Manucourt Limited

Barton Lodge

Inspection report

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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

Barton Lodge is a care home which offers accommodation and personal care for up to 48 people, including those who are living with dementia. The accommodation is set over two floors with a main staircase and a lift to the upper floor. The home has a choice of several communal lounges which are bright and airy and nicely furnished. The main lounge and front bedrooms have views over the sea to the Isle of Wight. The home is set in beautiful landscaped gardens which are secured by a gated entrance.

We carried out an unannounced inspection on 16 & 17 November 2017. We now rate this provider as providing good care.

At our inspection in August 2016 we identified the provider was not meeting two regulations; safeguarding people from abuse and staffing. Potential safeguarding concerns had not always been identified and reported to us. Sufficient staff had not always been effectively deployed to keep people safe, for example from falls. We asked the provider to take action to make improvements, and this action has been completed. The provider now met the requirements of the regulations.

A registered manager was in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. The registered manager was experienced and understood their responsibilities under the Health and Social Care Act 2008, including when to submit notifications to CQC.

People and relatives told us they felt the home was safe. Staff understood how to identify abuse and explained the action they would take if they identified any concerns.

People were supported by staff, most of whom had received appropriate training, supervision and appraisal to enable them to meet people's individual needs.

Safe recruitment practices ensured that only suitable staff were employed. There were sufficient staff deployed to meet people's needs and keep them safe.

Systems to manage and administer medicines, including controlled drugs, were safe. Staff received training to administer medicines and were regularly assessed for competency.

Incidents and accidents had been investigated and learning shared with staff. Individual and environmental risks relating to people's health and welfare had been reviewed to identify, assess and reduce those risks.

The manager and staff understood and followed the principles of the Mental Capacity Act 2005 designed to protect people's rights and ensure decisions were made in their best interests.

People were supported to maintain their health and well-being and referrals were made promptly to healthcare services when required.

People enjoyed a variety and choice of freshly cooked foods, prepared in a way that met their specific dietary needs and preferences. People received support from staff, such as prompting or physical assistance to eat their meals, where required.

Staff interacted with people with kindness, compassion and care. Staff treated people with dignity and respect and ensured their privacy and independence was promoted.

Friends and family were able to visit their loved ones at any time and felt welcomed by staff.

Staff were responsive to people's needs. People and relatives were involved in their care planning and had comprehensive care plans which met their needs and were regularly reviewed.

Opportunities were provided for people to engage in social and physical activities within the home and community if they wished.

Systems were in place to monitor and assess the quality and safety within the home. People and relatives were encouraged to provide feedback on the service.

Residents and relatives meetings took place and enabled people and family members to be consulted and involved with improvements the provider was making.

People and relatives knew how to raise concerns and would do so if they needed to.

The registered manager had good links with other agencies and community organisations to help keep up to date with best practice and local initiatives.

Staff felt supported by the manager who provided clear leadership and direction. Staff were confident to raise any issues or concerns with them and felt listened to and involved.

The provider and nominated individual maintained oversight of all aspects of the running and management of the home. They valued their staff and supported the registered manager in their role.

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.

Staff had received training in safeguarding and followed relevant procedures to identify and protect people from abuse or improper treatment.

There were sufficient staff with relevant skills, experience and qualification deployed to meet people's needs and keep them safe. Recruitment practices ensured that only staff that were suitable to work in social care were employed.

Environmental and individual risks had been assessed and measures put in place to minimise risks. The environment and equipment was well maintained and relevant checks carried out to ensure people's safety. The home was clean and tidy and staff were aware of infection prevention and control procedures.

Is the service effective?

Good

The service was effective.

People's rights were protected because the registered manager and staff had a good understanding of the MCA 2005 and best interest decisions were made appropriately.

People had a choice of what they wanted to eat and drink which met their specific dietary needs and preferences. People had access to appropriate health professionals when needed.

