

Choiceclassic Limited

Barton Park Nursing Home

Inspection report

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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

This unannounced inspection of Barton Park was conducted on 29 March 2017.

Barton Park Nursing Home is a care home in the Birkdale area of Southport. The service offers accommodation, support and nursing care for up to 60 older people. The nursing home is accommodated in an extended detached building with both apartments and single bedrooms available. Car parking is available at the front of the building and there are gardens to the front and rear of the building. At the time of our inspection there were 23 people living at the home.

A registered manager was 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.

The home was previously inspected in March 2016, and was rated as 'Requires Improvement' overall. We found breaches of the Health and Social Care Act 2008 in relation to safe care and treatment, medication management, the environment, person centred care and governance. Following the inspection, the registered manager sent us an action plan detailing what actions they were going to take to address these concerns, and we checked this as part of this inspection. We found during this inspection that appropriate action had been taken and the breaches of regulation were now met.

During our last inspection in March 2016, we found the service was in breach of regulations related to medication. This was because medications were not always being administered appropriately and in line with good practice. The registered manager sent us an action plan detailing what action they were going to take and we checked this as part of this inspection. We found that the procedure for managing medicines had improved. Regular checks, training, and auditing were being completed with regards to medication, and medication was being stored in line with good practice. The provider was no longer in breach of this regulation.

During our last inspection in March 2016 we found the service was in breach of regulations relating to safe care and treatment. This was because some risk assessments were not completed accurately for people who required them. The registered manager sent us an action plan following this inspection detailing what action they were going to take and we checked this as part of this inspection. We saw that all risk assessments were fully completed and reviewed appropriately. In addition, the risk assessments we saw for people contained a high level of detail regarding both their clinical needs and emotional well-being. The provider was no longer in breach of this regulation.

During our last inspection in March 2016, we found the service in breach of regulations relating to the improper use of equipment. This was because we observed fire doors were being wedged open in various areas of the home which could potentially compromise the safety of the people living there. The registered

manager sent us an action plan following this inspection detailing what action they were going to take, and we checked this during this inspection. We saw during this inspection, that all fire doors had been fitted with automatic closures which ensured they could be opened safely and would close automatically. The provider was no longer in breach of these regulations.

During our last inspection in March 2016, we found the service was in breach of regulations relating to person centred care and treatment. This was because people were not getting care which was right for them, for example, were people required thickener for fluids, there was no specific guidance for staff to follow to ensure people received their drinks thickened to the correct consistency. Following this inspection, the registered manager sent us an action plan detailing what action they were going to take and we checked this during this inspection. We saw during this inspection, that care plans had been re-written to include important information regarding people's drinks and other personalised information which was important to people had been included in their care plans. The provider was no longer in breach of these regulations.

During our last inspection in March 2016, we found the service was in breach of regulations relating to the governance of the home. This was because the shortfalls we had identified in relation to care planning and risk assessments had not been identified during regular internal checks and auditing. The registered manager sent us an action plan following this inspection and we checked this as part of this inspection. We found that the service had made improvements to their auditing system which was robust and we saw that any errors during the auditing process had been identified and action plans had been drawn up and checked.

Everyone we spoke with told us they felt safe living at the home. Staff were clearly able to explain what steps they would take to ensure actual or potential harm or abuse was reported.

Staff were recruited safely and only offered positions in the home once all checks had been completed and references received. We found that there were adequate numbers of staff on duty.

Incidents and accidents were well documented and analysed monthly for any emerging patterns or trends.

Staff were trained in all subjects relevant to their role and in line with the providers training and induction guidelines. Staff received regular supervision and annual appraisal.

The manager and the staff had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. Staff support was available to assist people to make key decisions regarding their care. We heard staff seeking out consent from people throughout our inspection. DoLS were appropriately applied for.

People said they liked the food; dietary preferences were catered for and people had choice and control over what appeared on the menu.

Staff spoke to people using kind and reassuring language. People were complimentary about the staff and said they felt the staff treated them with respect.

There was a process in place to manage and respond to complaints.

People's feedback and staffs feedback was regularly gathered and analysed. All of the staff we spoke with said that they liked working at the home.

The registered manager had the ratings displayed in the home from the last inspection.

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.

Medications were managed and stored safely and people received their medications when they needed them.

Staff were recruited safely, and only offered positions in the home once pre-employment checks had taken place.

Risk assessments were detailed and updated regularly to incorporate any changing need.

There were appropriate checks being regularly undertaken on the building to ensure it remained safe and well maintained.

Is the service effective?

Good 

The service was effective.

The service was complying with the principles of the Mental Capacity Act 2005 and associated principles.

Staff were subject to regular training, supervision and appraisal. Staff said they felt well supported.

