

Barton Place Limited

Barton Place Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Barton Place Nursing Home is a residential care home providing personal and nursing care to up to 42 people. The service provides support to people living with dementia and mental illness. At the time of our inspection there were 37 people using the service, accommodated in one adapted building over three floors.

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

Barton Place had been through a challenging period related to the recruitment and retention of staff and the Covid 19 pandemic. During this period, they had been proactive in adopting measures to ensure people continued to be supported safely. The recruitment and staffing difficulties were now resolving, and the service was opening up again to visitors after the lockdowns. Relatives' meetings were being reinstated and action being taken to increase their involvement and engagement with the service.

There were systems in place to monitor the quality and safety of the service, but it had been challenging to complete the full range of audits given the operational difficulties facing the service. Despite this, key audits had been completed and the registered manager had a detailed knowledge of where improvements were needed. The provider and registered manager were now in the process of improving and streamlining governance processes to make them more effective.

People felt safe living at Barton Place, and we observed the interaction with staff supporting them was relaxed. Staff were recruited safely, and safeguarding processes were in place to help protect people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. Care plans were detailed, and person centred, with needs and risks reviewed with staff on a daily basis. This meant staff were kept informed about the support people needed.

Staff received the training they needed to keep themselves and people safe and meet their needs. This included supporting people who were expressing distress and/or agitation. This meant their healthcare and nutritional needs were met. External professionals were complimentary about how the service worked in partnership with them.

People received their medicines safely, and in the way prescribed for them. The provider had good systems to manage safeguarding concerns, accidents and environmental safety.

Barton Place provided a person-centred service. The care provided was sensitive to people's diverse needs. Staff effectively supported people's communication which meant they could express their views and make choices about how they wished to be supported.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 08 May 2019)

Why we inspected

We received concerns in relation to staffing; the management of risks; poor moving and handling; abuse; infection prevention and the management of the service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only. We found no evidence during this inspection that people were at risk of harm from these concerns.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Is the service well-led?

Good ●

The service was well led.

Barton Place 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. 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 Health and Social Care Act 2008.

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 carried out by two inspectors 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 Place Nursing Home is a 'care home' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people using the service and eight relatives and asked them about their experiences of care and support provided. Some people using the service were unable to use words to communicate, so we observed interactions between people and staff to understand their experiences. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten members of staff including the provider; registered manager; nursing staff; team leaders, care staff; cook and domestic. We received feedback from two health and social care professionals who work with the service.

We reviewed a range of records. This included five peoples care records, medicines administration records (MAR), four staff recruitment files, staff training records and other records related to the management of 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they felt safe at the service. One person said, "I am very happy here, the staff are good. If I need anything, they sort it out. There seems to be enough staff. I have no concerns." Another person, living with dementia, was unsure where they were and why they were there. They told us however, they were relaxed and comfortable and felt safe.
- Relatives had mixed views about the safety of the service. Some felt the service wasn't always safe. They expressed concern that frequent changes in staffing meant staff didn't always have a good understanding of people's needs or recognise a deterioration in their health. They had found the reduced contact with their family member during lockdowns difficult and worrying. Other relatives spoke highly of the safety and quality of support provided. Comments included, "I feel totally satisfied in safety and the care received ('one to one' specialist care). The staff rotate, they are all good and aware of my loved one's needs" and, "I do not worry. They are in safe hands. My relative is very vocal and would alert me if they were not happy. In fact, they have become more settled since they have lived here than I have ever known."
- Risks to people had been assessed, including risks related to mental health, nutrition, falls, skin breakdown, and moving and positioning. Care plans contained detailed guidance for staff about the most effective way of minimising these risks.
- Staff told us the information in care plans enabled them to understand and meet people's needs safely. They had detailed knowledge of people's needs and risks and what action was needed to keep them safe.
- Risks were managed using the least restrictive practices. This ensured people were cared for safely whilst still maintaining their independence as far as possible.
- People received the support they needed to manage risks related to nutrition and hydration. Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Where a person's ability to eat or drink changed, staff consulted with health professionals. For example, speech and language therapists had been involved with people who had issues with communication and/or eating and drinking. As a result, people were prescribed specific diets to reduce any risks, and staff followed the guidance.
- Staff were kept up to date with any changes in people's needs on a daily basis, at handover meetings and the electronic care planning system. A summary of people's risks and needs, with their photograph, was provided. This meant staff who were new to the service, and may not know people, had easy access to the information they needed to meet their needs.
- Risks related to the environment were well managed. This included the maintenance of the building and equipment, and emergency plans. The measures in place to minimise these risks were regularly reviewed.
- Records showed that people had been referred appropriately for support from a range of external professionals. External health professionals were positive about the safety of the service and management of risk. They told us, "The patients are often challenging and complex and the staff have a good

understanding of their needs and appear to manage the patients well."

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to protect people from abuse and avoidable harm.
- Safeguarding concerns had been escalated appropriately and action taken to keep people safe when required.
- Staff undertook training in how to recognise and report abuse. Staff told us they would have no hesitation in reporting any concerns to the registered manager or appropriate authorities, and were confident that action would be taken to protect people.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and decisions were made appropriately in people's best interests.
- Deprivations of liberty were referred appropriately for assessment and authorisation, and reviewed to ensure they remained up to date.
- People were offered choice, for example in relation to where they spent their time; what they wanted to eat and whether to join in with activities. A visiting professional told us, "The needs and wishes of my clients appear to have been respected on my visits by the staff. For example, if a client did not wish to meet with me then the staff would respect their wishes and tell me that although encouraged the client had declined to see me."