Staff received regular training and supervision. They told us they felt very well supported in their roles.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and compassionate and spent time with people when they were upset or anxious. Staff treated people with dignity and respected their privacy and day to day choices.

Staff knew people well and encouraged them to maintain their

independence. There was a good rapport between people and staff.

Staff supported people to maintain important relationships. Family members and friends were made welcome and could visit at any time.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in planning their care. People's electronic care plans were comprehensive and focused on their individual needs, rights, choices and preferences.

A range of activities were available for people to participate in if they wished to do so.

The provider had a complaints procedure and people said they were confident any concerns would be listened to and addressed, although they had no complaints.

Is the service well-led?

Good

The service was well-led.

Record keeping and monitoring of the quality of the service had improved significantly since our previous inspection and was well managed.

Staff felt very well supported by the registered manager who was approachable and provided clear leadership and direction. The providers maintained oversight of the home and kept people and relatives informed of any changes. Notifications were submitted appropriately.

People, their families, healthcare professionals and staff had opportunities to feedback their views about the home and quality of the service being provided.

Barton Lodge

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 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.

Following our last inspection in August 2016, we asked the provider to complete an action plan to show how they would improve in the key areas of safe and well led, where we found concerns in relation to staffing, risk management, safeguarding and quality assurance.

This inspection was unannounced and was carried out on 16 November 2017 by a lead inspector, a second inspector and an expert by experience. This is someone who has personal experience of using, or caring for someone who uses this type or service. The lead inspector returned on 17 November 2017 to complete the inspection.

Barton Lodge is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement. The Care Quality Commission, (CQC) regulates both the premises and the care provided and both were looked at during the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and all of the information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with ten people living at the service and four relatives who were visiting. We spoke with four care staff, the chef, two housekeeping staff, the maintenance staff and a visiting hairdresser. We also spoke with the registered manager, the nominated individual and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed people being cared for and supported at various times in communal areas during our visit. Following the inspection we also received feedback about the service from

a care professional who was involved with the home.

We looked at six people's care records, including their medicines records, and pathway tracked three people's care. Pathway tracking allows us to follow people's experiences of the care and treatment they receive. We also looked at five staff recruitment, supervision and training records and other records related to the running of the home, such as complaints, incidents, accidents, maintenance and quality assurance records.

The home was last inspected in August 2016 where we found two breaches of Regulations.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Barton Lodge. One person told us "I feel safe. They try out the fire alarm every so often." A relative, who visited frequently, told us they thought their family member was safe. They said "I have no concerns. I never announce that I'm coming. They never know. I can honestly say I've never had a problem."

At our previous inspection we found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, Safeguarding people from abuse. The provider had not always appropriately identified or reported potential concerns to us. At this inspection we found improvements had been made and the Regulation had been met.

People were kept safe as staff had received training and had the knowledge and confidence to identify any safeguarding concerns. They knew how to report any concerns to senior staff or the registered manager. Where safeguarding concerns were identified, senior staff conducted thorough investigations and took action to keep people safe. The home had suitable policies in place to protect people. These policies followed local authority safeguarding processes and provided guidance to staff to enable them to respond appropriately to any allegation of abuse. Staff also understood the provider's whistleblowing policy. This is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations such as the local authority and the Care Quality Commission (CQC). The registered manager had submitted safeguarding notifications appropriately to CQC when required. A healthcare professional confirmed, "There have been no recent safeguarding concerns, staff appear competent and well trained."

At our previous inspection we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, Staffing. The provider had not always deployed staff effectively to ensure people were appropriately supervised when they were at high risk of falls or where their behaviour could be a risk to themselves or others. At this inspection we found improvements had been made and the Regulation had been met.

