

Mr & Mrs J R Mansell

Barton House Nursing Home

Inspection report

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Cannock
Staffordshire
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Tel: 01543504139

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 16 May 2016. Our last inspection took place in November 2013 and at that time we found the provider was meeting the regulations we looked at. The service was registered to provide accommodation for up to 15 people. The people who used the service had a wide range of complex needs. Some were living with enduring mental health issues; others were living with dementia that is often associated with younger people; and there were people who also needed support regarding their physical health needs. At the time of our inspection 15 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe and staff knew how to protect people from potential harm and abuse. Risks to individuals were managed and this was done in a way that enabled people to have control and freedom in their lives. There were enough staff to meet people's needs and keep them safe. Guidelines were followed to ensure staff were suitable to work with vulnerable people and medicines were managed safely.

People were supported to make their own decisions and when people were not able to make certain decisions for themselves, we saw that decisions had been made in their best interests. When people who lacked capacity were being restricted to keep them safe, we saw these restrictions had been legally authorised.

Staff had the knowledge and skills needed to support people and meet their needs. People were supported to have enough to eat and drink and their health was maintained.

People were treated in a kind and caring way and their dignity and privacy were promoted and respected. Their independence was promoted and they were encouraged to make choices in their lives. Relatives were encouraged to take part in the planning of people's care and visitors were made to feel welcome.

Staff knew people well and they received support that was individual to them. People were able to occupy themselves in activities that they were interested in. People were listened to and the provider had encouraged feedback and dealt with complaints when they arose.

People spoke positively about the home and felt that the management team were approachable and supportive. There were systems in place to monitor the quality of the service and the provider sought to drive continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safe and staff were aware of how to protect people from harm and abuse. Risks to individuals were assessed and these were reviewed regularly. There were enough staff to meet people's needs and keep them safe. The provider recruited staff in a safe way and people's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported to make decisions. When people were not able to make decisions, care and support was provided in their best interests. When people were restricted the necessary authorisations were in place. Staff had the knowledge and skills they needed to support people. People enjoyed the food and their nutritional needs were met. People were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring manner and their privacy and dignity was respected and prompted. People were encouraged to be independent and were enabled to make choices and have some control in their lives. Visitors were made to feel welcome and people were supported to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People were involved with the planning of their care and received support that was individual to them. Staff knew people well and they were enabled to take part in activities and follow their interests. People knew how to raise concerns and the provider acted on this.

Is the service well-led?

The service was well led.

There was a positive culture within the home and people were encouraged to contribute to the development of the service. Staff felt supported and there were systems in place to check the quality of the service and to drive continuous improvement.

Good 

Barton House Nursing Home

Detailed findings

Background to this inspection

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

This inspection visit took place on 16 May 2016 and was unannounced. The inspection team consisted of one 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.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also reviewed the local authority's current monitoring information. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We spoke with six people who used the service, one relative, three members of care staff, the cook, the registered manager (who was also the nurse on duty), the general manager and the provider. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of two people to see if they were accurate and up to date. We reviewed two staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related

to the management of the service including the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe. One person said, "Oh yes, I feel safe here." Staff were knowledgeable about how to protect people from harm, and told us about potential signs of abuse they would look out for. One staff member said, "I'd be concerned if someone wasn't acting like their usual self, if they weren't as happy as usual or if I saw any marks on them." Staff told us about the different types of abuse that could happen and how they would report any concerns. One staff member said, "I'd tell the manager straight away and would be confident to do this." Staff told us they were confident that any concerns raised would be acted on by the registered manager or provider.

Staff told us about the whistle blowing policy that was in place and that they would be confident to use this when needed. This is a policy that protects staff from raising any concerns, anonymously if they preferred. One staff member said, "I have used the whistle blowing policy in the past." Another said, "I'd inform you if I had any issues." We saw that information about this was readily available for staff to access.

Some people who used the service could become anxious and were at risk of hurting themselves or those around them. One staff member told us, "We're here to keep people safe; some people need us to sit with them as others can get annoyed with them and what they do." Another staff member said, "Some of the people who live here can be quite extreme; everyone is different and we need to be different with them. You need to know the situations to avoid for some people." We observed staff responding to situations quickly and quietly with gentle touch and kind words which calmed people immediately. Staff knew about the positive behaviour support plans in place which described how they should respond to these situations and were confident to put these into practice.

