

Mrs G.Crowther / Mrs K. Nisbet

# BarDen House

## Inspection report

29 Morecambe Road  
Morecambe  
Lancashire  
LA3 3AA

Tel: 01524425398

Date of inspection visit:  
06 March 2020  
13 March 2020

Date of publication:  
26 March 2020

## 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

BarDen House is a residential care home providing personal care to 10 people who have mental health needs. The service can support up to 10 people in one adapted building. The home has a communal lounge, a dining area, and a secure garden.

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

Everyone we spoke with agreed the home was well-led. The management team was aware of their responsibilities and was committed to providing high-quality, person-centred care through partnership working. This included having systems for continuous learning and driving up standards. Staff told us the home was a good place to work and morale within the home was high. Staff turnover within the home was low. The provider had a system for monitoring quality and safety within the home. However, we found processes for reporting statutory notifications were not always fully embedded. We have made a recommendation about this.

People told us they felt safe living at the home. They said staffing levels met their needs. Systems and processes continued to be followed to ensure people were protected from risk of abuse. Staff had a good awareness of people's needs and risk was suitably managed. Infection control processes were followed, and the home was suitably maintained to promote safety. Medicines were managed safely, in line with good practice. The registered managers took immediate action to resolve an issue relating to the safe management of 'as and when' medicines.

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 told us the care they received was effective. We saw people's needs and choices were assessed in line with standards, guidance and the law. People had access to GP's and other health professionals. The providers worked proactively to ensure people were supported to live healthier lives and have control within their lives. Staff told us they had access to training and felt supported in their roles. People's nutritional needs were met.

People and relatives all agreed staff were kind and caring. They told us privacy and dignity were always promoted. There was a focus on promoting independence and building community networks.

People told us they received person-centred care. They confirmed they were consulted with and able to contribute to how they lived and were supported within the home. Organised activities took place on an informal and one to one basis according to people's needs. No one had any complaints at the time of the visit and everyone we spoke with was confident any complaints would be dealt with effectively by management. Staff had a good understanding about the importance of promoting positive end of life care

for people.

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

#### Rating at last inspection

The last rating for this service was good (published 10 October 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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?

Good ●

The service was 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# BarDen 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.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

BarDen House is a 'care home'. 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.

The service had two registered managers 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 announced. We gave the provider 24 hours' notice as the service is small, and we needed to be sure someone would be in at the time of our visit.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This included looking at information held on our database about the service for example, statutory notifications completed by the registered provider.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also sought feedback from the local authority contracts and commissioning teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who lived at the home. In addition, we spoke with the two registered managers two members of staff responsible for providing direct care and a visiting professional.

To gather information, we looked at a variety of records. This included care records related to three people, and multiple medicines administration records. We also looked at information related to the management of the service. These included audits, quality assurance documents and safety certification. We did this to check the management team had oversight of the service and to make sure the service was appropriately managed.

We walked around the home and carried out a visual inspection and observed care interactions between people and staff.

#### After the inspection

Following the inspection, we spoke with one relative and one health professional to seek feedback on their personal experiences 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Systems and processes were in place to ensure medicines were managed safely. People told us they were happy with how medicines were managed and said they always got them on time. One relative praised the way in which they had supported their family member to safely manage their medicines. They said they had seen a difference to the person following their medicines being reviewed.
- Although processes were in place for safe management of medicines, we reviewed two records of administration records for 'as and when required' medicines and found paperwork did not match the medicines stock. We highlighted this to the registered managers who agreed to take immediate action. Following the inspection, we received confirmation that further processes had been implemented to strengthen processes for the management of 'as and when' medicines.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes continued to be implemented to keep people safe from harassment and abuse. One person said, "I like living here. It's a lot different to other places I have lived. We all get on. It's much more relaxed and I feel safe."
- Staff confirmed they received regular safeguarding training and were aware of processes to follow, should they need to raise any concerns.

