

Barden House Limited

Barden House

Inspection report

29 Morecambe Road
Morecambe
Lancashire
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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

Barden House is a residential care home providing accommodation and personal care to up to 10 people. The home is a large, domestic style property, which has been adapted to meet people's needs. The service provides support to people who have mental health needs. At the time of our inspection there were 9 people using the service.

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

People were safe and protected from abuse and avoidable harm. Risks to people's safety had been identified and managed. People were supported with positive risk taking to promote their quality of life. People received the support they needed because there were enough staff. The staff had time to spend with people. People received their medicines safely and as they needed. The registered managers had systems to learn lessons from incidents to ensure people remained safe.

People received good care because staff were trained and skilled. People enjoyed a balanced diet and staff supported them to make healthy eating choices. The registered managers and staff worked with appropriate services to ensure people received the healthcare support they needed. People's rights were protected because the registered managers and staff understood their responsibilities under the Mental Capacity Act 2005. 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 were treated in a kind and caring way. Staff knew people well and were patient and gave people their time. Staff gave people choices about their support and respected the decisions they made. Staff respected people's privacy and dignity and supported people to gain greater independence.

People received person-centred care that met their needs and took account of their wishes. People were supported to maintain relationships which were important to them. People enjoyed a range of activities which enhanced their quality of life. People and their relatives knew how they could complain about the service. The registered managers had links with appropriate services which would support people at the end of life.

The registered managers had developed a positive and enabling person-centred culture. People told us they would recommend the home. The provider included people in decisions about making improvements to their rooms and the shared accommodation. People received care that met their needs because the registered managers worked cooperatively with other services to plan and provide their care.

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

Rating at last inspection

This service was registered with us on 27 August 2021 and this is the first inspection.

The service was previously registered under a different provider. The last rating for the service under the previous provider was good, published on 3 September 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 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 1 inspector.

Service and service type

Barden House is a 'care home'. 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. Barden House is a care home without nursing care. 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 were 2 registered managers in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 four people who lived in the home and observed how staff interacted with people. We also spoke with one of the registered managers and two members of staff. We looked around the accommodation.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment and at the staff training matrix. We also reviewed records relating to the safety and management of the service. We contacted one person's relative and four staff to gather their views.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People told us they felt safe in the home. One person said, "I'm safe alright. They [staff] make sure of that." A relative told us, "I know [relative] is safe."
- Staff had completed training in safeguarding people from abuse. They understood how to identify and report abuse. They told us they would not tolerate any ill treatment of people and would report any concerns immediately.
- We saw people were confident to approach the registered manager and staff and were treated kindly and with respect when they did so.

Assessing risk, safety monitoring and management

- People were safe because the registered managers had identified and managed risks to their safety. People's care records included guidance for staff about how to support them in a safe way.
- People were encouraged and supported in positive risk taking to promote their skills and independence. People were encouraged to be active members of their community. They told us the registered managers and staff gave them advice about keeping safe in the community.
- The registered managers reviewed risk assessments regularly and if people's needs changed. This meant staff had accurate and up to date guidance about how to maintain people's safety.

Staffing and recruitment

- People received the support they needed because there were enough staff deployed in the home. Staff were patient and attentive and knew people well. They knew when people were anxious and had time to spend with people to give them reassurance as they needed. A relative told us, "There are always loads of staff."
- Staff told us there were enough staff to support people. They said they worked effectively as a team to ensure people received the support they needed. One staff member told us, "There are always enough staff. There are 'bank' staff to cover sickness and holidays and other staff would do extra hours if needed."
- There was an experienced, longstanding staff team employed in the home. The provider carried out robust checks on new staff to ensure they were suitable to work in the home. These included confirming applicants' good character and checks against records held by the Disclosure and Barring Service, (DBS). 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 received the support they needed to take their medicines. Staff were trained in how to handle

medicines safely and were assessed to check they were competent to support people with their medicines.

- Medicines were stored securely to prevent their misuse. Staff recorded clear records of the support they had given to people with their medicines.
- The registered managers had systems to check medicines were managed safely.