We saw that risks to individuals were assessed and managed. This was done in a way that still enabled people to have some control in their lives. One person said, "I can go out on my own if I want. I do tell them where I'm going, like into town." Another person told us how they would go out with the support of a member of staff. Some people who used the service smoked cigarettes and we saw that they had agreed for the staff to look after these and their lighters for them. One person said, "It's safer for the staff to have them, and I can have a smoke when I want." Staff told us how they would manage risks for people but still give them their independence. One staff member said, "Some people are at risk of falling, but it's important that we don't stop them from walking, but enable them to do this safely." We saw that when people had fallen, staff had recorded this and informed the registered manager who had then referred people to the relevant specialists.

Some people were at risk of developing sore skin and we saw they were given special cushions and mattresses to minimise this risk. Staff we spoke with were knowledgeable about these people, and one told us, "The pressure settings for the mattresses are in people's care plans; we check that they are set correctly each day." We saw that these checks had taken place.

We observed people being moved in their wheelchairs and saw that staff had ensured the footrests were in the correct position and the brakes were applied when required. When people needed to use equipment to

enable them to transfer from their chair we observed staff do this safely and follow the guidance that was in the person's care plan. We observed staff speak with people when they were supporting them to transfer and gave reassurance and encouragement during this time. We saw the equipment used was maintained and checked to ensure it was safe to use.

People had personal evacuation plans in place which described to staff how they would need to be supported if an emergency occurred. These had been recently updated to ensure the information was accurate. Staff were clear about the type of support they needed to give people if an emergency arose.

People told us there were enough staff. One person said, "There's enough staff, I sometimes have to wait a bit but not long. They are busy." One relative said, "My main concern was staffing levels and that my relation wouldn't get the one to one they'd been promised. But every time I've come, there is always someone with them." Some people who used the service needed one to one support, and we saw that this was available to them. We saw that when the call bells were rung they were answered promptly which demonstrated there were enough staff to respond to people's requests.

Staff told us and records confirmed that police checks were completed before people were employed. One staff member said, "I had to wait for my check to come through before I started working here. It came through quite quickly." We saw the provider had checked people's employment history, references and identity before staff started work. This demonstrated that there were safe recruitment processes in place.

People told us they received their medicines on time. One person said, "The nurse gives me my tablets twice a day, in the morning and at tea time." Another person told us, "I take my medicines; the nurse gives me my pills." We observed another person count out their tablets before taking them; they said, "Nine, yes that's correct." The member of staff told us, "They always like to count out the tablets, so we give them the time to do this in their own preferred way."

We observed staff administer people's medicines and saw they did this in a safe way. There were photographs in people's records to identify them which ensured staff would give the correct medicines to the right person. People were asked if they wanted their medicines that were taken only if they needed them, such as for pain relief. When people were not able to inform staff if this was required, there was a system in place to determine if people were in pain and therefore if they should have these medicines. We saw staff follow guidelines for specific medicines prior to people having them. For example, by taking the person's pulse prior to administration. We saw that medicines were stored safely, stock levels recorded and people's administration records were completed and up to date. The local pharmacy delivered the stock of medicines and we saw staff ensured that these were stored safely away in a timely manner. This demonstrated that medicines were managed safely.

Is the service effective?

Our findings

People told us the staff had the knowledge and skills needed to support them. One person said, "The staff are good at what they do." One relative said, "I do feel the staff have the skills. This is the third care home my relation has been in, and I've noticed a big difference [improvement]." Staff told us the provider had an induction programme in place to support them when they first started their role. One staff member said, "I was given time when I started to learn about people's needs and what their routines were. I worked with the more experienced staff and was paired up with one of them. They would point things out to me, and this went on until my competency was checked. The induction equipped me to feel confident in what I'm doing."

People told us the staff had the training they needed to carry out their roles. One staff member said, "There is certain training that is compulsory for all staff; we have to be confident in what we are doing. We also learn through completing workbooks." Another staff member told us, "We're training all of the time and have been to conferences. The training has been good, I've learnt a lot. I can see things from the people's point of view more; why they may do certain things and how to support them with this." Staff told us how they were trained to manage potentially aggressive situations, and one staff member said, "There are certain interventions we only ever use as a last resort."

The registered manager told us they did use some agency staff to complement the permanent staff team. They showed us the information that was given to staff that may have been unfamiliar with the people who used the service. This provided a brief description of the individual and key pieces of information so staff would know quickly about any important issues they needed to be aware of. We saw that these staff were aware of people's support needs.

