

Scosa Limited

Barton Grange

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on the 14 April 2015 and was unannounced. Barton Grange is a care home providing accommodation for up to 20 older people some of whom have dementia. During our inspection there were 14 people living at the home. The property is a large detached house situated on the outskirts of the village of Winscombe.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

There were systems in place to protect people from abuse; however we found these were not always effective. Some staff were not able to tell us where they would report safeguarding concerns to if they needed to go outside of the organisation. Information relating to this was not visibly available throughout the home. People who use the service appeared calm and relaxed

Summary of findings

during our visit, with one person commenting “I feel safe here”. Relatives told us they thought their family members were safe. Staff were able to recognise signs of abuse and felt confident in reporting it to the registered manager.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are an amendment to the Mental Capacity Act 2005 which allow the use of restraint or restrictions but only if they are in the person’s best interest. We observed where decisions were made for people the principles of the Mental Capacity Act were not always followed. There were no Deprivation of Liberty Safeguards (DoLS) applications made for people living at the home where they were subject to continuous supervision and lacked the option to leave the home without staff supervision. The manager told us they were in the process of seeking advice on making DoLS applications to the local authority.

People’s needs were set out in individual care plans. People’s relatives told us they were involved in the care planning process for their family member. We found the care plans were lacking detail around people’s preferences related to their care and they were not consistently reviewed and updated with input from the person. The registered manager and head of care were in the process of updating the care plans to make them more person centred.

Staff received appropriate training to understand their role. Staff had completed training to ensure the care and support provided to people was safe. New staff members

received an induction. We found there were some staff who had not received up to date training, the registered manager had plans in place to address the gaps at the time of our inspection.

There were areas of the home requiring maintenance and repair. The registered manager had an action plan in place to remedy this.

The registered manager did not have effective systems in place to monitor the quality of the service. The Department of Health’s Code of Practice on the prevention and control of infections and related guidance was not being followed at the time of our inspection.

People and their relatives were positive about the care people received and praised the quality of the staff and management. Staff knew the people they were supporting well.

People’s medicines were administered safely. The service had appropriate systems in place to ensure medicines were stored correctly and securely.

People and relative’s told us they were confident they could raise concerns or complaints with the registered manager and they would be listened to.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. For example the Department of Health's Code of Practice on the prevention and control of infections and related guidance was not being followed at the time of our inspection.

Information about where to report concerns outside of the organisation was not available for staff. Some staff did not know where they would report these concerns.

Staff told us about the different forms of abuse, how to recognise them and said they felt confident to raise concerns with the registered manager.

The provider had systems in place to ensure that medicines were administered and disposed of safely. All medicines were stored securely and accurate records were kept.

Requires improvement



Is the service effective?

Some aspects of the service were not effective. Some decisions were made for people without considering the principles of the Mental Capacity Act 2005. There was no clear evidence the decisions were in the person's best interest.

Staff did not always receive regular one to one supervision meetings with their manager.

Staff were aware of their roles and responsibilities and they demonstrated an understanding of the importance of giving people choice's when providing support.

Requires improvement



Is the service caring?

The service was caring. Staff knew the people they were supporting well and had developed relationships.

People and their relatives told us they were treated well and staff were caring. We observed staff were caring in their contact with people.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Good



Is the service responsive?

Some aspects of the service were not responsive. Care plans provided basic information about people's needs but lacked a person centred approach. The care plans were reviewed by the registered manager regularly; however they did not involve people in the review of their care plan.

People received care, treatment and support when they required it. We observed staff interacting positively with people and responding to their needs.

Requires improvement



Summary of findings

There was a system in place to manage complaints. People and their relatives told us they knew how to raise any concerns or complaints and were confident they would be dealt with.

Is the service well-led?

Some aspects of the service were not well led. The registered manager did not have effective systems in place to audit the quality of the service and identify where there were shortfalls.

Staff felt well supported by the registered manager and told us they were approachable.

The registered manager held regular staff meetings to cascade information and enable staff to discuss concerns.

