Covid 19 and the home was clean. We found that the infection control of the service was mostly good. How professionals and new people were admitted to the service needed to improve and was addressed while we were on site. Since the last inspection the laundry had been refitted and there was constant cleaning to ensure touch points were cleaned.

Staff demonstrated they knew people well and, a close working relationship with the GP, district nurse and other health professionals meant any changes were reviewed quickly.

People described being happy, safe and well looked after by the staff. Good communication had been maintained despite the challenges faced by the pandemic. Visiting was taking place in line with current government guidance.

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

People felt part of the service and able to suggest changes and new ideas on how the service was run or how their care was provided. Staff spoke about being valued by the registered manager and provider.

Rating at last inspection

The last rating for this service was requires improvement (published 18 March 2020).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 6 February 2020. Breaches of legal requirements were found. The provider completed an action plan to show what they would do and by when they would improve the issues identified. These were in respect of people's ability to consent, safe care and treatment, safeguarding people, staff training and supervision and, how the service was being governed. The registered manager and provider had also not ensured they told us about safeguarding concerns and when people had died as required.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contained those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as Requires improvement. This is based on the findings at this inspection.

On this inspection, we have identified a repeated breach of regulation in respect of good governance. All other breaches from the last inspection had been addressed and the changes maintained.

You can read the report from our last comprehensive, and this inspection, by selecting the 'all reports' link for Barton House on our website at www.cqc.org.uk.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will ask the provider for an action plan and, continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, we may inspect sooner

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Barton House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed 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.

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 was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection and, sought feedback from the local authority. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke on the telephone, with seven people who used the service and six relatives about their experience of the care provided. We spoke with the registered manager, senior care worker and, two care workers.

We reviewed a range of records. This included four people's care records and each person's medicine records. We looked at three staff files in relation to recruitment.

After the inspection

We continued to seek clarification of evidence and further supporting evidence from the registered manager. We looked at training data and quality assurance records. We sought written feedback from staff and received five replies. Three professionals sent feedback about the service.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people associated with their health and care needs were assessed and planned. However, some people's care plans had not been updated to ensure they were accurate and reflected people's specific needs. For example, one person had a catheter fitted, this was not recorded in their care records and therefore the care plan did not include any guidance for staff to ensure the care they provided was safe and appropriate.
- A person with diabetes experienced a hypoglycaemic episode. There was a diabetic care plan however staff did not have the correct information to hand when to call for an ambulance immediately. Staff ensured the GP and district nurse were fully involved in reviewing the person's health needs the following day.
- Staff were taking the above person's blood sugar but had not received any training or had their competency checked. The blood sugar reading machine had not been regularly checked to ensure it was operating effectively.
- Another person had received intervention from the community nursing team due to their skin being sore. The registered manager told us this issue had been resolved. However, the care records had not been updated to reflect this and they did not provide staff with guidance to reduce future risk.

Not ensuring systems and processes were in place to ensure accurate records and all risks assessed, monitored and mitigated, is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- The registered manager took immediate action and amended records and fully involved the community nursing and GP as needed. Training is now in process of being arranged.
- Checks were in place to ensure the building and other equipment were safe.

Using medicines safely

At our last inspection the provider had failed to ensure people received their medicines as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medicine was administered as prescribed. People were supported to understand their medicines and, to have choice of when or not to take them. People told us how they were confident in staff skills and how staff had sought their pain relief was reviewed.

However, the following was identified during this inspection:

- The folder that contained people's medicine administration records (MARs) was missing several protocols to tell staff about people's 'as required' (PRN) medicines, people's photos and staff signature list. The PRN protocols were in place by the end of the inspection and the other matters were in process of being addressed.
- The record of medicines requiring higher control, MARs and TMARs (prescribed/topical cream record) were completed. However, we identified some improvements needed to ensure tallies of medicine were carried forward, there was always two signatures on handwritten changes and, creams prescribed twice a day had both uses recorded. The registered manager evidenced they had addressed this with staff by our last date on site.
- The checks of medicine stocks were not ensuring medicines administered by the community nursing team were accounted for. This has now been resolved and means that all medicines stock is monitored.

The medicine issues identified were a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

At our last inspection the provider had failed to ensure risks arising from infection control procedures were effectively managed in the laundry. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in respect of infection control.

On this inspection we found the laundry had been refitted and the concerns of the last inspection addressed. We found the availability of personal protective equipment (PPE) in the laundry needed to improve and this was in place on the first day's site visit.