Food was presented nicely and looked appetising. People told us they enjoyed the food.

Is the service caring?

Good 

The service was caring.

People told us they liked the staff and felt the staff cared about them.

Staff were able to give examples of dignified care and support they provided.

People and their families were involved in reviews and decision's about their care and support.

Is the service responsive?

Good 

The service was responsive.

Information in people's care plans was person centred and contained a good level of detail regarding people's choices and preferences.

Complaints were managed well and there was a documented procedure for dealing with complaints.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post who had been at the home for over 12 months. People spoke kindly about the registered manager.

Quality assurance procedures (audits) were robust and covered different aspects of care provision at the home.

Feedback was gathered regularly from people living in the home, relatives and staff.

Barton Park Nursing Home

Detailed findings

Background to this inspection

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

This inspection was carried out on 29 March 2017 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience with experience of care for older people.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home.

During the inspection we spent time with 20 people who were living at the home including some visiting relatives who were visiting their family member at the time of our inspection. We also spoke with the registered manager, the senior care staff, the nurse in charge, three other care/support staff and the chef. We looked at three care files and three staff recruitment folders as well as other documentation relating to the running of the home. We looked around the building, including bathrooms, lounges the dining room and some people's bedrooms with their consent.

Is the service safe?

Our findings

During our last inspection of Barton Park in March 2016, we found breaches of legislation relating to the safe management of medications, premises and equipment, and risk assessments. The safe domain was rated as 'Requires Improvement.' Following the last inspection the registered manager sent us an action plan detailing what action they were going to take to improve the service. We checked this as part of this inspection and saw that the provider had made improvements and were no longer in breach of these regulations.

In March 2016, during our inspection we found that medications were not given safely. This was because staff had signed for medication and given it to a person without checking the medication had been taken. We checked the procedure for administering medication during this inspection. We saw that medications were well organised and stored in two locked trolleys in a temperature controlled room. The temperature of this room was recorded twice a day and was within the recommended range. Ensuring medications are stored at the correct temperature is important, as their ability to work may be affected if they are not stored correctly. Medication requiring cold storage was kept in a dedicated medication fridge, the temperature of the fridge was also recorded to ensure it was in the correct range.

We spot checked a sample of MARs (Medication Administration Records) for three people and counted their medications. We saw that all totals corresponded to what was recorded on the MARs. There were no missing signatures on the MARs.

We checked the procedure for administering controlled drugs (CD's). Controlled Drugs are medications with additional safeguards placed on them. CD's were appropriately stored and signed for.

During our last inspection in March 2016, we observed a number of doors within the home were wedged open. The service was in breach of regulations in relation to this. After the inspection, the registered manager wrote to us advising us what action they were going to take and we checked this as part of this inspection. During this inspection we saw that doors had been fitted with automatic closures, which meant that they could be opened safely and closed automatically to help keep people safe in the event of a fire. The provider was no longer in breach of these regulations.

During our last inspection in March 2016, we found the service was not always ensuring risks to people were appropriately assessed. This was because risk assessments were not always reflective of people's needs in areas such as pressure care and other risks, such as the risk of choking. The provider was in breach of regulations relating to this. Following our inspection the registered manager sent us an action plan detailing what actions they were going to take as a result of this. We checked this as part of this inspection. We saw that improvements had been made and the service was no longer in breach of these regulations.

At this inspection we saw that new risk assessments had been produced for people which contained information about their clinical diagnosis and their emotional well-being. For example, we saw that one person had a pressure ulcer, and there was comprehensive documentation in place including a wound care

plan, and a description of how the ulcer was healing. We saw that people who could present with challenging behaviours had their needs risk assessed to ensure that harm to themselves and others was minimised, including any behaviour triggers.

We saw that other risk assessments such as falls, diet and nutrition, bedrails and mobility were also in place and these were being reviewed every month. We saw that when there was a change a 'new condition' care plan was put in place. For example, one person had developed redness on their skin, and as a result of this a new condition care plan was added to their existing care plan, which included the steps the staff had taken to minimise the risk of skin damage .

Everyone we spoke with told us they felt safe living at the home. One family member told us "I wouldn't want [relative] anywhere else, other places they have lived in are not the same as here." Other comments included, "There is always staff around I feel there is enough (staff). There is consistency they have been here a while." Also, "If I need anyone in the night there is staff on. That helps me to feel safe too," and "I have a lock on my own door my stuff is mine and it's safe."

We checked to see how staff were recruited at the home. We reviewed three files relating to staff employed at the service. Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member and had introduced a checklist to help ensure all necessary information was available within staff files. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to commencing in post.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out. They told us they completed an application form and attended an interview. They could not start work until they had received clearance from the DBS. This confirmed there were safe procedures in place to recruit new members of staff.

