

Libatis Limited

Barton House

Inspection report

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Tel: 01626864474

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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

About the service: Barton House is a residential care home that was providing personal care to 15 people aged 65 and over at the time of the inspection.

People's experience of using this service:

Improvements needed to be made in the building so people could access the communal areas easily and safely. There was no hot water on the upper floors and the lift was out of order.

Risks were not fully assessed or reviewed regularly. The service could not mitigate the risks people faced because they did not have current information on people's needs.

The service was not acting within the principles of the Mental Capacity Act 2005. People were offered some choices in their day but not others.

There was not a robust quality monitoring system in place. Gaps in records and maintenance issues were not identified by quality processes.

The registered manager was open and showed a willingness to improve. They had begun to implement some changes but identified they needed further support to embed them.

People said they felt safe. Staff knew how to identify potential abuse and what to do if they suspected someone was at risk of harm.

Medicines were being managed safely, staff were patient when administering medicines. People's health needs were being met with timely referrals to health services.

Staff felt supported through supervisions and training and the flexibility the registered manager and provider offered them. Staff supported each other and challenged each other to support people to reach their goals.

Some activities were taking place but improvements were needed to ensure people were having their preferences met in how they spent their time.

The menu had been changed recently to include more home cooked meals. People said they enjoyed the food.

People said staff were kind and caring. The service encouraged visitors and wanted to engage more with the wider local community.

We found breaches in four legal requirements relating to premises, safe care and treatment, consent, and good governance. Further information is in the detailed findings sections below.

Rating at last inspection:

The rating for the last inspection on 13 and 20 May 2016 was good. The report was published on 18 July 2016.

Why we inspected:

This inspection was a planned inspection based on the previous rating.

Follow up:

We have asked for a report of actions within a specific timeframe relating to the issues we found during the inspection and linked the service with local authority quality support. We will meet with the provider and registered manager after they have sent us this report to discuss how they plan to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Barton 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 as part of our regulatory functions. This inspection checked 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.

Inspection team

The inspection team consisted of one adult social care inspector and one 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. The area of expertise was in caring for older persons.

Service and service type

Barton House is a residential care home registered to provide support for up to 15 older people, some of whom may have dementia support needs.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did

Before the inspection we gathered information we had regarding the service. We reviewed notifications the service sent to us. A notification is a report the provider sends to us every time there is a significant event or incident.

The registered manager sent us a PIR or provider information return. This is a document that contains information on how the service is developing and any planned improvements.

During the inspection we spoke with ten people using the service and six relatives. We spoke with four

professionals, three staff members, and the registered manager.

We looked at four people's care records, saw medicines being administered, looked at audits, complaints, incidents, policies, and observed one activity and the lunchtime meal in the communal area.

After the inspection we asked the registered manager to send us some further information which they did.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Premises safety and upkeep.

- Parts of the building were not safe and not properly maintained.
- There was a damaged plug socket in the smaller communal lounge that had an uncovered wire hanging out of the wall. We requested the provider made it immediately safe as a person was sitting next to it. The provider assured it was made safe the next day.
- The lift was out of order on the day of our inspection, the provider told us it had been like that for a few weeks. We later requested information from the registered manager and saw from 28 July 2018 to the day of our inspection 27 November 2018 there had been no lift for 56 days. People and relatives told us it had not been working on and off for a year.
- Staff told us they struggled sometimes because they had to keep running up and down the stairs and some people could not use the communal lounge and eat downstairs because it was not safe to come down three flights of narrow steps. Four people could not come downstairs because of their mobility needs and were isolated in their rooms. One person told us, "It's like being in a prison." We asked the provider and registered manager to follow up the lift company straight away as the maintenance issue was affecting people's wellbeing and liberty. We contacted the service after the inspection and the lift had been mended.
- There was no hot water on the day of our inspection on the first and second floors. Staff had to carry hot water up the stairs for people to have a wash and people and staff did not have access to hot water to wash their hands. We asked the registered manager and provider to follow this up straight away. We contacted the service after the inspection and were informed by the registered manager the upstairs rooms had hot water.
- Maintenance issues were not quick to be resolved, for example one of the downstairs bathrooms had rotting and broken skirting board which had been there for a long time.