Requires improvement



Barton Grange

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.

The inspection took place on 14 April 2015 and was unannounced.

The inspection was completed by two inspectors. Before the inspection we reviewed previous inspection reports, during our last inspection we did not identify any concerns

with the service. We also viewed other information we had received about the service, including notifications.

Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with three people who use the service, three members of care staff, the domestic, the cook, three relatives, the head of care and the registered the manager. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for four people. We also looked at records about the management of the service. We spoke with a visiting district nurse during the visit and a health professional by telephone after the visit.

Is the service safe?

Our findings

The registered manager was not carrying out detailed infection control audits within the home. There was an infection control policy, however it was out of date and did not reflect the Department of Health's Code of Practice on the prevention and control of infections and related guidance. At the time of the inspection the home did not have a nominated infection control lead person and they did not have a copy of the Code of Practice in the home.

Staff had access to appropriate personal protective equipment. We observed cleaning being carried out by the cleaner and the home appeared clean during our visit. There were no schedules in place detailing when or how often areas should be cleaned.

Paper hand towels were in place in bathrooms which enabled people to dry their hands. We saw the hand towels were placed on radiators and window sills rather than positioned in a hand towel dispenser. This meant anyone using the towels to dry their hands could cross contaminate the pile of clean paper towels. This meant people were at increased risk of cross infection when drying their hands.

We found areas of the home required maintenance. For example, the bath panel in the upstairs bathroom was coming away from the bath and the flooring was not sealed around the edges. This meant robust cleaning of these areas could not be effectively undertaken and people were at increased risk of being exposed to infection. At the time of our inspection the registered manager did not have any strategy plans in place to assess and reduce the risk of infection.

We discussed these concerns with the registered manager who told us they would obtain a copy of the Department of Health's code of practice on the prevention and control of infections and ensure this guidance was followed. The registered manager also told us the home had a refurbishment plan in place, this included restoring the bathrooms.

We observed during our inspection some areas of the home required maintenance and updating. For example, the walls and skirting boards in some areas had marks on them and the bathrooms were in need of updating. We saw the windows were old and in need of replacing and some of the chairs in the lounge looked worn. The cupboard

doors in the kitchen had the covering peeling off. We discussed our observations with the registered manager. They told us they had completed an action plan with their manager to remedy this and they were in the process of updating areas of the home. We saw new carpets had been purchased for some of the bedrooms, quotes had been received for the kitchen doors and four new chairs had been purchased for the lounge.

People we spoke with and their relatives told us they or their relatives felt safe at Barton Grange. One person told us "I feel safe here, if I ring my bell at night staff always come". Another person told us how they had a key to their bedroom and could lock their door at night and this made them feel safe. A relative told us "I think my family member is safe here, I have no concerns" and another said "Knowing my relative is safe here is great".

Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Staff described how they would recognise potential signs of abuse through changes in people's behaviour, their body language and physical signs such as bruising. They told us this would be reported to the registered manager and they were confident it would be dealt with appropriately. One staff member told us "I am very confident the manager would deal with it".

Staff were also aware of the whistle blowing policy and felt confident to use it. Staff told us they would take concerns further if they were not satisfied with the outcome from the registered manager however they were not able to tell us the outside agencies where they would report this. Two of the staff we spoke with said they would report concerns to the owner and when asked about outside agencies they were unable to tell us where the concerns would be reported outside of the organisation. One staff member told us "I was given safeguarding information on my induction, the numbers are on there". We found there to be a lack of visual information around the home relating to the safeguarding and whistleblowing procedures. Staff did not have easily accessible information relating to where to report concerns outside of the service. This meant people could be at increased risk of harm and the correct agencies would not be informed promptly in the event of a safeguarding concern. We discussed this with the registered manager who told us they had discussed

Is the service safe?

whistleblowing in a recent team meeting and we saw evidence of this discussion. The meeting discussed the importance of whistleblowing but it did not state where to report concerns outside of the organisation. The registered manager told us they would ensure visual information would be made available including where to report concerns outside of the organisation.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. One person told us they were happy with their medicines and they were “Always given on time”. We observed staff supporting people with their medicines, this was completed in an unrushed manner with the staff member checking the medicines had been taken before they moved away. Medicines administration records had been completed, which gave details of the medicines people had been supported to take. People’s medicine records were accurate and balances of their medicines matched with records. Medicines audits were carried out monthly by designated staff. Training records confirmed staff had received training in the safe management of medicines. A review of people’s medicines took place every year with the GP to ensure that people continued to receive the correct medical treatment.

