

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 

Summary of findings

Overall summary

This inspection took place on 8 September 2016 and was unannounced. Barton Grange is a residential care home that can support up to 19 older people, some of who are living with dementia, who require accommodation and personal care. Located in spacious grounds, the accommodation is arranged over two floors. During the inspection, there were 18 people living in the home.

We last visited Barton Grange on the 14 April 2015. A breach of legal requirements was found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Regulation breached was Regulation 11, need for consent.

There was not a registered manager in post. The previous manager had left in August 2016 and the deputy manager was in charge. A new manager was due to start the week following our inspection. 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.

A safe environment was not always maintained. We found the building was in need of a refurbishment as all the rooms, fixtures and fittings were showing wear and tear. There were broken bannisters on the main staircase. We saw that the kitchen needed a deep clean. Ceilings were in need of cleaning and dusting. We observed chemicals were not stored securely. There were windows that were observed to have no window restrictors on them in order to maintain people's safety.

We looked at people's care files and found that not all identified health needs were assessed and reflected in their care plans. This meant that staff may not have access to sufficient information to support people safely. The care files we looked at showed staff had completed some risk assessments to assess and monitor people's health and safety. However not all risk assessments provided sufficient detail and were up to date.

Although the care plans we viewed were reviewed regularly, they did not always contain consistent information throughout the care file regarding people's needs.

We looked at the systems in place for managing medicines in the home. A medicine policy was available for staff and staff had completed training in relation to safe medicine administration. Medicines were stored safely and records showed they were administered as prescribed. We found that people's allergies, preferences for administration were not always clearly recorded.

No changes had been made to the environment to support people living with dementia. The environment had not been adapted to meet people's individual needs.

Not all actions and recommendations had been acted upon since the last inspection. The provider employed a compliance manager who visited to assess the service and provided reports of their findings. We viewed completed audits, which included areas such as care plans and medicines; however, they did not identify all of the issues we highlighted during the inspection.

People we spoke with told us they felt safe living in Barton Grange and staff and visitors to the home agreed that care was provided to help keep people safe.

Recruitment and selection procedures were in place and we saw appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff had a good understanding about adult safeguarding. We found that appropriate safeguarding referrals had been made and a system was in place to monitor the outcomes of referrals.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

Staff had received training around the application of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The staff we spoke with understood some of the requirements of this Act but needed to ensure capacity assessments and best interest decisions were accurately recorded and in place where needed.

We looked at accident and incident reporting within the home and found that this was reported recorded appropriately.

We found that there were adequate numbers of staff on duty to meet people's needs.

Staff we spoke with had received regular supervisions to help support them in their role. Staff had received an annual appraisal and felt supported in their role.

People told us they received enough to eat and drink, which helped to ensure their nutritional needs were met. Each individual's preference was catered for.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing.

People told us staff were kind and caring and treated them with respect. We observed people's dignity and privacy being respected by staff, such as staff knocking on people's door before entering their rooms. Interactions between staff and people living in the home were warm and genuine.

We observed relatives visiting throughout the inspection. The deputy manager told us there were no restrictions in visiting, encouraging relationships to be maintained. For people who had no family or friends to represent them, contact details for a local advocacy service were available within the home for people to access.

The new manager told us they had plans to further improve the service.

Feedback regarding the management was positive from people living in the home. People told us they knew

who the deputy manager was and that they was approachable.

Processes were in place to gather feedback from people and listen to their views. A complaints procedure was available within the home and this was on display for people to access. People we spoke with told us they knew how to raise any concerns they may have and felt able to do so.

Care files were stored securely in order to maintain people's confidentiality.

The previous manager had notified CQC of events and incidents that occurred in the home in accordance with our statutory notifications.

We found the provider was in breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The building was building was not always clean and appropriately maintained.

People's medicines were appropriately administered, managed and stored, however not all information about people's allergies to certain medicines were recorded.

People's needs were met by sufficient numbers of staff.

People were cared for by staff who had been recruited safely.

People were cared for by staff who could recognise signs of potential abuse.

Is the service effective?

Requires Improvement 

The service was not always effective.

People were cared by staff who understood the requirements of the Mental Capacity Act 2005, however capacity assessment and best interest decisions were not always in place when required.

People were supported by staff who had the appropriate skills and knowledge.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services

Is the service caring?