### Assessing risk, safety monitoring and management

- The providers had suitable systems for assessing, monitoring and managing risk. Individual risk had been assessed and plans had been implemented to keep people safe.
- The providers understood the importance of promoting positive risk. We were provided with varying examples of when people were supported to take risks to increase their independence. This included using technology to keep people safe.

### Staffing and recruitment

- Staffing levels continued to meet people's needs. People told us they were satisfied with the staffing levels at the home. They told us staff were on hand when needed. One person said, "There are sometimes when staff are rushed but on the whole, there are plenty of them about."
- Staff said they had time to carry out their duties and spend time with people. Observations made during the inspection visit showed staff were not rushed.
- The providers continued to follow safe recruitment processes. We spoke with a member of staff recently recruited. They confirmed checks were carried out before they started work to ensure they were suitable for working with people who could at times be vulnerable.

### Preventing and controlling infection

- Systems and processes were established to prevent the spread of infection. The home was suitably maintained by the staff team.
- Since the last inspection, the provider had introduced an infection prevention and control champion at the home. They told us they attended meetings and used the good practice guidance to improve infection control processes at the home.

### Learning lessons when things go wrong

- The providers had systems to ensure lessons were learned when things went wrong. Staff documented accidents and incidents when they happened. Information was then analysed. We saw when concerns had been identified action had been taken to try and reduce the risk of the same thing happening again.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The providers understood the importance of promoting good health care. People and a relative told us care was effective. One person said, "It's not long since I have had a health check."
- The provider had developed positive relationships with health care professionals and worked jointly with them to promote effective and timely care. This included liaising with the community learning disability team to develop care plans for one person who lived at the home.

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 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.

- The providers had established systems to make sure people who lacked capacity were lawfully deprived of their liberty. Applications had been submitted to the relevant bodies detailing all restrictions placed upon people. Best interests discussions had taken place with all relevant parties to discuss support options when restrictions were in place.
- We saw that when restrictions were placed upon people, these were regularly reviewed to ensure they were the least restrictive option. We saw the provider had worked creatively to remove a restriction within one person's life when a less restrictive option was identified.

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

- People's needs, and choices were assessed and considered so care could be delivered in line with standards, guidance and the law.
- Good practice guidance was considered when assessing and delivering care.
- Care needs continued to be routinely assessed and monitored after people had moved into the home. Care plans were reviewed and updated when people's needs changed.

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

- People were supported to maintain a balanced diet. People told us they were happy with the food provided. One relative told us their family member had gained weight since moving into the home.
- Records were kept for people at risk of malnutrition and weights were monitored to make sure care was effective.

Staff support: induction, training, skills and experience

- Systems and processes continued to be implemented to ensure staff received appropriate training and supervision. People considered the staff team to be well trained.
- Training was developed around the identified needs of people who lived at the home.
- We spoke with an external trainer who provided training to staff who worked at the home. They told us they had no concerns.

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

- The environment had been adapted to meet people's needs. People had been encouraged to personalise their bedrooms to make them homelier.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; Respecting and promoting people's privacy, dignity and independence

- People were well treated and supported. Staff were repeatedly described as kind and caring. One person said, "The staff are just perfect."
- We observed positive interactions between people and staff. There was a light-hearted atmosphere where people laughed and joked with staff.
- The provider and the staff team understood the importance of protecting people's human rights and ensuring equality and diversity was promoted and maintained. One professional commended the staff team for their enthusiasm in getting to know people and their preferences, to promote high quality care.
- People told us they were encouraged to maintain their own independence. We were provided with multiple examples of people developing new skills to promote their own independence. One relative said, "They encourage [family member] to make cups of tea when we visit." Technology had been used to develop and promote independence. For example, one person had an application installed on their phone, so they could independently make calls to important people in their life without the need to ask staff to help.
- Privacy and dignity were respected. We observed staff knocking on doors and waiting for a response before entering.