We looked at the adult safeguarding policy for the home and asked the staff about their understanding of their roles in relation to safeguarding. Staff were clearly able to describe the procedures they would be expected to follow to keep people safe from abuse. One staff member said, "I go to the registered manager and tell them." We also asked staff about whistleblowing. All of the staff we spoke with told us they would not hesitate to use this policy if they felt they needed to.

We checked to see if the relevant health and safety checks were completed on the building. We spot checked some of the certificates, such as the gas, electric and firefighting equipment. We checked when the last fire evacuation test was and saw it had been completed recently. Everyone who lived at the home had a personal evacuation plan (PEEP) in place that was personalised to suit their needs.

There was a process in place to record and monitor incidents and accidents. We looked at the process for analysing falls, and saw that there were 12 falls recorded from July 2016 until present. We saw that the falls had been well documented and there were no patterns or trends identified. We saw that remedial action had been taken when one person had fell from their wheelchair due to a raised lip on the outside kerb. The registered manager had contacted the appropriate people and had the hazard resolved.

We checked rotas and saw that shifts were filled by staff who worked at the home to provide consistency for people who lived there. Rotas and our observations evidenced that there was enough staff on duty to be able to meet people's needs.

Is the service effective?

Our findings

People told us the staff had the right skills to support them. One person said, "Staff know what they are doing they are brilliant."

We saw that training was a mixture of e – learning and classroom based for some courses. We looked at the training matrix which showed that all staff had attended training in subjects such as first aid, safeguarding, medication and moving and handling. We saw that each staff member had a file with all of their certificates stored, and we checked these. New starters completed an induction over the first twelve weeks of their role which was aligned with the principles of the Care Certificate. The Care Certificate is a set of standards health and social care workers can adhere to as part of their role.

We saw that supervisions were completed in line with the provider's policy, and staff had had an annual appraisal. Staff told us they felt well supported in their roles.

We saw from looking at records relating to people's medical and clinical needs, that this was being well maintained by the staff. Appointments were scheduled into people's daily plans and staff were allocated to support that person to attend the appointments if needed. We saw that staff completed documentation when a healthcare professional had visited to show the outcome and additional information (such as any medication changes) which the staff would need to know. One family member told us how the staff had re-arranged ongoing appointments for their relative as they had a cough which was persistent. The result was this person had chest infection which had gone undetected at a previous appointment.

People who we spoke with told us they enjoyed the food at Barton Park. We saw that people were given choice over what they ate and food was well presented and served on warm plates. Two staff members we spoke with said that food could sometimes be a bit repetitive, with carrots appearing often. We asked people living in the home about this, however they raised no concerns. We also saw that a dietary sheet had been completed for each of the people living in the home who had specialised diets, which contained the nutritional value of the foods and how the foods should be presented, e.g. fork mashed, soft diet, cut up.

We looked to see if the home was working within the legal framework of The Mental Capacity Act 2005. 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 make 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see whether the home was working within the principles of the MCA, and whether the conditions identified in the authorisations to deprive a person of their liberty were being met. We saw applications had been appropriately made to the local authority, and had been authorised. CQC had received the required statutory notifications regarding these authorisations. The registered manager

understood the requirements of the Deprivation of Liberty Safeguards (DoLS). We saw the service had gained consent from people who lived at the home to be able to share their records, support them with medications and provide their care. We saw an example recorded in one person's file where they had been unable to give consent to the use of bedrails and a best interest process had been completed for this person which involved their families.

Whenever possible, people had signed their own care plans to give consent. We saw that where this was not possible due to the person's mental capacity, a best interest process had been arranged and care plans had been signed on people's behalf by people who were legally allowed to do this.

Is the service caring?

Our findings

Everyone we spoke with commented on the caring nature of the staff at Barton Park. Comments included, "Staff are lovely they care very much yes." Also, "I can talk to staff you know....when I feel down they listen to me and it helps me." Someone else said, "Staff are respectful to me. They don't do anything I don't want." Also, "I choose what I want to do." And "I decide what I want to do." Another person said, "I have visitors sometimes. They can come when they want." "I have visitors sometimes. They can come when they want."

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We saw that no one was accessing these services during our inspection.

We saw that people's care plans were stored securely in a lockable room which was occupied throughout the duration of our inspection.

Staff we spoke with were able to give us examples of how they ensured they protected people's dignity and respected their wishes. One staff member said, "I always make sure I knock and get invited in before I go in someone's room." Another staff member said, "I don't just assume people want me to do things for them, I will always ask first."