Staffing and recruitment

- The service had experienced challenges with the recruitment and retention of staff. During this period, they had been proactive in adopting measures to ensure people continued to be supported safely. For example, using agency staff, and training senior health care assistants to support the nursing staff with medication, documentation and dressings. The recruitment and staffing difficulties were now resolving.
- Established staff told us it could be challenging working with new and agency staff, who were unfamiliar with the people they were supporting and the care planning system. This meant established staff had to support the staff member as well as the people living there and keep everyone safe.
- Staff were visible throughout the inspection. They were engaging positively with people in meaningful activities. The atmosphere was calm and not rushed, and they were attentive to people's needs.
- Staff received the training they needed to keep themselves and people safe and meet their needs. This included supporting people who were expressing distress and/or agitation." A visiting professional told us, "I was able to see [person] with his support worker who was familiar with his needs and appeared to have a good rapport with the resident. He was knowledgeable of his behaviour and different ways of distracting and redirecting his behaviours."
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide

information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed by staff so they received them safely.
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from a local pharmacy each month. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
- Staff received medicine training to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

The provider's approach to visiting was in line with government guidance. Staff ensured visitors followed the government's protocols to minimise the risk of infection and/ or spread of COVID-19

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. For example, any safety concerns were discussed at the daily handover meetings, with clarity about staff responsibilities and expectations going forward.
- There were systems in place to capture relevant information from incidents and ensure action was taken to minimise recurrence. This was analysed by the provider and registered manager to identify any trends or wider actions necessary to minimise future risks.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Overall relatives felt they were not engaged and involved with the service, and that communication with the management team could improve. They believed that the registered manager had been coping on a day to day basis, and this had impacted on their communication and availability. The registered manager acknowledged this and was taking action to address it.
- Relatives and residents' meetings had been paused due to Covid 19 lockdowns and were now being reinstated. Visiting restrictions had been lifted after a recent flu outbreak. There were plans to enable relatives and advocates to be involved in care plan reviews with staff support.
- A relatives' survey was carried out twice a year; take up had been low and not all relatives said they had received it. The registered manager was considering leaving a copy for visitors to complete when on the premises or giving them out at the relatives' meetings.
- Staff supported people living at Barton Place to communicate their wishes and views on a day to day basis. The provider information return (PIR) stated, 'We use picture cue cards, large print books, Braille library, visual demonstration and touch to communicate. Observation of behaviours at certain times of the day to ensure optimum understanding where capacity is diminished.'
- Staff had opportunities to express their views and contribute to the running of the service at staff meetings, in supervisions and through staff surveys. The PIR described the 'Employee of the Month' programme where staff were invited to nominate colleagues who went above and beyond.
- The management team worked to develop links with the community, and local schools and colleges. For example, children from a nearby school came to sing at Christmas and made Christmas cards for people. Links were being made with sixth form college students seeking community work as part of their citizenship studies.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 told us Barton Place was a specialist 'high risk' service, for people with complex needs due to their mental health. They were working to create a person-centred culture, where people were settled and happy, and could safely do what they want to do on a daily basis. For example, walking freely around the home.
- The registered manager was open and transparent during the inspection. They recognised where improvements were needed and were committed to making them. For example, in relation to improving

communication with relatives, and improving the dining experience for people living at the service.

- The registered manager spent time on the floor and knew people well. One person told us the registered manager was nice, polite and helpful, and they would talk to her if they had any concerns.
- Staff were positive about the accessibility of the registered manager and their support. Comments included "[Registered manager's name] is a good manager. If I have any worries I can come directly and tell her. She will find the time for staff" and "[Registered manager's name] is trying her best. She is approachable. If I want to raise something, I will go to her. She is good at getting things done."
- Some relatives spoke highly of the way the service was managed. Comments included, "I always leave Barton Place having had a positive experience, which under the circumstances is unexpected and not what I became used to in previous facilities" and "I know the manager and have spoken to her when I have had concerns, she is approachable and actions my concerns."
- The provider had notified CQC about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

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

- Quality assurance systems were in place to identify and manage risks related to the quality and safety of the service. It had been challenging to complete the full range of audits over recent months due to the day to day challenges facing the service. The provider and registered manager were working to improve the quality assurance processes to streamline them and make them more effective. In the meantime, key audits had been completed, for example looking at accidents and incidents, care plans, nutrition and medication, and the registered manager had detailed knowledge of where improvements were needed across the service.
- The computerised care planning system enabled the management team to have oversight and monitor the support being delivered in real time. An electronic medication management system was being introduced, which would also improve oversight of medicines administration.
- The provider had commissioned an external audit to help identify areas for improvement. Actions had been identified and were being addressed.
- There was no formal observation of staff in place, however staff practice was currently observed and monitored by senior staff working on the floor. Minutes of staff handovers and meetings demonstrated that the registered manager had detailed knowledge of any staffing issues or concerns and was proactive in addressing them.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to keeping up to date with best practice. They were involved in local forums and sought relevant training opportunities. They were looking into best practice related to how to improve the environment and care experience for people living with dementia. They also linked with other care home managers in the area to share information and learning.
- Feedback from external health and social care professionals showed the management team worked effectively in partnership with them. They commented that the management team engaged proactively and positively, sharing detailed information and demonstrating a positive approach to learning and change. Comments included, "My relationship with [management team] has been one of collaboration and I found them to be caring and professional" and, "I have found the service to be open and have exhibited a desire to embrace advice that may support them further, thus demonstrating they are constructive in their development and how they receive feedback."