- The home was clean and free of any adverse odours. Cleaning was constantly taking place which including wiping all contact points several times.
- The service had not experienced Covid 19 in the service. In respect of the measures the service had put in place to ensure people, staff and visitors were protected from Covid 19:
 - We were somewhat assured that the provider was admitting people safely to the service. Staff did not initially wear full PPE, in addition to their mask, with a person who had just arrived and was in quarantine. We raised this with the manager at the time of the inspection and the matter was addressed.
 - We were somewhat assured that the provider was preventing visitors from catching and spreading infections. Robust checks were not always applied before visiting professional entered the home. For example, when we arrived, on both days, staff did not ask to see evidence of a negative COVID-19 test and we were not prompted to use the hand gel. This was addressed by the manager at the time of the inspection.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from the risk of abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People felt safe living in the home and with the care provided. Relatives had no concerns.
- Systems and processes ensured should concerns arise, action could be taken, and the outcome clearly recorded.
- Staff knew what constituted abuse and how to report this. They were confident action would be taken on any concerns

Staffing and recruitment

- Staff were employed in sufficient numbers to keep people safe.
- People, relatives and staff all felt there was enough staff employed to meet people's needs. One person said, the staffing was "very good, plenty of staff" and another, told us the call bells were answered quickly.
- A staff member said, "There are enough staff. When someone goes off sick, a senior member of staff will ring other staff members to see if there available to come in for the shift."
- We found how prospective staff were employed could improve. The registered manager advised that they always asked for explanations around gaps to employment but there was no record of this. Following our feedback, a new interview record has been brought in which will evidence this going forward.
- During the height of the pandemic, different guidance was brought in to support providers have enough staff. At Barton House, this meant new staff had started without always having all the checks in place, but they were fully supervised. The registered manager reflected during this inspection how this could improve now the situation is eased.

Learning lessons when things go wrong

- The service had systems in place to learn from incidents and accidents.
- Support was sought quickly from all agencies linked with the service and investigations into accidents and incidents was carried out as needed.

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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

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

Staff support: induction, training, skills and experience

At our last inspection, we found there was not enough evidence to demonstrate staff had received the training and support through supervision to be effective in their role. We found this to be a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

On this inspection we found staff were trained in a range of areas. Training was recorded on a matrix, which was monitored to ensure skills were updated as needed. We identified two specific training needs in relation to taking people's blood sugars and catheter care which is covered in the safe domain.

- When asked if they felt staff had the right skills to meet their needs, one person said, "Absolutely. I cannot speak highly enough of them since the day I came in."
- Staff received regular, formal supervision in a structured way. They could also seek informal support and guidance when needed.
- Staff were having their competency checked in respect of different aspects of their role, including medicine administration.
- New staff completed a probationary period which included the care certificate and other key training to ensure they developed good practice. Staff told us about a supportive environment where new staff were supported by others who had more experience. A new staff member said, "If I don't know exactly how to do a certain task another member of staff (senior, manager) will go through it and show me how to complete the task."

Ensuring consent to care and treatment in line with law and guidance

At our last inspection, we found the people who required this were not having best interests decisions made in line the Mental capacity Act 2005. We found this to be a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us that staff always asked their consent before completing any care task. Also, one person said, "they will always say before proceeding and explain".
- People's needs were assessed in line with the MCA and best interests decisions were recorded.
- People were actively involved in deciding their care and where they lacked the ability, family were consulted and involved in decisions about their care.
- People told us that staff always asked their consent before completing any care task. Also, one person said, "they will always say before proceeding and explain".
- Staff demonstrated they understood how the MCA applied to their role and ensured people were offered as much choice in their care and treatment as possible.
- Where it was necessary to keep people safe by limiting their freedoms, a DoLS application had been made. While this was authorised staff ensured they practiced in the least restrictive way with people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs and choices were assessed, and their needs met by a range of agencies to provide consistent, effective and timely care.
- The registered manager demonstrated they had good relationships with a range of professionals. Any issues not identified in a person's initial assessment in coming to live at the service, were followed up quickly.
- A relative said, "The hospital and social worker assessed with the staff my relative's needs while they were in hospital. They added, the service "is a lovely family run home."
- A professional told us, "When a person has been placed, I always feel a sense of relief, not only because I feel confident that the patient is going to be safe under the care of the staff and will have a nice experience, but also because working alongside them to achieve the best outcome, the interactions will be smooth and transparent."
- The registered manager reflected on every aspect of feedback on the last and this inspection to see how they could improve people's outcomes.