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

- People were involved in making decisions about their care where appropriate. Staffing was flexible and additional staff could be called upon to support people when they wanted to make changes to their care.
- People told us they were able to express their views. We saw evidence of residents' meetings taking place. Records showed people were asked for their feedback on a regular basis.
- The providers understood the importance of working with advocates when people required support to express their views and had no family members to help them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Personalised care was promoted. People told us they were able to be involved in developing their own care plan. People and professionals told us staff took time to listen to people and what mattered to them. This led to positive outcomes for people. For example, we saw a reduction in one person's behaviours which sometimes challenged the service.
- People confirmed they had choice and control within their lives whilst living at the home. One person said, "Within reason, we have choice."
- The registered managers said they took people's individual needs into consideration before offering people a place at the home. They understood the importance of checking people's compatibility to promote happiness and contentment for people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The providers understood the importance of supporting people to build and maintain relationships to combat isolation. People were encouraged to develop and maintain relationships. One person who lived at the home had been encouraged to use technology to speak with and see family members they had not seen in many years. Two other people spoke fondly of relationships they had developed within the home. One person said, "They [friend] make me laugh and makes me feel happy."
- Links had been built with various community groups and people were encouraged to be active citizens in their own community. During the inspection, we were made aware of a situation that demonstrated relationships had been developed between people and their wider community.

End of life care and support

- Processes were in place to promote high quality, end of life care. Following discussions at the last inspection, the provider sought accredited end of life care training for all staff. In addition, they had supported people who lived at the home to discuss and develop a care plan for the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The providers were aware of the need to provide information in an accessible manner. They told us easy read guides were available when required and had been used for one person who required some assistance

in understanding a piece of information.

Improving care quality in response to complaints or concerns

- The providers had a complaints policy and procedure for managing complaints. They told us the service was proactive at dealing with any concerns and had not received any formal complaints. One person said, "I have no complaints. Staff always ask if I am happy"
- People and relatives told us they were happy in how minor concerns were dealt with by management.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- There was an emphasis upon continuous learning and improving care. One staff member said, "There's good communication with all the staff. We talk about things; look for solutions to put things in place and this has a positive impact on people."
- Since the last inspection, the providers had developed staff team roles to include champion roles. Staff were encouraged to attend meetings and develop specific areas of interest so good practice could be implemented within the home. Staff spoken with were knowledgeable about their working roles and responsibilities.
- The providers were clear about their responsibilities and had a good understanding of quality performance. One visiting professional confirmed this. They told us the staff at BarDen House were always professional and had a good understanding of all underlying policies and procedures.
- Regular quality audits took place within the service. This enabled the providers to see where improvements were required and so they could be assured they were compliant with the regulations.
- During the inspection visit, we were made aware of two incidents which had not been reported to CQC in a timely manner. The registered managers reviewed these and identified a need to strengthen reporting systems to ensure consistency. Following the inspection visit, we received copies of the notifications as required.

We recommend the registered provider reviews systems and processes to ensure statutory notifications are consistently received in a timely manner.

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

- Everyone we spoke with confirmed there was a positive, person-centred culture within the home. Feedback included, "I would say it is a happy home." And, "I am so glad I moved here. It's the best place I have lived in" also, "I am over the moon with the home. There should be more places like this. Its brilliant."
- Staff told us BarDen House was a good place to work. One staff member said, "I love coming to work." Staff told us they were encouraged to professionally develop new skills. For example, one staff member was completing a nationally recognised management qualification.
- People, relatives and staff told us they considered the service to be well-managed. One relative described the service as "excellent."
- Staff confirmed teamwork within the home was good and said staff turnover was low. One staff member

said, "We definitely have a good team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff confirmed they were consulted about the service and were confident any suggestions made would be acted upon. In addition, people were encouraged to meet with new prospective staff to see if they liked them before any new staff were offered employment.
- The providers understood the importance of partnership working with other health and social care professionals.
- The providers understood the importance of promoting equality and diversity.

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 providers understood the importance of being open and honest when things had gone wrong.