We observed kind and caring interactions between people who lived at the home and the staff members. We saw one person being supported by two staff using a hoist to move from a wheelchair to the person's comfy seat. This was done with dignity and respect. Staff explained throughout to the person what was happening. One person said, "The staff always keep me informed of what is going on."

We saw similar caring interactions at lunchtime. Staff were kind and attentive when supporting people to eat their lunch. People we spoke with said nothing was too much trouble for the staff.

People told us they were fully involved in their care and support. We saw evidence of this in resident meetings and in people's care plans which they had signed in acknowledgment.

Is the service responsive?

Our findings

During our last inspection in March 2016, the responsive domain was rated as 'Requires Improvement.' We identified a breach of regulation in relation to person centred care. This was because people were not always getting care which was right for them or met their needs. Following our inspection the registered manager sent us an action plan detailing what action they were going to take and we checked this as part of this inspection. We found that improvements had been made and the provider was no longer in breach of these regulations.

We saw that everyone who lived at the home had detailed person centred information in their care plans which described their choices and how they wanted staff to support them. Person centred means care which is delivered around the needs of the person and not the service. For example, one person's care plan stated that they always wanted to be dressed smartly in a shirt, tie and cufflinks. We also saw that another person required their airflow mattress to be set to a medium setting, and we found that staff were aware of this. Another person had discussed very specific details around their funeral and how they wished their room to be set out during their last days. This was well documented.

There was other person centred information recorded in people's care plans such as their likes with regards to food and drinks. Also how they enjoyed spending their time, as well as any hobbies or interests they had. We saw that one person loved dogs and enjoyed talking about them.

We looked at the process for managing and responding to complaints. We saw that since our last inspection there had been one complaint documented, which we tracked through and saw that it had been actioned appropriately in accordance with the provider's complaints policy. Everyone we spoke with told us they knew how to complain. One person told us "If I don't like anything I say so. The manager is great." The complaints policy was displayed in the main area of the home and was accessible to people and their relatives.

We saw that meetings for people living at the home took place every few months, the last one took place in December, and was chaired by people living at the home. We were able to view minutes of this.

People told us and we observed that most people spent their time how they wished. Some people chose to spend time in their bedrooms, while other people read magazines or watched television in the lounge. We saw that activities were arranged for people and there was various photographs displayed in the communal areas of people engaging in activities. None of the people we spoke with told us they felt bored, although some people raised they wanted more activities at a recent feedback session.

Is the service well-led?

Our findings

During our last inspection in March 2016, we rated the well-led domain as 'Requires Improvement.' We found the service in breach of regulations relating to governance of the home. This was because quality assurance systems (checks) on the documentation in the home was not as thorough as it should have been, and it failed to highlight the areas of concern which we picked up on during our inspection. Following the inspection in March 2016, the registered manager sent us an action plan detailing what action they were going to take to address this and we checked this as part of this inspection. We found that improvements had been made and sustained, and the provider was no longer in breach of this regulation.

Quality assurance systems were robust and included all areas in relation to the running of the home such as; care planning, infection control, health and safety and medication. We saw that care plan audits were completed by a designated RGN (Registered General Nurse). The registered manager had a process in place for checking these audits and assigning any outstanding actions to the RGN. Medication audits took place and were robust. The process for these audits was that the registered manager would complete a full audit of five people's medications per month. The administering pharmacy also completed medication audits. Any action plans or points for consideration were drawn up and appropriate action had been taken.

There was a registered manager in post who had been at the home for 12 months.

People we spoke with were complimentary about the registered manager. One person said, "The manager is a good one. He is doing stuff properly. We like it the way it is. We talk about it (the home in general) at the dining room table."

We spoke to the registered manager and they were aware of their role and responsibilities regarding reporting any notifiable incidents to CQC. We also saw that the ratings from the last inspection were clearly displayed as required.

The culture of the home was warm, relaxed and friendly. All of the staff we spoke with said they would recommend the home to others, and enjoyed working there.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance. We saw that the policies had last been reviewed in 2016.

We looked at how the registered manager used feedback from people living at the home and their relatives and staff to improve the service. Feedback questionnaires were compiled based around CQC's Key Lines of Enquiry (KLoEs). Answers to each question were analysed and recorded in a graph which allowed the registered manager to check each response to see where shortfalls were identified. We saw that 100% of people said they felt safe at Barton Park, and 9% said there was not enough activities. We saw the registered

manager had arranged some additional activities to take place later that month in response to this.

We saw that team meetings took place every month, and resident meetings took place every few months. We saw minutes of these meetings, and agenda items such as food, activities and staff were discussed as part of the meeting for people who lived at the home. For the staff meetings we saw agenda items such as training, supervision and health and safety were discussed.