Assessments were undertaken to identify risks to people who use the service, these assessments were reviewed regularly by the registered manager. One person told us they were aware of the requirement to sign in and out of the home in line with the homes fire procedure. The assessments covered areas such as mobility, orientation, bathing and dressing. Whilst the risk assessments were in place they did not contain details about the risk to the

person. For example, one person had a risk assessment in place with regards to them losing their orientation. The risk assessment stated staff should be vigilant of the persons whereabouts at all times. The assessment did not describe the actual risk to the person or areas of the home which could pose a potential risk. This meant staff did not have enough information about the risks relating to people in order for them to reduce the risk and keep people safe.

A recruitment procedure was in place to ensure people were supported by staff with the appropriate experience and character. We looked at three staff files to ensure the appropriate checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

During our inspection we found there were enough staff available to meet people’s needs and people told us staff were available to meet their needs. One person told us “Staff are always on hand to help me”. Staff told us they felt there were enough staff on shift and if they were short the registered manager would help out. During our observations we saw staff responded promptly to people’s requests for assistance. The registered manager told us staffing levels were set on occupancy level and individual need. There was no formal procedure in place to assess staffing levels, the registered manager told us when the occupancy level increased staffing would increase alongside this.

Is the service effective?

Our findings

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are an amendment to the Mental Capacity Act 2005 (MCA) which allow the use of restraint or restrictions but only if they are in the person's best interest. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant.

At the time of the inspection there were no authorisations to restrict people's liberty under DoLS. The registered manager told us they were in the process of considering applications for people who use the service. We saw the registered manager had contacted the local authority for advice on DoLS applications and they were waiting for a response.

During this inspection we found the principles of the MCA were not always being followed. We found people had decisions made about them without any evidence of it being in the person's best interest. For example one person had a movement sensor at the side of their bed to detect their movement during the night. The registered manager told us this was in place to protect the person and they did not have capacity to understand why it was there. The registered manager had not completed a capacity assessment for this or demonstrated it was in the person's best interest. We also found that care plans included information stating that a person "does not have capacity" without there being any assessment of this. The registered manager told us they had MCA and DoLS training for all staff planned the following week.

This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

Staff demonstrated an understanding of the importance of supporting people to make decisions about their daily care and support by asking people what they want and offering choices. For example, we observed staff seeking consent

before supporting a person with their mobility. Staff told us if a person appeared unhappy with their support they would report this to a senior staff member and another staff member would be offered.

Staff told us they had meetings with the registered manager to receive support and guidance about their work and to discuss training and development needs. The registered manager told us staff should receive both group and one to one supervision every three months in line with their policy. We looked at three staff records and saw whilst group supervision had been held monthly, one to one supervisions had not always been held at the frequency in line with the provider's policy. One of the supervision records we saw demonstrated the staff member had not had a formal one to one supervision since February 2012. This meant staff were not always receiving regular formal support from their line manager to discuss their concerns. We discussed this with the registered manager and they told us they had informal meetings with staff to discuss issues and concerns as they became apparent. The registered manager also acknowledged they had not given staff formal supervision in line with their policy and said they would take action to improve this.

Staff were aware of their roles and responsibilities. Staff told us they had received a range of training to meet people's needs and keep them safe. This training included safeguarding, dementia, infection control and moving and handling. The training records we looked at identified there were some gaps in staff refresher training. Some staff had not received up to date fire, MCA and DoLS training. The registered manager told us they had identified the gaps and we saw there were plans in place to address this. Staff told us they received an induction when they joined the service and records we saw confirmed this. They said the induction included a period of up to two weeks shadowing experienced staff and looking through records. They also told us they completed their mandatory training during their induction and described this training as "Good".