Good 

The service was caring.

People were looked after by staff who were caring, kind and compassionate.

People's right to privacy was respected and staff promoted people's dignity.

People's confidential information was kept private.

Is the service responsive?

The service was not consistently responsive.

People and their families were not always involved in planning or reviewing how they were cared for and supported.

There were not enough activities and pastimes to ensure people were stimulated.

Staff understood people's preferences, likes and dislikes.

People and their relatives knew how to make complaints and knew these would be listened to and acted on in line with the providers' policy.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Not all actions and recommendations had been acted upon since the last inspection.

The systems in place to monitor the quality and safety of the service were not always effective.

People living in the home gave positive feedback regarding the management.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

The previous manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications.

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.

This inspection took place on 8 September 2016 and was unannounced. It was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

During the inspection, we spoke with, six people living in the home, one relative, the deputy manager who had been acting as manager for the previous six weeks, the cook, and three members of the care team, a visiting health professional and one social care professional. We looked at the care files of six people living in the home, six staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We spoke with two relatives on the telephone following the inspection.

Following the inspection, we spoke with the Local Authority Contracts and Compliance team, who monitor residential and nursing homes for the local authority, the local authority safeguarding Department and two Mental Health professionals.

Is the service safe?

Our findings

The service was not always safe.

Many areas of the building looked tired and worn. Walls needed painting and carpets needed replacing, as they were threadbare in places and a trip hazard for people who walked using walking aids. There was a large hole in the floor in the manager's office. One relative stated, "I love the fact it is 'home from home' but it needs more investment." On one of the upstairs corridors windows were not restricted to prevent them fully opening to stop people falling out. We pointed this out to the deputy manager at the time of the inspection who told us they would take immediate action to make sure window restrictors were in place. Two of the spindles in the bannister on the main staircase were broken and people could potentially hurt themselves should their legs fall through the gaps. We again pointed this out to the deputy manager who arranged for someone to come in straight away and repair them. We found an upstairs cupboard storing cleaning chemicals was not locked. This meant people living in the home could be at risk of chemical injuries. Again, the deputy manager went to tell the cleaning staff that it had to be locked at all times. The deputy manager assured us that it was usually locked and no one living in the home had access to it.

We found the kitchen needed cleaning, as there was food under appliances, cob webs on the ceiling and when the cook was asked how they cleaned the area, they were unable to explain to us their schedule. We asked the deputy manager if there was a cleaning schedule and they confirmed that one was not in place. They also told us that there was not cleaning schedule in place for the rest of the building, however they were going to implement one with the current cleaning staff. This meant people were potentially at risk from eating contaminated food, as it was not being prepared in a clean and hygienic area.

Documentation and certificates showed relevant checks had been carried out on the fire alarm, fire extinguishers and gas boiler. We saw records to confirm evacuation practices had been undertaken. Tests of the fire alarm were completed on a regular basis to make sure it was in safe working order. However, there was not a system in place, which ensured all call points were tested regularly. We pointed this out to the deputy manager who told us they would speak with staff to make sure they checked each call point regularly.

A fire assessment on the service had been undertaken in June 2016. There were a number of actions that had not been completed at the time of the inspection. We saw for instance, fire doors still being wedged open, including the kitchen door, this meant people were potentially at risk should there have been a fire. We pointed this out to the deputy manager, who told us they had not been shown the report but immediately told staff to close the fire doors and would contact the provider to ensure all room doors were fitted with the appropriate closing mechanisms.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

We reviewed people's care records and saw staff had assessed risks to each person's safety. The risk assessments were evident in the care records however; they needed to be updated to include current risks so that people were being cared for in the most up to date and appropriate manner. For example, one person had had an assessment of their hearing and vision but this was not noted in their file, which would have made a significant difference to how staff and other professionals interacted with them. The failure to have up to date assessments could put people living at the home at risk. The deputy manager told us they would review risk assessments for people and following the inspection we were given the evidence this had begun. We reviewed personal emergency evacuation plans (PEEPs) for people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. The deputy manager told us that everyone had individual evacuation plans and we saw these in the care files we looked at.