There were sufficient care staff deployed to meet people's needs and keep them safe. The registered manager told us there was no one currently living at the home that was at high risk of falls, or whose behaviour could be a risk to themselves or others. We observed care staff were present in communal areas most of the day and provided supervision and re-assurance when needed. Care staff worked well as a team and responded to people's requests for support in a timely way. For example, when people rang their call bells or needed the toilet. Care staff told us there were enough staff on shift. One care staff member confirmed, "We have enough staff at present. They have had to use agency staff previously but they're hiring quite a few staff. At the moment it's good and improving….better and better." The registered manager told us they were building a good team. They were still advertising for a Head of Care as their previous post holder had left recently, although they were "Happy to wait for the right one." The provider had recently employed additional activities staff to support with people's social and recreational activities. As well as care staff, the home had a team to assist with all aspects of the home which included housekeeping, maintenance, catering and marketing.

Recruitment processes ensured only staff that were suitable to work with people in a social care setting were employed at the home. All relevant documentation had been obtained and checks had been completed before staff started work. This included proof of identity, an application form and a full employment history. Satisfactory references were obtained before staff commenced work at the home. Where staff had joined from overseas, appropriate documents, such as a letter from the Home Office confirming a right to work or working visas had been obtained. Disclosure and Barring Service (DBS) checks were in place for staff. DBS checks help employers to make safer recruitment decisions.

Risks associated with people's individual support needs, such as falls, skin integrity and weight loss, had been identified, recorded and regularly reviewed. Each identified risk had an associated care plan which included detailed guidance for staff in how to mitigate the risks. For example, one person was at risk of falls. Their mobility care plan stated they were at high risk of falls although they were able to walk independently with the use of their walking frame. However, if they were tired they may request that staff support them with the use of a wheelchair. Staff knew people well and were aware of the actions they needed to take to keep people safe.

Where people had capacity to take informed risks, such as going out into the garden during hot weather, this was supported by staff and appropriate action taken to minimise the risks. For example, providing sun shades, sun cream and hats and ensuring people had lots of drinks to hand. Risk assessments were detailed, legible, regularly reviewed and updated when required. They were securely stored on a password protected computer and were accessible to all staff when necessary. A healthcare professional confirmed, "With my particular clients, staff at Barton Lodge have identified any particular risks at the admission stage and produce an effective risk management plan for the duration of the stay and these appear to be regularly reviewed."

Systems were in place to administer medicines safely. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them. Where one person required their medicines to be crushed, this was confirmed in an email from their GP and pharmacist. The person was aware of this and had the mental capacity to consent for this to happen. People's medicines were reviewed periodically by their GP and/or psychiatrist to ensure they remained appropriate and necessary. Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and assessed as competent to administer medicines.

There were effective processes in place for the ordering, storage and disposal of medicines, including controlled drugs (CD). CDs are medicines which are governed under the Misuse of Drugs Act 1971 and have specific guidelines. Records of medicines matched those held in stock which meant all medicines were accounted for. Medicines were stored in two secured medication rooms and temperatures were checked daily which ensured they remained effective and safe to use. Unwanted medicines were safely stored and returned to pharmacy in line with best practice.

Care plans included specific information for staff in how people should be supported with their medicines. Temporary care plans were in place when needed, for example when a person had been prescribed a short course of antibiotics by the GP. For people who were prescribed medicines 'as and when required' there was clear guidance in place when these should be administered, for example, if they required pain relief. This meant staff had access to information to assist them in their decision making about when such medicines could be used. People also had a one page medical summary which recorded details of their specific medical needs. For example, allergies, possible side effects of medicines. Staff had guidance of what information was required if someone went to a different service to ensure important information was

known.

The environment and equipment was well maintained. The provider had recently employed a new member of staff to manage the maintenance and health and safety within the home. They had implemented robust systems for monitoring and recording routine safety checks, such as, water systems, window restrictors, walking aids and wheelchairs. Specialist contractors were employed to oversee the maintenance and servicing of the gas boiler and electrical fixed wiring. Risk assessments had been completed by external specialists for legionella and fire risks. Regular fire safety checks took place including evacuation equipment, firefighting equipment and emergency lighting. Training in aspects of health and safety was provided for staff to support them to keep people safe. The registered manager and maintenance staff had recently completed training in the management of legionella. Staff had completed fire safety training and each person had a personal evacuation plan, detailing the specific support they required to evacuate the building in the event of an emergency.