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.
- The registered managers were following government guidance about visits in and out of the home.

Learning lessons when things go wrong

- The registered managers had systems to learn lessons following any incidents to further improve the safety of the service. These included sharing learning with the staff team and relevant others to ensure people's safety and the safety of the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received the care they needed and enjoyed a good quality of life. The registered managers had carried out thorough assessments of people's needs before they moved into the home. This helped to ensure the service was suitable to meet people's needs and people would be compatible with others living in the home.
- The registered manager had used the assessments to develop individual care plans to guide staff on how to support people. Staff told us they had the information they needed to provide good care to people.
- A relative told us the support provided in the home had enhanced their relative's quality of life. They told us their relative had "come on so much" since living in the home and said the service was "brilliant".

Staff support: induction, training, skills and experience

- People received good care because staff were trained and skilled to provide their support. One person told us, "The staff are good." A relative told us, "The staff are very skilled."
- Staff knew the strategies to use if people were anxious or upset. We saw staff used effective strategies to reassure people and to reduce their anxiety.
- Staff told us they had completed training to give them the skills and knowledge to provide people's support. One staff member told us the training provided had helped to "provide valuable knowledge ... and improve care delivery". Staff said they felt very well supported by the registered managers.

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

- People enjoyed a varied diet which met their needs and supported them to maintain good health. One person told us, "I like the meals, they are good." A relative told us, "[Relative] looked a bit thin when he first moved in. He loves the meals and has put some weight on."
- People were encouraged to work with staff to make their own meals, snacks and drinks. One person told us, "I like baking."

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

- People received effective, timely care because the registered managers and staff worked with appropriate services to ensure people received the support they needed.
- People's care records included details of the healthcare services which supported them. Staff had the information they needed to contact appropriate services as people needed.
- Staff told us they knew people well. They said they could identify if someone was unwell and would contact appropriate healthcare services for advice and support.

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

- People lived in comfortable accommodation which was suitable to meet their needs. People told us they liked their rooms and had furnished them as they wished. We saw people's rooms were very personalised and reflected their own tastes and preferences.
- The home was in keeping with neighbouring houses and was homely and domestic. The registered managers had plans for further improvements to the facilities and was consulting people about the planned changes.
- During the COVID-19 pandemic the registered managers had invested in a 'visiting pod'. This provided a safe place for people to see their families and friends. There was a range of comfortable outdoor areas where people enjoyed spending their time.
- A relative told us, "[Registered managers] are always looking at ways to keep the home looking nice. They are always decorating."

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 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 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 made decisions about their support and lives and their rights were protected. Staff asked people what support they wanted and respected the decisions they made.
- The registered managers and staff understood their responsibilities under the MCA. Staff gave people information and choices in a way they could understand. They gave people the time and support they needed to make decisions about their lives and care.
- Where people needed restrictions on their liberty, to ensure their safety, the registered manager had applied to the local authority for appropriate authorisation under DoLS.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were treated in a kind, caring and patient way by staff who knew them well. One person told us, "The staff are nice, they are kind." A relative said, "All the staff are fantastic. They are brilliant they are all so caring. It is like a family."
- Staff knew people well and knew people's interests. One person was experiencing anxiety. We saw staff took time to give the person gentle reassurance and tried to encourage them to take part in activities they usually enjoyed.