Staff could clearly explain what they needed to do in the event of a fire or medical emergency. The staff we spoke with during the inspection confirmed the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found staff had the knowledge and skills to deal with all foreseeable emergencies. One staff member explained how they would evacuate the people and what their role was should there have been a fire in the home, "I go to the fire panel and see where the alarm is and then support those people who are able out onto the front garden.". The deputy manager told us and records showed the water temperature of baths, showers and hand washbasins were taken and recorded on a regular basis to make sure that they were within safe limits.

Through our observations and discussions with people and staff members, we found there were enough staff to meet the needs of the people who used the service during the day. We saw a senior and three care staff were on duty during the day. However, one relative said, "The staff do their best and I can't fault them." We spoke to the deputy manager about the staffing ratio. They assured us and we saw that the staff were busy but we saw that they still managed to spend time with people chatting and taking them into the garden for cups of tea. The rota confirmed that there were the same number of staff on each shift. The deputy manager told us that the staffing levels could change with the new manager coming into role. The deputy manager also agreed that the décor throughout the home needed updating and made more appropriate for people living with dementia.

People told us that they felt safe and liked the staff. People said, "I like living here. The staff are lovely." and, "It is good here." From our observations, we found staff were dedicated to ensuring the home supported people's needs. One relative told us they felt their loved one "Was safe and well cared for in a nice home with good carers" and "It makes me feel happy and confident that I have chosen the right home."

We saw staff managed situations in a positive way and protected people's dignity and rights. The deputy manager and staff we spoke with showed they sought to understand and reduce the distress people felt or things that put them at risk of harm. For example, one person was very distressed about not being able to go home, staff distracted the person with the offer of a cup of tea and a chat, which calmed the person down, and they started smiling and chatting with the staff member.

Staff told us they had received safeguarding training and the deputy manager had recorded this information on a training matrix. From our discussions with staff, we found they had a solid understanding of safeguarding procedures. The staff were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions they had. Staff told us they felt the

deputy manager would respond appropriately to any concerns. Staff told us they felt confident in whistleblowing (telling someone) if they had any worries about the service. The home had up to date safeguarding and whistleblowing policies in place that were reviewed on a biannual basis. We saw these policies clearly detailed the information and action staff should take. This meant staff had clear guidelines to follow.

By reviewing staff files and policies, we found the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS). The DBS checks whether people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the home.

Senior staff were responsible for administering medicine to people. Each person's medicines were kept securely. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MARs) and these showed us people received their medicines correctly. We found staff were readily able to discuss people's medicines and people got their medicines when they needed them. We checked records of medicines against the stocks held and found they matched. The senior carer was able to describe the arrangements in place for the ordering and disposal of medicines. They said the MARs were checked each month to ensure they corresponded with the information from the previous month's records and with the medicines prescribed. This meant that there was a system in place to promptly identify medication errors and ensure people received their medicines as prescribed, we saw evidence of this.

However, we found that there was no record of people's preferences for taking their medicines, allergies or picture of people on their MARs. This was important so that any new members of staff could make sure they were giving the right medicines to the right person and that people were not being given medicines that could make them poorly. The deputy manager told us that they were about to start taking photos of people as they had gained consent for this to happen from people or their representatives.

Is the service effective?

Our findings

The service was not always effective.

At the last inspection, the provider was in breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to obtain the consent of people for their care and treatment at Barton Grange. At this inspection, we found that the provider had not made the improvements necessary to meet the requirements of the regulation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

During the inspection, we looked at six care records of people who used the service. We saw only one had decision specific mental capacity assessments for areas such as care, health and finances in place as they had been assessed as not having the capacity to make some decisions about their life. We identified capacity assessments were needed, for instance for medicines to be administered covertly so that the person taking them is not aware they are being administered. There was no evidence the service checked whether people's family had the legal authority to make decisions on their behalf, such as being a Court of Protection deputy, prior to asking them to sign care plans and make decisions regarding care and finances. This was discussed with the deputy manager and staff who acknowledged further work was needed.

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

People can only be deprived of their liberty so that they can 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). The deputy manager told us staff had attended training within the last 12 months on the MCA. We saw records to confirm this. Staff we spoke with understood their obligations with respect to people's choices and consent.

The deputy manager showed us documentation, which listed the people they had applied to the local authority for DoLS authorisations. They explained that people were free to leave the building as the front door to the service was always left open but people generally would only leave the building with staff or their friends and relatives. Only one person liked to go and sit outside on their own for a cigarette but never ventured any further than the back garden.