The home was clean and tidy and staff demonstrated a good understanding of infection control procedures. Staff followed a daily cleaning schedule and areas of the home were visibly clean. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons. A member of housekeeping staff told us they felt well supported in their role and had completed training in infection control to help them understand their responsibilities. We noted the ground floor sluice room was situated in a separate room at the back of the laundry room, which staff had to walk through. This could have increased a risk of cross contamination between soiled equipment and clean laundry. We discussed this with the registered manager and nominated individual who took immediate action to mitigate this risk by informing staff to use only the first floor sluice room to clean and disinfect soiled equipment. They agreed to seek advice from an infection control lead within the locality in order to find a permanent solution and this was in hand at the time of writing our report.

Good

Is the service effective?

Our findings

People and relatives were happy with the way staff supported them to maintain their health and wellbeing. One relative told us, "She [their family member] enjoys the food. She has thrived since coming here. She has capacity and is always asked for her consent. She is involved." A healthcare professional, who had involvement with the home, told us, "Staff appear to be trained in mental capacity and understand that capacity is decision specific."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the registered manager followed the principles of the MCA. Mental capacity assessments had been completed appropriately and best interest decisions had been made with the involvement of relevant people.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities in relation to DoLS and had applied to the local authority for appropriate authorisations where required.

Staff had received opportunities to undertake training to keep their skills and knowledge up to date, such as health and safety, moving and handling and nutrition and hydration. Additional training had been provided for staff to equip them with the knowledge to support people with their specific health conditions, such as dementia and diabetes awareness. A healthcare professional confirmed the registered manager was quick to identify training needs. When asked if they thought staff had the necessary skills and knowledge to support people effectively they told us, "I have not seen any evidence to the contrary." New staff completed an induction which included working alongside experienced staff as well as completing the Care Certificate, where required. The Care Certificate is a nationally recognised set of induction standards which staff working in health and social must adhere to.

People had a detailed assessed of their support needs before they came to live at Barton Lodge which included their cognition, falls history, medication, continence, nutrition, sight and hearing. This holistic approach to people's assessments ensured the home was able to meet all of their physical, mental health and social needs and that appropriate support was put in place. Where staff required additional guidance, for example around dementia care, this was sought from appropriate expert professional bodies and organisations. Nationally recognised guidance was followed to assess and manage risks to people, for example, their nutrition and skin integrity.

People received prompt medical attention when required. Referrals were made to health professionals, such as GP's or district nurses, when staff had concerns about people's health and wellbeing. For example,

one person had been diagnosed with a chest infection and had been prescribed a short course of antibiotics by their GP. Records were maintained which detailed any contact or interventions by healthcare professionals and we noted any specific advice and recommendations had been followed. A healthcare professional confirmed, "Barton Lodge have accepted clients with some challenging needs, they have maintained effective communication and work well in partnership with professionals." People also had access to a range of preventative health care appointments, such as opticians, dentists and chiropodists which they were supported to attend when required. Electronic care plans were detailed and current and all relevant information, such as medical history, mobility and communication needs, could be immediately transferred into a hospital passport when required. This ensured clinical staff would have important information about the person at the time of admission to hospital to enable them to know how to support them appropriately during their stay. When people were ready to return home, staff visited them in hospital to re-assess and obtain information from clinical staff about any changes to their needs as part of their agreed discharge plan.

People had a choice of food and drink which met their personal preferences and met their dietary needs. We spoke with the chef who was able to tell us how they prepared food in a way that met their needs. For example, one person was diabetic and had lost weight a few months ago. The chef had increased the fat content in the person's meals, for example, by adding diabetic cream in mashed potatoes and soups, and providing snacks in between meals such as crackers and cheese. The chef told us, "We will be planning the winter menu soon. The activity lady had a consultation meeting [with people]. When we change the menu we take it around and ask them [people]." Where required, people's food and fluid intake was monitored. A healthcare professional told us, "I have seen evidence of healthy diet and good monitoring of food/fluid intake."