Staff spoke positively of the ongoing support they received from the registered manager. One staff member said, "I have regular supervision sessions; I find them helpful and useful. I can voice anything I'm unhappy about and have my say about things." Another staff member told us, "I will be asked if there are any areas I would like more training in. They check to see if I am happy in my job." We were also told that these sessions were used to recognise good practice and what staff were doing well. Staff told us about their annual appraisals where they had to rate their own performance. This demonstrated the provider had systems in place to ensure the staff were equipped to carry out their roles effectively.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

We saw that when needed, people's capacity had been assessed and the provider had evidenced how decisions had been made in people's best interests. These covered a variety of specific areas and showed how people were supported to be involved with the decisions that were made. Staff showed they were aware of the MCA and how this impacted on their role and how they supported people. One staff member said, "We need to make best interest decisions for some people; we have to look at what will keep them safe"

but also gives them as much freedom and choice as possible." Another staff member told us, "People can change throughout the day. Some are better to make choices in the morning, others at lunchtime or at night. You have to do what suits them best."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. When people who didn't have capacity were being restricted, we saw the provider had ensured the necessary applications had been made for ten people and authorisations given to ensure these were being done legally. Staff were aware of these authorisations and one staff member told us how they had been involved with the assessment that took place.

People told us they enjoyed the food. After lunch one person said, "It was nice that; I enjoyed that." Another told us, "The food is good, and they have changed the menu. I'm very fond of Italian food." When we spoke with the cook, she was aware of people's preferences and showed us the menu where she had incorporated Italian food on some of the choices available. The cook told us, "We have regular meetings with the residents; they say what they would like and we then have those options in the menu." We saw that when people required specific diets or their food prepared in a certain way, this was recorded in their care plans and gave staff clear information as to how this should be done. The cook told us, "The manager will tell me if there are any changes in people's needs." Some people needed support to eat their food, and we observed staff giving positive verbal encouragement as they did this. The staff member said, "This is your dinner; let's sit you forward so it's more comfortable for you. It smells nice, doesn't it?" We saw that people were given choices at the meal time and one person said they didn't want either of the options available for pudding, and they were then offered another alternative which they happily accepted. We observed that even though people had made their choices for their meal in the morning, they were offered the choice again when the food was ready. This enabled people to change their minds, or remind them if they had forgotten.

There was a drink serving area in the dining room and we saw people help themselves to drinks when they wanted. If people were not able to help themselves to drinks, we saw staff respond to their requests when they asked for a hot or cold drink or offer people a drink if they had not asked. We saw that some people who were at risk of choking when drinking had their drinks thickened. This was according to the recommendations that had been made by the professionals involved in their care.

Staff told us that some people had their food and drink intake monitored to ensure they had enough during the day. We saw that this was recorded so any concerns would be highlighted straight away. One staff member said, "We only keep charts and record things when it's needed and has been identified in their care plan." We saw that one person who had needed their drinks monitored, no longer required this and the care plan had been amended to reflect this.

People told us they were supported to maintain good health and have access to healthcare services. One person said, "If I'm not feeling well, the staff will say 'stay in bed and I'll call the doctor'. I did have a health problem, but that's all sorted out now." One relative said, "I know my relation has been registered with the doctor already." We saw people were supported to attend appointments when needed and referrals had been made to a variety of healthcare professionals as required in a timely manner.

Is the service caring?

Our findings

People told us and we saw that positive caring relationships had been developed between the staff and those who used the service. One person said, "The staff are kind. They've always been good to me. Oh yes, they also listen to me." One relative said, "They are caring; they will talk to my relation and call them by their name. They've listened to what I wanted for my relation; like getting them out of bed and into a chair, and taking them to the toilet. They've asked me to give them a life history so they know more about their past."

We observed kind and compassionate exchanges between the staff and people who used the service throughout our visit. We saw staff spending time with people having a chat together and laughing with each other. From these interactions, it was clear that the staff and people knew each other well. For example, we heard one staff member saying, "You love your music don't you? What's your favourite?" They then named the song to which the person responded positively by nodding their head.

We saw people's privacy was respected and their dignity promoted. One person told us that they had been worried about other people who used the service going into their room. They had then been given a key to their room. This demonstrated that their privacy had been respected and that their requests had been listened to and acted on. We observed staff knocking on people's doors and asking permission before they went in. Staff were respectful to people and always acknowledged them by name when they saw them. Staff would speak with people even if they were on their way to another area to support someone else. Some people who used the service managed their own personal care needs, and we observed staff respond in a kind way when people needed guidance to ensure their clothing was adjusted to ensure their dignity.

People told us and we saw that their independence was promoted. One relative said, "I was worried that they would leave my relation in bed wearing a pad, but the staff are supporting them to go to the toilet and they're trying to get them up and walking." We saw this person being supported by two staff to enable them to go to a lounge area from their room. We observed staff requesting that a plate guard be provided to enable one person to eat their meal independently, and this was brought to them. They were then able to eat their food themselves.