The above information demonstrates a breach in Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management.

- Risk information on how to support people with specific health needs such as diabetes was hard to find.
- Risk information was not consistent across people's care files making it difficult for staff to find it and placed people at risk of inappropriate care and treatment.
- There were some risk and assessment documents left blank evidencing that the risks people faced were not always fully assessed. For example, a nutritional assessment for a person whose care plan identified they needed a 'diabetic diet' was not filled out.
- Risk assessments for people were not in place for some activities. For example, the lift had broken and one person with mobility support needs had come down multiple flights of stairs on their bottom. There was no interim risk assessment or instruction on how to support the person to move safely in place for this.

- There were flammable materials stored in a very hot laundry room with poor ventilation. We had to ask staff to remove items stored resting on hot pipes leading from the hot water tank.
- The service's fire file instructed staff to test the fire alarms weekly but records showed this was not being done. The emergency instruction for staff in the event of a fire was not clear, it said "Help other staff clear the communal areas. Residents will either be taken to the lounge or the front garden." This showed that in the event of a fire or other emergency there was not clear instruction for staff on where to safely meet.
- A fire risk assessment had been completed for communal areas by a company in June 2018, and staff had been on fire awareness training in June 2018. However, the emergency equipment to evacuate people to a safe place in the event of a fire was stored in the attic of the service. This would not have been easily accessible in a fire and the risks around this had not been assessed. We advised the registered manager it should be moved out the loft and they assured us they would do this.

The above information demonstrates a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding systems and processes.

- Staff were aware of the process if they suspected abuse and knew who and how to report any concerns. The registered manager understood what to do if there was a safeguarding concern.
- The service could not evidence how it had learned lessons when things had gone wrong. There was not a process in place for reviewing incidents and safeguarding concerns to look for common factors or patterns of behaviour to prevent incidents from happening again and safeguard people.

Staffing levels.

- There were enough staff to keep people safe and meet their basic care needs. There were two staff, a senior staff member and a cook on the day of our inspection.
- A professional we spoke with said, "There are enough staff, but if people become unwell they would struggle."
- People told us they were having their needs met and saw staff often but would like to spend more time with them.
- Staff told us there were enough of them on the rota to meet people's needs and they did not use any agency staff.

Using medicines safely.

- Staff administered medicines calmly and explained what they were supporting people to take. Staff told us they were confident in administering medicines to people and we saw records evidencing they had attended training.
- People told us they were happy with how they were supported to take their medicines.
- Medicines were stored securely.
- Medicine administration records were complete.

Preventing and controlling infection

- Staff used infection control equipment such as gloves and aprons.
- Infection control equipment was readily available.
- People said they were happy with the cleanliness of the service. There was a cleaner three times a week in the service and they cleaned one floor per day. We did see some rooms that needed some additional attention and pointed out to the registered manager where toilets needed cleaning.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Care files had conflicting information about people's capacity to make decisions about their care.
- Best interests decisions were not in place for some people where care decisions had been made that might restrict their liberty. For example, one person had a sensor mat placed outside their door and another person had bed rails in use. However, there were no best interests records to evidence the correct process had been followed.

The above information demonstrates a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We heard staff explaining to people how they were going to support them and asking for consent before they did so. For example, one person was asked if they wanted to go to the lounge and staff told them how they would support them to walk there safely.
- Signed consent documents were in place for some people.

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

- People had their needs assessed but these were not always updated. For example, for one person it did not state in their care file they were receiving end of life care.
- The service could not demonstrate it had recently reflected on its practise or looked outside of the service to learn about best practise guidance.
- The service had recently been supported by the local authority to put in place some best practice assessment tool templates. The service had not integrated these into the care plans effectively and the information from the assessments was not used to inform how care was provided to achieve better outcomes for people. For example, findings from a falls assessment tool had not been included on care documents to reflect how best to support a person to reduce the risk of falls.
- Lots of records were handwritten and updated by hand, documents were hard to find making it difficult to quickly ascertain what people's needs were.

Staff skills, knowledge and experience.