All the staff we spoke with told us they were supported to access a variety of training and learning opportunities. Staff were able to list a variety of training they had received over the last year, such as moving and handling, infection control, meeting people's nutritional needs and safeguarding, amongst others. Staff

said the recent training sessions had been extremely beneficial and they felt able to approach the deputy manager with additional training needs and were confident additional training would be provided.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We confirmed nearly all of the staff had completed updated training on areas such as fire safety, moving and handling and mental capacity and deprivation of liberty safeguards. The registered provider had ensured newly recruited staff could access the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected from staff.

Staff we spoke with during the inspection told us the deputy manager was supportive. We found the previous registered manager had not ensured the staff completed supervision sessions in 2015. We noted the deputy manager was in the process of identifying gaps and was developing a plan to ensure all of the staff received supervision and appraisals. Staff confirmed that they had all received supervision recently. Supervision is a process, usually a meeting, by which an organisation provides guidance, and support to staffing, which they can seek, support around their own practice. Staff also confirmed that they were in the process of having their yearly appraisals. One staff said "[Name] is doing their best and getting round to all of us."

We looked at the menu plan. Menus were created from discussions with the people in residents meetings, and showed a varied selection of meals. People told us they had two choices at both lunch and dinner every day but if they did not want what was on offer, the cook or staff would cook them something different. We saw people choosing their late breakfast choice. Staff told us that people could have their meals at a time that suited them and people tended to have breakfast at different times but everyone liked to have their lunch and dinner at the same time every day. We asked people if this was the case and they confirmed it was. "I like to sit with my friends at mealtimes."

At the time of the inspection, three of the people needed a special diet. The cook and staff were aware of what these people required. At lunch and tea we saw people sat together to eat their meals and socialise. People told us they liked the food provided. After lunch one person said, "I really enjoyed that." They told us they liked all the meals that staff prepared. We saw people were offered a plentiful supply of hot and cold drinks and snacks throughout the day. This meant people received adequate nutrition and hydration.

The deputy manager told us they had found the care records did not provide all of the required information and needed to be updated. They had recently reviewed the care record templates and designed a new record. The deputy manager was in the process of updating people's care records.

From our review of the care records, we saw nutritional screening had been completed for people who used the service. This was used to identify if they were malnourished, at risk of malnutrition or were overweight. We found that people were all within healthy ranges for their weight. This meant people were supported to remain healthy and have adequate nutrition. We saw records to confirm staff encouraged people to have regular health checks and, where appropriate, staff accompanied people to appointments. One person said, "If I'm poorly I see the doctor." A relative told us "[Name] is good at keeping me updated; they called today following the GP visit."

Records showed people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. When concerns arose, staff contacted the relevant healthcare professionals. For instance, staff were in regular contact with district nurses and mental health professionals and when needed had

asked these professionals to organise reviews with consultants.

Is the service caring?

Our findings

The service was caring.

People were very positive about the quality of care that was provided. One of them said, "I get on fine with the staff who are all very helpful." and "The caring is very good they look after us very well and treat us very kindly." Another person who lived with dementia and who had some communication needs was seen sitting with a member of staff in the front garden having a cup of tea. Relatives told us that they were confident that their family members were treated with genuine kindness. One of them said, "I've always found the staff to be excellent. I've only ever seen kindness and I think that the staff are first class."

During our inspection, we saw that people were treated with respect and in a caring and kind way. We noted how staff took the time to speak with people as they assisted them and we observed many positive conversations that supported people's wellbeing. An example being a person enjoyed telling a member of staff about their family and their day out. We noted that the member of staff was genuinely interested and asked various questions that the person was pleased to answer. We observed another occasion when a member of staff was helping someone in the lobby to get ready to go out into the garden. The member of staff was called away to answer a call bell that had been used by someone who was resting in their bedroom. We noted that before the member of staff left the lobby they explained why they were leaving and assured the person that they would return as soon as possible. A few minutes later we saw the member of staff go back to the person where they helped them to go into the garden.

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this involved a member of staff speaking with a person about their memories of being at work. We noted the person was pleased to recall the various jobs they had done and the different challenges and rewards of each. We saw there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. This meant that they could relax and enjoy their own company if they did not want to use the communal lounge. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture. We noted that staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. We saw when staff provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative commented on this saying, "I can see my family member when and where I want. There's a very relaxed atmosphere in the place and it's got a family feeling to it."