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

- People were asked for their views about their care and support and staff respected the decisions people made. Staff were caring and patient with people. They gave people choices in a way they could understand and gave them the time and support they needed to express their views and wishes.
- A Relative told us staff respected people's choices. They said, "Staff encourage [relative] to do things. But they respect [relative's] choices."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and staff promoted their privacy, dignity and independence.
- Staff spoke to and about people in a respectful way. They focused on people's abilities and gave people praise for their achievements. A relative told us, "Staff have developed mutually respectful relationships with people."
- People were supported to do as much as they could for themselves to promote their independence. People were encouraged to clean their own rooms and to help staff in carrying out tasks. One person said, "I like helping in the garden." A relative told us, "They [staff] promote people's independence."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received person-centred care that met their needs and took account of their wishes. Staff knew people well and knew the things that were important to them. They used their knowledge about individuals to engage people in conversations about things that interested them.
- Each person had a care plan to guide staff on how to provide their care. Staff told us the care plans gave them the information they needed to support people. They told us they also had the time to spend with people and to get to know them. One staff member told us, "I listen to residents to get to know their individual preferences."
- The care plans were updated regularly or as a person's needs changed. This meant they gave accurate and up to date guidance for staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered managers had assessed people's communication needs to identify how they needed information to be provided. Information about people's communication needs and preferences was recorded in their care plans.
- Staff were aware of people's communication needs and gave people information in the way they preferred and needed. They gave people time to understand information and to make choices about their support.

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

- People were supported to develop and maintain relationships which were important to them. The registered managers had followed government guidance about supporting visiting in and out of the home during the pandemic. People told us they enjoyed meeting their friends in the local community.
- People enjoyed a range of activities in the home and community. Staff told us they were able to suggest activities they thought people may enjoy and the registered managers supported people to attend these. A relative told us staff were skilled at encouraging people to participate in activities which promoted their wellbeing. One relative told us, "The staff are good at encouraging [relative] to take part in planned activities, whether it's just going for a walk or going out to see friends."

- During the periods of national restrictions the registered managers and staff had arranged additional activities in the home. These had included games such as bingo and quizzes and skill learning such as baking.
- People were supported to celebrate occasions such as Halloween, birthdays and Christmas. We saw the dining room had been decorated ready to celebrate Halloween. A relative told us the registered managers and staff ensured people enjoyed festive celebrations. They said, "They make sure people enjoy 'a proper' Christmas."

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and managing complaints about the service. People told us they would speak to a member of staff or one of the registered managers if they had any concerns. One person told us, "I'd tell [registered manager]."
- Staff knew how people, or their relatives, could raise a concern about the service. They said they would be confident to support a person to raise a concern or raise it on their behalf if necessary.

End of life care and support

- There was no one in the home who required end of life care at the time we inspected. The registered managers had links with local and specialist services which would work with staff in the home to care for people as they reached the end of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received person-centred care which met their needs. The registered managers had developed a positive and enabling person-centred culture which focused on providing good outcomes for people. The registered managers and staff knew people well and provided high-quality, individualised care which promoted people's abilities.
- People told us the home was "a good place to live". A relative told us, "My [relative] says this is the best home they have lived in." Staff and a relative told us there was a "relaxed" and "homely" atmosphere in the service.
- People and staff told us they would recommend the home. One staff member told us, "I would highly recommend this service to anyone. It is a happy, safe and settled home."

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

- People knew the registered managers because they worked with staff providing support to people. We saw people were very confident approaching the registered manager who was on duty during our inspection. One person told us, "[Registered manager] helps me."
- The registered managers had the skills and knowledge to manage the home and to ensure people received high-quality care. Staff told us they were happy working in the home and were well supported by the registered managers. One staff member told us, "I think it is the best and most properly run service I have ever worked at."
- The registered managers were aware of their responsibilities under the duty of candour. They and staff were open and honest with people and their families when incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered managers asked people for their views and their feedback was used to improve the service. People had been supported to choose the décor and furnishing for their own rooms and these were very personal to each person's tastes. People had also been included in choosing décor and furnishings for communal areas.
- The registered managers used formal and informal ways to gather people's views. They worked with care staff providing people's care and sought feedback from people as they worked with them. They were

consulting with people about further improvements to the home.

- Staff told us they could make suggestions about how the service could be further improved. They told us the registered managers listened to them. One staff member said, "We are encouraged at all times to offer any input with all clients around their overall needs and what works effectively for staff and clients."

Working in partnership with others

- The registered managers and staff worked in partnership with other services to plan and provide people's care. Staff knew the other services which supported people and worked cooperatively with them. The registered managers and staff identified if people needed additional support and contacted appropriate services.