We observed the lunch meal and saw that it was a relaxed and sociable experience. People could choose where to sit and we saw that some people enjoyed chatting with each other over lunch. The dining room was spacious and the tables were laid with tablecloths, napkins and menus. Staff encouraged people to eat with comments such as, "You're doing well" and "Would you like a little more." People commented on how nice the food was. For example "It's really very good" and "The food is lovely." Staff provided physical assistance to people who needed it. One staff member was assisting a person to eat when another staff member suggested, "Maybe try a smaller spoon [the person] finds it easier." Where people wanted a later lunch, for example if they had a late breakfast, this was accommodated by the chef.

Drinks were offered to people throughout the day and we observed staff topping up people's glasses with a choice of flavoured drinks and water. We noted that staff had recorded in people's electronic daily records when and what they had eaten or drunk. Food was always available if people were hungry. Staff told us, "Residents can eat what they want; night staff can make sandwiches etc."

People and their families were involved in decisions about the design of the premises and environments. The registered manager and provider told us about plans to re-configure the home into two separate units, one of which would be specifically for people living with dementia. They had plans to renovate a courtyard area into a safe, enclosed sensory garden which would be directly accessible from this part of the home, enabling people to retain their independence. Architect plans had been drawn up and these were on display in the dining room for all to see. A relative's meeting was held in September 2017 where these plans were discussed and people's views listened to and recorded. Further consultation would take place before a final decision was made.

Good

Is the service caring?

Our findings

People and relatives told us the staff at Barton Lodge were kind and thoughtful. People told us, "The staff are very nice" and "They're lovely." A relative told us, "They [staff] are so patient with [my family member]." Another relative said how thoughtful the staff had been when their family member had moved to the home and this had led to a great friendship. They said, "The staff are lovely. The minute she [my family member] arrived, they sat her with another lady with capacity. They get on really well. They've become very good friends. Her family invites [my family member] to their family events." A healthcare professional confirmed, "Staff appear caring and pleasant and have been seen to treat people with dignity and respect."

The atmosphere in the home was calm and relaxed. People seemed at ease with the staff that supported them and we saw positive interactions between them. Staff had a very good knowledge of the people they supported, their life histories and interests, and used people's preferred names.We observed that staff were caring, compassionate and thoughtful and provided re-assurance to people if they were upset or unwell. Staff worked well together to ensure they had the time to sit with people. For example, we observed one person had become slightly agitated and confused and said they wanted to go to the police station. A staff member chatted calmly with the person and suggested, "Shall I make you a cup of tea? Would you like to sit in a chair?" The person started to talk about their family and the staff member responded attentively, "You can tell me all about it" and sat with the person, listening intently to what they had to say while another staff member went off to make the tea.

Staff maintained people's privacy and dignity when providing care. They were supported by a detailed policy which provided guidance on upholding the values of privacy, dignity, choice, fulfilment, rights and independence.' We observed this in practice. Staff knocked on people's doors and waited for a response before entering their rooms and ensured people's modesty with privacy screens in communal areas when using a hoist to move them from their chair to their wheelchair. People's care plans provided guidance for staff about how they should ensure people's privacy, dignity, autonomy and choice, such as who they wanted to support them with personal care. One person told us they preferred to be supported by female staff only. They said, "I don't want a male and I say so, I just have the girls." Another person's mental capacity care plan stated their desired outcome was to 'maintain a high level of mood and capacity with dignity, respect and fulfilment.' '[The person] is to be involved in all decisions regarding her care and day to day decisions and all major decisions. Staff are to respect her choices, wishes and preferences.' We observed, throughout our inspection, that staff respected people's choices, wishes and preferences. For example, deciding which TV programmes they preferred to watch and where they liked to sit. People told us they could make choices. One person said, "I like to sit in the quiet lounge. I can have what programmes I want on the television. I like the question ones."