We saw that all care records were kept in a locked cupboard. They were held securely and could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Is the service responsive?

Our findings

The service was not always responsive.

We reviewed six people's care records and found important information was not included, despite them having been checked by the provider's compliance manager. For example, the action that needed to be taken to support people who display behaviours that may challenge others was not clearly set out. We saw one person who used the service whose personal needs had been increasing had a care plan in place for this however; it had not been evaluated effectively to identify the cause of the increasing need. This meant because the manager had not identified the cause clearly, staff were unable to learn from this and be more responsive to that person's needs.

Care plans included a summary of people's support needs, food preferences, healthcare, communication, personal hygiene and medical conditions. They included a list of people's support needs and actions staff should take. Some care plans were personalised and person centred to people's needs and preferences. In one care plan, we read that a person may need assistance and encouragement during mealtimes. We observed that the person being assisted and encouraged by a member of staff during mealtime when required. However, some care plans were inconsistent and were not completed in full. In one care plan we looked at, there was a 'my care plan summary', which summarised people's needs and preferences throughout the day and how they liked to be supported. There were no care plan summaries in the remaining five care plans we looked at. Ensuring a care plan summary for people would help staff especially new staff to get a better understanding of people's needs and support.

In one care plan, we found there was a lack of important information about the person's medical condition and the support they may require despite them being seen by a health care professional the day before. We observed this information being given verbally by a member of staff to a visiting social care professional who was completing an assessment on the person. The member of staff then went on to explain how to communicate with the person, how to support the person to eat and possible other medical conditions. None of this information was contained within the persons' care file. Therefore, this meant the person was not being given up to date care by all staff, as the information was not in their care plan.

We spoke with four care staff who demonstrated they were aware of people's individual needs. However, when we looked at a number of care plans, we found inconsistent information and not everyone had been involved in how their care was planned. Staff told us not everyone had the time to sign their care plan to demonstrate they were knowledgeable about the care being offered. However there was no record that people had been asked, nor was there any auditing of people's care plans, which would have revealed this. Care staff also told us they were not involved when care plan were updated That is important because care staff are in day to day contact with the people using the service, and can provide detailed information to assist the process. This demonstrated that care plan reviews were not performed regularly using input from staff that could best provide information to ensure a consistently evolved care plan.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

There was not an up to date activities programme for people to ensure they remained stimulated. Staff told us there were few activities that took place regularly. One relative felt there were not many opportunities for people to get involved in activities. They told us, "Not many activities, no timetable and no trips out that I am aware of." We did not see the staff attempt to engage anyone with activities in the time we were in the home, people who did not stay in their rooms were observed sitting in the lounge in front of the television, asleep or looking out of the window. People who stayed in their rooms told us that they did not see staff unless they were being offered drinks and did not want to sit with the others as "They all have dementia and I don't" and "No, no one comes to do any activities with me." We spoke with the deputy manager about the provision of activities in the home. They agreed there was not a programme to allow people access to activities and no specific activities for people living with dementia. The deputy manager was hoping this would change when the new manager took over and activities that are more appropriate would begin. Activities are important to ensure people are provided with person centred events and are stimulated to reduce the effect of social isolation. We did not see any evidence of people's religious or spiritual needs being met.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us that staff provided the right support and responded appropriately and on time when support was required. One person told us, "They [staff] are helpful" and another person commented, "[Name] is always here with me, she gets me up in the morning, and sits me in this chair." One relative told us "The manager did an assessment at the hospital prior to admission. It was well balanced and answered all the questions I had. I explained mum's needs and the answers I got gave me confidence since mum needs to be understood and cared for. Mum is bed bound but they are trying hard to encourage her to come to the lounge and the dining room – they are trying really hard!" We were told that friends and relatives could visit at any time and people agreed. One relative stated, "My loved one has friends who visit regularly in the week and they say mum is always dressed nicely when they visit."

There was a daily log sheet, communication book and staff handover record, which recorded key information about people's daily routines such as how people needed to be cared for and the support provided by staff. Staff told us that the information was used to communicate between shifts on the care people received during each shift.