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

- People were supported to live healthier lives and access healthcare services and support.
- People and their families told us they had their health needs met. One person said, "I always have a doctor if want one".
- The staff told us, and we saw in action, there was an excellent relationship with their GP. This meant any new need was reviewed and acted upon quickly. For example, a new person had been referred to a range of agencies, such as a dietician, within 48 hours of their admission to the home.
- People had regular health and medicine reviews with their GP.
- People's oral care was assessed. The registered manager told us people had access to their own dentist, arranged by family, or they could be seen in the home.

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

- People were supported to eat a balanced diet and drink enough.
- People told us they had enough to eat and drink and liked the food. They could have snacks and drinks through the day and night. One person had wine with her lunch every day.
- Every effort was made to offer choice and food people wanted and liked. One person told us, "The food is lovely; always been wonderful" and, as they struggle with certain foods and quantity, she is given an alternative "little and often".
- Relatives told us that all their family members spoke highly of the food and drink selections. One relative described how their loved one had improved greatly due to the attention of staff to their diet.
- Records were kept recording food and fluid intake and, guidance put into practice. Any ongoing concerns were highlighted to the GP.

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

- Barton House is a listed building, this limits the changes the provider can make to the home. However, people and relatives did not feel their needs were restricted by the building. There was a wheelchair ramp that could be fitted to the front doorstep, which enabled people to come and go safely.
- Each floor is accessed by a passenger lift. The registered manager ensures that people currently living at the service are physical able to move around safely.
- There was limited communal space which some people used. An outside area was available for people to us when the weather was fine.

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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, we found serious failings in the leadership and governance which had not identified issues affecting the quality of care and safety for people living in the service. Also, the provider and registered manager had not ensured risks people faced were reported accurately to us and other key stakeholders. We judged this to be a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and, regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009 (Part 4). Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009 (Part 4).

- At this inspection, we found work had been completed to address many of the concerns previously identified. The issues we found in the safe domain showed there was still a need to embed some of these changes.
- The home was led by the registered manager, supported by an experienced administrator and a senior carer. The provider was involved in overseeing the service.
- Since the last inspection a new system of auditing had been introduced. Some of the audits had been delegated to staff. We found the registered manager did not have sufficient oversight of audits relating to care plans and medicines. This meant they had not identified the issues we identified during this inspection.
- The registered manager had ensured they understood their other responsibilities fully. This included ensuring CQC was notified of events and incidents in the service as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke highly about how the service was run. Everyone knew who the registered manager was and felt comfortable speaking with them.
- One person said, "Yes [the service is] well led; I like it here. It's very led. I am well looked after" adding, they see the manager often when they come around. A relative said, the service is "Very well managed, [the registered manager] has their finger on the pulse" and added the staff and registered manager are "good at liaising with relatives".
- The registered manager and staff demonstrated they knew people well and wanted the best outcomes for

them. A staff member said, "All staff work hard to provide the best care. Our home is more than just a residential home, it's their home. [For people on short stays] it is like a mini break with the best possible care given whilst they recover, so they can return home." Another staff member told us, "Management are easily approachable and put residents needs first they are also always around to help and assist."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager evidenced, and relatives confirmed, there was good communication between relatives and the service.
- The registered manager understood their responsibilities to adhere to the duty of candour and be open and transparent in the event of something going wrong.

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

- People, and where needed their relatives, were involved in planning and overseeing their care.
- People and their relatives described the communication with the service and registered manager in good terms. Even though, the pandemic had changed methods of communication, relatives had no concerns about making suggestions if needed. A relative said, "I am very much kept updated" and another, "Absolutely, I can telephone anytime regarding any questions."
- Staff felt valuable to the service and said any suggestions they had would be listened to and considered. A staff member said, "Every suggestion is listened to intently and implemented if it results in the resident's best interest."

Working in partnership with others; Continuous learning and improving care

- The registered manager and staff showed how well they worked with other professionals and wanted to continuously learn.
- A professional said, "I believe [the registered manager], along with her staff, do a wonderful job of running and managing Barton House. I feel confident in saying that they all take pride in their work".
- A staff member said, "Communication is the key, making sure everybody knows what's going on with good communication that involves other healthcare professionals alongside us when needed".
- It was clear from the records read and, the conversations with the registered manager, staff and the local authority that a number of actions had been implemented since the last inspection to improve the quality and safety of the service provided.
- The issues we found on this inspection were listened to and action taken immediately as needed.

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 Regulation 12(1)(2)(g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's medicines continued to be always properly managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(1)(2)(b)(c) Health and Social Care Act 2008 (Regulated Activities) Regulations. Systems and processes, such as care plan and training audits, had not ensured records included all essential details and any required training put in place to meet that specific need.