We observed staff encouraged people to maintain their independence in their day to day lives. One person told us they could do some things for themselves but staff were on hand to help when needed. They said, "I get myself up, have breakfast in my room and then staff help me wash or shower." People's independence was promoted in their care plans which described the things they could do for themselves and what they required help with. For example, one person's care plan for personal care stated, '[The person] is able to

choose her clothes for the day and is able to wash her upper body and requires assistance with her back and lower body."

People were encouraged and supported by staff to maintain their personal appearance and self-esteem. We observed people were clean and smartly dressed. Some people chose to wear jewellery and make up. Several people visited the hairdresser in the salon which was centrally located within the home on the ground floor.

People's rooms were personalised with their own pictures and other personal belongings that were familiar to them such as family photographs. Staff encouraged relatives and friends to visit their family members at any time and we observed visitors coming and going freely. Staff knew people's relatives well and greeted them warmly when they came to visit. The registered manager told us they were waiting for a tablet [electronic telecommunication device] to be delivered which would enable people to make video contact with their family members so they would be able to see them while they spoke with them remotely.

Good

Is the service responsive?

Our findings

People told us they were involved in decisions about their day to day care. One person said when asked, "Oh yes. The always ask me." A relative said, "The actual care is excellent. They keep us informed if there are any issues."

The provider had implemented an electronic care planning system which provided clear, detailed and very comprehensive care plans for each person. These had been developed with the involvement of people and/or their relatives and provided up to date guidance for staff about how people wanted to be supported. The care plans were clearly laid out which made them very easy for staff to read and to find the information they required in order to provide person centred care for people. All aspects of people's physical care and support were planned for including; mobility; continence; skin integrity; personal care and any health conditions. Each person also had a care plan outlining the emotional support they required which included how they may deal with loss or illness and how staff should support them at this time.

We observed that staff had a good understanding of people's needs and supported them appropriately. Care plans were reviewed in full each month and any changes to people's needs were clearly recorded and communicated to all staff. The registered manager showed us how the system 'prompted' when reviews were due which enabled them to keep everything up to date. Notes were written on the 'home page' of people's electronic care plans which ensured important information was 'flagged' to staff. For example, one person was allergic to two medicines and had vulnerable pressure areas. The provider and registered manager had invested a great deal of time to ensure the care planning system was fit for purpose, was well maintained and reflected people's current needs. A healthcare professional told us, "Staff respond efficiently to any requests for changes to care needs by residents/professionals. I have no concerns regarding the quality of care and have received good feedback from my clients and their families. In order to deliver good quality care the management and staff liaise regularly with family/professionals."

Each person had an end of life care plan which described their wishes and preferences for how they would like to spend their last weeks and days. For example, whether they had a 'Do not attempt cardio pulmonary resuscitation' instruction. It also detailed if they wanted to be admitted to hospital or stay at home and be cared for. The registered manager told us they were quite confident about caring for people at the end of life and would request support from district nurses as soon as they identified the need to do so. It was clear from relative's feedback that they felt supported and cared for too, expressing gratitude for the care, compassion, kindness and friendship shown to them as well as to their loved ones.

The registered manager told us they said they had a zero tolerance of discrimination in any form and we saw this was backed up by appropriate policies around discrimination and equality and diversity. People's care plans described their backgrounds, interests and preferences, including in relationships and their preferred routines. Staff had all received training in equality and diversity and understood that each person was an individual with their own needs, preferences and choices to make. One staff member told us, "I work for the residents; I'm doing my job for them."

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given'. We spoke to the registered manager about how they ensured information was accessible for all people living at the home. They told us, "I'm in the process of completing new resident handbooks to go in people's rooms. These will all be adjusted to seek all residents' communication needs." For example, for one person their communication care plan informed staff to speak slowly and clearly to allow them time to understand and give time to respond. Another person's care plan described how their hearing was 'good with the use of two hearing aids and wears glasses for reading and watching TV.'