People and their relative's told us they were happy with the food provided. One person told us "The food is good, you can ask for anything" and another said "The food is ok, its all edible and you never go hungry or thirsty". A relative told us "My family member always says the food is really nice and the meals look lovely". There was one hot meal option on the menu daily, we spoke with the cook who told us if someone wanted something different on the day they

Is the service effective?

would cook this for them. The cook demonstrated knowledge of people's likes and dislikes, for example they were aware that a person liked to have small portions of meals and disliked a certain type of food. The person's care plan confirmed this. The cook told us all the food was homemade and they always offered lots of vegetables to promote healthy eating. We observed people were offered if they would like gravy with their lunchtime meal and everyone was offered a choice of dessert. We saw people had access to food and drink throughout the day and staff supported them as required.

People were supported to have regular contact with health professionals where required. We saw people were supported to see their GP, chiropodist and district nurse. A relative told us the registered manager kept them up to date with any medical issues relating to their family member. A health professional told us staff made referrals where appropriate. We saw in people's records where they were required to attend future appointments relating to health needs these were supported and followed up by staff.

Is the service caring?

Our findings

People and their relatives told us they were treated well and staff were caring. One person told us “The staff are kind and all very good to me” and another said “The staff are all brilliant”. Comments from relatives included “All the staff are lovely”, “the staff are very kind and always here to help” and “The manager and staff are lovely and caring”. We observed staff interacting with people in a friendly and relaxed way. During our inspection we saw people laughing and joking with staff and engaging in positive conversations. For example we saw staff commenting on how nice a person's new shoes looked and we observed staff asking people's permission before supporting them. We observed staff supporting a person with limited vision at lunchtime. The staff member offered to cut the food up for the person, which they accepted and described the meal to them whilst doing this.

Staff told us they spent time getting to know people and recognised the importance of developing trusting relationships. One staff member told us “I spend time chatting to people asking them questions about themselves, it's nice to get to know people”. A relative told us staff had got to know their family member very well. We saw that people's bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. Relatives told us staff were friendly and approachable and they were always kept up to date with any changes to their family members care needs. One relative told us “Staff phone us if anything happens and they regularly keep us up to date”.

Staff had recorded important information about people in their care plans, for example, likes and dislikes, important dates and relationships, hobbies and interests. A relative told us they were involved in the care planning process, they said they filled out a form about their past history, likes and dislikes. Care plans included a document called “My Life Story”. This included information relating to the person's past and what is important to them. For example it described their working history, significant places, significant relationships, life events and hobbies. The registered manager told us this was completed by the person and their family. This meant staff had access to important information relating to the person. We noted not all people had these documents completed in their care plans, the registered manager told us they were in the process of completing this.

Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example offering people the level of support they preferred and waiting outside of a bedroom until a person requested their support. They also talked about covering people up whilst providing personal care and ensuring a person's curtains were drawn. During our inspection we observed staff knocking on people's bedroom doors and waiting for a response before entering.

Relatives told us they could visit at any time and there were no restrictions. One relative told us “you can come and go as you please”.

Is the service responsive?

Our findings

Each person had a care plan that was personal to them. Care plan records included information about the support required to meet people's needs. We saw people had short term care plans in place where they were staying at the home for short periods. Whilst care plans detailed people's needs we found they did not reflect people's preferences around care. We found the care plans focused on what staff support was required and they did not include information about what the person could do for themselves. Two of the care plans we viewed had signed consent to care forms which were signed by the person. We spoke with two people who told us they didn't know what their care plan was. The care plans we viewed were reviewed and updated regularly by the registered manager. Staff completed monthly key worker records detailing relevant information relating to the person. We could not find any evidence of people being involved in these reviews.