- Staff said they were happy with the level of training they had been given and felt confident supporting people. Staff told us they were looking forward to the virtual dementia training they had been booked on as it gave them an insight into what it was like living with dementia.
- There was a range of experience within the staff team, some staff members were new to care and were being mentored and supported by the more experienced staff members.
- Staff felt supported through supervisions. These were not always recorded so we fed back to the registered manager it would be good practice to evidence where they had provided support to staff in a supervision setting.
- Staff were provided with regular fire training and face to face moving and handling training. Training records were not up to date and we asked the registered manager to audit all of the training records and identify areas of training needed for staff.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink enough. People had drinks within reach during our inspection and we saw staff frequently offering warm or cold drinks.
- The service had recently changed its' menu to include more home cooked meals.
- People told us they could choose to have something different on the menu if they asked for it. People's individual dietary requirements were being met, for example a person with a vegetarian diet was offered a choice of vegetarian meals.
- People were given blackcurrant squash. We asked one staff member if there was a choice in flavour. The staff member told us they alternated the flavour during the day but did not offer people a choice because some people had indicated they did not prefer one over the other.

Staff providing consistent, effective, timely care.

- People and relatives told us the care was consistent despite staffing changes over the last year, and they saw the same staff who knew what they needed.
- Staff responded to people promptly when they called for support and people were checked on regularly.
- We saw examples where people were supported to improve their mobility. One person could walk to the communal lounge after a period of support and challenge from staff. Previously they had been able to take only a few steps. This showed the service provided effective support to help some people reach their mobility goals.

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

- The service was in a listed period property over four floors. There was a lift but it was not working on the day of our inspection. Stairs were narrow and steep between floors.
- Some adaptations had been made to make areas of the home more accessible but these had not always been implemented effectively. For example, there was a ramp to get into the garden but there was a lip to get on to the ramp. This meant staff had to tip wheelchairs to get over the lip, placing people at risk of a fall from their wheelchair or a trip resulting in a fall.
- Some of the rooms were small and there was not adequate room for care to be provided easily or for people to use the facilities. For example, one person could not close their bathroom door when they were using the toilet.
- There was not adequate signage for people who might have been confused because of their dementia, to navigate the home and find communal areas, the lift, or bathroom facilities.
- Attention was not paid to the environment; notice boards were cluttered with information several months out of date.
- The decoration looked worn in areas. Communal areas were cluttered with equipment and furniture and one lounge on the first floor was used as a storage area for equipment.

Supporting people to live healthier lives, access healthcare services and support.

- People were referred to healthcare services when it was required.
- The service worked closely with local GPs, and district nurses visited daily to support people with their health needs.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People said care staff were kind and friendly. Relatives said, "The girls are lovely," and had only positive feedback about staff caring for their loved ones.
- Care staff spoke of people with affection and were gentle and used humour in their engagements with people. The registered manager showed she cared for people living in the home and they were pleased to see them. One person asked the registered manager for a hug as they had been away for a few days showing there were positive supportive relationships between staff and people using the service.
- One staff member said, "The compassion and empathy the staff have got for people, you would think they are our own family." Another staff member said, "We might not have the bells and whistles of other homes but we have time with people which is more important."

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

- Relatives fed back that they were kept informed of any falls or illnesses. One relative told us they felt they were fully involved in planning care for their relative and the service listened to them. Another relative said the communication around care plans and risk assessments could be better.
- Care plans did not show where people had been involved in inputting into them. When we asked people if they felt they had been consulted on how their care plans might look they did not know what a care plan was and said the service had not spoken to them about it.
- The registered manager said they spoke to people when they were in the home to get feedback on an ongoing basis.

Respecting and promoting people's privacy, dignity and independence.

- Staff had a good understanding of how to support people with dignity and gave examples such as ensuring curtains were drawn and people were covered up during personal care.
- Records containing personal information were stored securely to protect confidentiality.
- Staff told us how they had supported one person to become more mobile. However, one person told us they weren't helped with their walking and could do less as a result.
- People were encouraged to have visitors at any time, and visitors were welcomed into the service.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were not always met.