People were able to make choices regarding what they wanted to do during the day. We saw people choose which room they wanted to sit in; some people preferred to spend their day in the main lounge/dining area, others sat in the two quieter lounges, or some spent time in their own rooms. One staff member told us, "It's up to them really; it's all about what suits them best." Another staff member said, "Since this manager had been here, things have really improved for the people who live here. It used to be a lot more institutionalised, but now people have more freedom and choice." People who used the service were able to make choices about how they dressed and we saw people wore clothing that was individual to them. We saw that some people had been supported by an advocate in certain situations to help their voice be heard. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves.

We were told that family and friends could visit at any time, and one person said, "My sister comes to visit

me." One relative said, "I can come anytime I want, 24 hours a day." One relative had given some written feedback which said, 'All the staff are very friendly when I visit, I'm made very welcome.' This meant that people could maintain relationships that were important to them.

Is the service responsive?

Our findings

People had been involved with the planning of their care when able to, and their relatives had also contributed. One person said, "They do ask me what I want." One relative told us, "I've been asked for a lot of information about my relation and what's important to them." People received support that was individual to their needs. For example, those who wished to manage their own personal care were able to and staff would prompt and verbally encourage them when needed. Some people chose to sit in their outdoor coats, and staff would gently prompt people in case they were too hot, but the decision was left up to them. People could go into the garden for a cigarette when they wanted.

We saw that people's care plans were individual to them and personalised. Staff told us the care plans helped them to meet people's needs. One staff member said, "I will have a look at people's records as often as possible; they help me understand about their backgrounds and previous jobs. This information has helped me to meet people's needs and support them, which has also reduced people's anxieties at times."

We saw people were able to occupy themselves in activities they chose and that interested them. One person said, "I shall go out this afternoon into town to do a bit of shopping." Another person told us, "I like to read, and in the evening may watch the television." One relative said, "My relation is content to sit here and look at the garden." We observed one person responding positively to music, and saw staff singing with them which decreased any anxieties the person had. One person spent some time watching a television programme that was in their first language, another enjoyed listening to music of their choice in their own room.

There was an activities co-ordinator employed and we observed them playing games with people who used the service. We hear staff talking with people who used the service about where they would like to go, and one person said, "We enjoyed going into Lichfield recently, I think we should do this again." They then spoke with the staff member about when they should go and who may like to go with them. We observed one person chatting to a staff member about British birds and discussing a book they were reading. When we saw this person later on in their room, they had several books about birds and a bird feeder outside their window. They confirmed to us that this was one of their special interests. This demonstrated that staff knew people well and supported people to follow their interests.

People were encouraged to give their feedback about the service to the provider. One person said, "Oh yes, they talk to us. Ask us what we like and that." Another person told us, "If there was anything, I'd speak to the manager." We saw there was a copy of the complaints procedure visibly displayed to inform people how they could raise any issues or concerns. The provider had responded to complaints in writing in a timely manner.

Is the service well-led?

Our findings

People spoke positively about the home and one person said, "Everything is good here, I've got no complaints." Another person told us, "I do like it here." One relative said, "I'm very happy with the care my relation receives." We saw the provider encouraged people and staff to contribute to the development of the service. There were formal meetings for people who used the service each month and people told us they would be able to speak with staff and the registered manager whenever needed. One person said, "We are asked what we would like and can speak to the manager whenever we want." One staff member said, "The manager is approachable, and I would be happy to raise any issues with her." Another staff member told us, "We are asked if there is anything that could be changed to make things better for the people who live here." Staff told us they felt supported by the registered manager and one said, "She will always help out on the floor if we need her." We saw the registered manager, general manager and provider had a visible presence and knew the people who used the service.

Staff we spoke with told us they enjoyed working at the home. One said, "It's more like a family." Another told us, "I love it here; if I can bring some joy into the resident's lives and make a difference, that's the main thing." The registered manager told us how they received support from the general manager who did their supervision sessions and was available to them when they needed any assistance or advice. We saw there was a communication book that was used between the staff and management team which enabled important information to be shared between the staff team. There were also regular team meetings held where people's care needs were discussed and staff were given updates about the service.

We saw the registered manager analysed incidents that occurred and had followed these up with referrals to other professionals when needed. They also reviewed any accidents that happened to identify any possible trends to reduce the risk of this happening again. They told us how they completed care plan audits which highlighted if there were any updates and amendments required in people's records. We saw people's records were reviewed and the information was up to date. There was a completed training matrix which identified when staff required training and the registered manager checked staff competencies to do their role. The registered manager showed us how they had changed the medicines audit so that the information gathered was more comprehensive and would identify any further changes that were required. They were aware of audits that required improvement, and said, "I have been getting information about the activities people have been doing, but it now needs to be analysed further to see why activities have changed, increased or decreased."

The provider and registered manager understood their responsibilities of registration with us and had reported significant events in accordance with their registration requirements.