We spoke with the registered manager and they told us they were in the process of developing more person centred care plans. We saw a daily activity document agreed with people and staff included information relating to what personal care tasks people could achieve themselves. This information did not form part of the persons daily care plan. The registered manager told us they would incorporate this information into each persons care plan.

The home had an activity timetable and staff were responsible for offering the activities to people in the afternoon. The activities included people having their nails painted. One person told us "I love having my nails painted, I always did" whilst they were showing us their painted nails. Other activities included keep fit, darts, art and craft and reminiscence. During our inspection we observed staff offering people to join in one to one activities with them. The registered manager told us staff had recently spent time with people asking them what activities they would like to participate in and showed us the document recording this information. They told us people would be offered their chosen activities rather than having allocated group activities.

People told us they felt able to raise concerns. One person told us "I did have a problem and spoke to the manager about it, things are better now" another person said how they felt able to go to the registered manager if they had any concerns. Relatives told us if they had any concerns they were confident they would be responded to, they told us "If I had any issues I would go to the manager and I am happy they would handle it". There was a process in place for raising complaints and we observed there had been two complaints raised since our last inspection. The complaints had been investigated and action had been taken in line with the organisation's complaints procedure. We observed there was information relating to the complaints procedure available throughout the home.

Is the service well-led?

Our findings

There was a registered manager in post at Barton Grange. The registered manager had systems to monitor the quality of the service; we found these systems were not robust or effective. For example, an infection control audit formed part of a monthly report completed by the registered manager. We looked at the report and found it had not identified the shortfalls in practice related to infection control, such as there being no infection control risk assessment in place. It also did not identify there were no cleaning schedules in place. Staff supervision formed part of this report and the gaps in staff supervisions had not been identified and any action detailed in response to this. The registered manager had a form to complete monthly relating to safety audits of the building and maintenance, however these had not been completed. They told us they had plans to use these in the future. This meant where there were shortfalls in the service they were not identified and acted upon.

A relative told us the registered manager regularly asked them for their feedback regarding ideas on what could be improved or changed for their family member. The registered manager had a system to receive feedback from people and their relatives annually in the form of a questionnaire. We saw the results from the relatives feedback in 2014. Most of the relatives completing the feedback stated they were either “Satisfied” or “Very satisfied” with the service provided. Feedback from one person’s relative stated they were “Not very satisfied” with the décor. The registered manager had implemented a decorating schedule to respond to this. A survey had been cascaded to people who use the service in February 2015 and the registered manager was in the process of collating and responding to the feedback.

Staff told us the manager was approachable and accessible and they felt confident in raising concerns with them. One staff member told us “The manager’s door is always open,

she is very friendly and relaxed, this makes me feel free to talk to her” another said “The manager is very approachable, she listens and gives feedback”. The registered manager’s office was in the centre of the home which enabled people to approach them at any time and also allowed them to constantly monitor practice. We saw the registered manager was very visible in the home and had a good knowledge of everyone. People were very comfortable and relaxed with them.

We discussed with the registered manager how they communicate the vision and values to staff and ensure best practice. They told us they work alongside the staff completing observations, feedback and providing a role model. Monthly staff meetings were held which were used to keep staff up to date with new approaches and relevant information. The meetings were also used to discuss any issues in the home and noted staff responses to these. The registered manager told us the meetings were used as a group supervision session for staff to discuss any concerns they had.

The registered manager showed us a newsletter they were creating for people and their relatives to keep them up to date with what was happening in the home. For example, staff changes where new staff joined the team. They also were using the newsletter to encourage people and their relatives to raise concerns with the registered manager if they had any.

The registered manager told us they attended regular provider forums where they met to discuss issues with other providers from outside their organisation. This provided them with an opportunity to discuss issues and share knowledge. We also spoke with the registered manager about the values and vision for the service. They told us aim to treat people as individuals and support them to maintain their individuality and independence. Staff told us the vision for the service is to provide a comfortable homely environment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent There were no processes in place to support people to make best interest decisions in accordance with the Mental Capacity Act 2005. Regulation 11 (3).