Personalised care

- Staff knew people and their preferences well, they told us what people liked and this corresponded with what people told us. However, records were left blank for some people in the recording of their preferences and the files were disorganised making it difficult to find information in them.
- Some sections of care plans were completed with generic notes. For example one care file had an entry that said "Encourage activities and independence. Provide relevant resources." This did not give staff any detail on how best to support that person as an individual.
- Where information was captured for some people, it described what time they liked to go to bed, what foods they liked and how they had spent their days before coming to the service to live.
- Assessments were outdated. For some people whose needs had recently changed, up to date information was not in their care plans or risk assessments so it was not clear how staff should provide support.
- The registered manager told us they were trying a summary of needs document at the front of care files so staff had a quick overview of needs. However, this was not in place for all people using the service.
- There had been recent improvements in activities provision and support to help people spend time doing what they enjoyed. We saw staff sitting with people and talking and giving a manicure. However, three people told us although they were happy, they were also bored, and would like to get out more.
- The registered manager told us one of the new activities was the talking newspaper for people to listen to, which contained the local news.
- The television was on in the lounge for the duration of the inspection and there were games and puzzles in communal areas. These were out of people's reach as they were stacked up in a corner and would have been difficult for people with mobility needs to access due to the clutter of furniture.

Improving care quality in response to complaints or concerns.

- People and relatives said they felt comfortable approaching the registered manager with any complaints or concerns. Two people said sometimes things took a long time to improve, such as the lift.
- Complaints were acted upon but the actions were not always evidenced clearly.

End of life care and support.

- End of life wishes were recorded for some people but not all. There was not an explanation as to why some people's advanced wishes were left blank.
- Staff said they felt more confident supporting people and relatives at the end of their lives after attending training at the start of 2018.
- For one person receiving end of life care staff were gentle and caring in their interactions. There was no clear record of this person being near the end of their life or how staff should best support them as they became more unwell.

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Managers and staff were not always clear about their roles, and did not fully understand quality performance, risks and regulatory requirements.

- The registered manager was not aware of all the situations where a notification would be needed to be sent to us. We signposted the registered manager to our website.
- We did not see evidence of an adequate oversight and understanding of quality performance from the registered manager or provider. Some audits were taking place but the information gathered from these were not learned from and appropriate action was not always taken. This showed that the quality assurance processes were not robust.
- The system to identify that risk assessments were not up to date was not effective. Many risk assessments needed updating, and in some cases, were not linked to other care documents, this made it unclear what the risks people faced were, and how to mitigate those risks.
- Records of people's needs and the care provided were not accurate or complete.
- The registered manager needed additional support to understand the regulatory requirements of the service including a responsibility to ensure quality performance.

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

- Care staff were clear about their roles and what was expected of them when they came into work.

Engaging and involving people using the service, the public and staff.

- Staff said they felt supported through supervisions, and the registered manager was open and approachable and friendly.
- Staff told us how they enjoyed coming to work, the atmosphere was warm and the registered manager and provider had been very flexible to allow for family life of the staff.
- Staff said their ideas were listened to and they were encouraged to come up with different ways to engage people.
- We did not see any evidence of a formal feedback process. People said they fed back to the staff and registered manager in person but sometimes change took a while to be implemented.

Continuous learning and improving care.

- There was not a culture of reflecting on practice, some of the practices were not reviewed. However, the registered manager was open and honest on the day of our inspection and showed a willingness to make changes.

- The registered manager told us they wanted to improve the care provision but needed additional support to do so.
- The registered manager had recently implemented new assessment tools for people's needs around falls and skin integrity. However, the outcomes of these were not linked to risk assessments or care plans and the recording of people's actual needs were inconsistent.

We recommend that the registered manager link in with other local services and local care networks for support.

Working in partnership with others.

- Health professionals said staff followed their instruction and trusted the registered manager to know when to make an appropriate referral.
- The service worked closely with the GP and district nursing team to meet health needs.

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	Regulation 17 Registration Regulations 2009 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the MHA Systems and processes were not established or operated effectively to assess monitor or improve the service, assess, monitor and mitigate risks to people. Records were not accurate or complete.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service failed to gain consent of the relevant person for care and treatment and was not acting in accordance with the principles of the MCA 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service failed to assess the risks to the health and safety of service users of receiving the care or treatment and failed to do all that is reasonably practicable to mitigate any such risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not

protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and safety checks.