Records showed no complaints were made by people or their family members since the last inspection. People and relatives told us that they did not have any complaints about the service and felt they could raise concerns if they needed to. One relative said, "I do know how to complain and would be happy to raise a concern or make a complaint knowing staff would listen and deal with it." When we spoke to the staff member on how they would manage complaints, they told us that they would record the complaint and inform the manager and deal with the complaint as much as possible.

Is the service well-led?

Our findings

The service was not always well led.

There had been many management changes within the service over the last few months. Most recently, the registered manager and their replacement had resigned. The deputy manager was running the home until the newly recruited manager started. They told us they had done their best but knew there were things such as reviewing and updating the care plans that they had not completed. One of the senior care workers was also leaving; however, a new senior care worker had been recruited to replace them, which meant that the staff numbers would remain the same and people would continue to receive care from sufficient numbers of staff. There were also vacancies for care staff. The deputy manager told us there were on going recruitment plans to fill these vacancies. Following our inspection, the new manager had taken up their post and had begun to work on an action plan to address the issues found during our visit.

There were areas of concern that had not been addressed by the provider, which could put people living at the home at risk. For example, the lack of up to date information in care plans, issues surrounding mental capacity assessments and best interest decisions and the décor within the home.

The provider employed a compliance manager who visited to assess the service and provided reports of their findings on a monthly basis. We found checks the provider's compliance manager completed around the accuracy of care records did not identify these gaps. This meant the systems in place were not effective in ensuring the service kept accurate and informative records.

We viewed completed audits, which included areas such as, care plans and medicines. Care plan and medicines audits did not identify the issues we found during our inspection. We were not shown any evidence that mental capacity assessments had been audited. The deputy manager confirmed that other audits had been completed within the home recently. These included areas such as infection control, health and safety, staff files, food safety, accident and incidents. The deputy manager told us that audits had not been completed fully as there had been no manager in place but now that the post was filled, regular audits would commence.

In our previous inspection on 14 April 2015, there was a breach in regulation 11 and we found little action had been taken at this inspection to rectify this.

The provider had not ensured the care files and recording documents were easy for staff to us, understand and access. Staff told us that they did not have enough spare time to read people's files despite being told to do so. The provider therefore did not ensure staff had time to read essential information before working with people to ensure they knew the needs of the people they were caring for to keep them safe. In addition, there were no cleaning schedules or environmental audit with a current plan of actions.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the issues reflected in this report, staff told us they felt positive about the future. They felt they worked well as a team. Staff comments included, "I love working here, it's a brilliant place and I love working with the people who live here".

We asked people their views of how the home was managed. Feedback from people living at the home was positive. People told us they knew who the deputy manager was and that they were approachable. Staff told us they felt supported by the deputy manager" and that they were encouraged to work as a team. Staff we spoke with all felt able to raise any issues with the deputy manager regarding the home or the people living there. Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issues they had. Having a whistle blowing policy helps to promote an open culture within the home.

We looked at processes in place to gather feedback from people and listen to their views. This had taken place in February 2016. We looked at the results and noted that most people living at Barton Grange were happy with their care, the staff and the quality of the food and drink offered. As well as resident meetings and quality assurance surveys, there were also regular staff meetings held to ensure views were gathered from staff. Records we viewed showed that staff meetings took place every few months and covered areas such as plans for improvement, activities, new roles, mobile phone use and inspections.

The previous manager had notified the CQC of events and incidents that occurred in the home. This meant that CQC were able to monitor information and risks regarding Barton Grange.

The deputy manager told us they had plans to further improve the service, and were sure that the newly appointed manager would take this over. The deputy manager also told us they were thinking of introducing a 'resident of the day'. This would include all staff including the cook, cleaning staff having informal discussions with one person living in the home to get their views regarding all aspects of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider was not designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>We identified capacity assessments were needed, for instance for medicines to be administered covertly so that the person taking them is not aware they are being administered. There was no evidence the service checked whether people's family had the legal authority to make decisions on their behalf, such as being a Court of Protection deputy, prior to asking them to sign care plans and make decisions regarding care and finances</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Premises and equipment The provider did not ensure that</p> <ul style="list-style-type: none">• cleaning schedules were in place or that the• levels of cleanliness were monitored. They did not have suitable arrangements for the maintenance of the premises.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Effective systems were not in place to monitor the quality and safety of the service. Care files were not always accurate, complete and up to date record of people's needs.