People had access to a range of activities to support their social and emotional wellbeing if they chose to participate. We observed an external facilitator encouraging people to join in a seated exercise class during one day of our inspection. The interactions were positive and people seemed to respond with enthusiasm. The registered manager told us that two part time activity staff provided both one to one and group sessions to people through the week. This was confirmed by one person who told us, "We have two women for activities and they give us something to do every afternoon." Another person said, "One girl does Monday, Tuesday, Wednesday and the other does Wednesday and Thursday. We have singers, people on keyboards; yesterday we had crosswords on the floor. A man comes in to do scrabble. Today we should be stuffing bears! Another lady comes into do horticulture, how to plant properly. They are all good." Some people had also visited a local allotment with support from activities staff. The provider had invested in landscaping and maintaining the pretty gardens which overlooked the sea and people told us they enjoyed spending time in the garden during good weather.

The home had a complaints procedure which was provided to people and their relatives when they first moved into the home. The registered manager maintained a complaints and compliments folder. We saw one complaint had been received in August 2017 which had been investigated and responded to appropriately. People told us they had no complaints but felt confident they would be listened to and any concerns would be addressed. The registered manager told us they valued feedback and looked on complaints or concerns as a way to improve. They assured us that any complaints were dealt with confidentially and people or their relatives would not be treated less favourably for raising concerns. They explained, "It would be a matter of privacy. Harassment and bullying is not acceptable. We have policies for that and we would deal with it through disciplinary if necessary."

Good

Is the service well-led?

Our findings

People and relatives told us they thought the home was well managed. Most people knew who the registered manager was and a relative told us, "I can't fault it. I went round quite a lot" [before deciding on Barton Lodge]. A healthcare professional told us, "There is visible leadership at all levels and the manager appears to have a good relationship with her staff with a 'firm but fair' approach. The manager maintains a good working relationship with each individual social worker that may be placing a client in her care. The manager will contact our team if they have any queries or if they wish to talk through any concerns, this enables us to deal with small issues as they arise preventing any potential escalation."

The registered manager was experienced and held a level five nationally recognised qualification in health and social care. They understood their responsibilities under the Health and Social Care Act 2008 which included submitting notifications to CQC when required.

At our previous inspection in August 2016, we found some improvements were required in relation to maintaining accurate care plans, following policies and procedures and quality monitoring processes. At this inspection, we found significant improvements had been made in all areas and we had no concerns.

People's care plans had been re-written and put into an electronic format. They were regularly reviewed which ensured they were relevant and contained up to date information. Other records relating to the management of the service, such as staff records and policies and procedures were organised, legible and well maintained. The registered manager was clear about their responsibilities in relation to confidentiality of information which was shared with other agencies on a need to know basis and in line with the Data Protection Act. All computers were password protected which ensured only authorised users could access the information.

Systems were in place to monitor and assess the quality of the service. Annual surveys took place to obtain feedback on the quality of care received and help drive improvement. The survey for 2017 had been sent out and responses had not yet been received. However, the 2016 results were all positive and several relatives had left feedback on a national website which was also all very complimentary. Comments included, ' I would recommend Barton Lodge and it's brilliant staff to anyone' and 'Excellent care, happy place, nice manager and staff' and 'Barton Lodge is very well run and spotless. I would not hesitate to recommend this care home to my friends and family.' Residents and relatives meetings took place and we noted the nominated individual had attended to consult with them on the plans for refurbishment. Other issues discussed included staffing, outings and life histories and people's views were recorded. Relatives had been asked for their email addresses so they could be kept up to date with, and involved with events in the home.

We spoke with the provider and the nominated individual who both attended the home to support the inspection process. The provider was clearly passionate about striving to provide a high standard of care and ensuring the staff team were on board with this. They told us, "[The registered manager] has her finger on the pulse. She manages staff performance well and can focus more positively on care. It's more harmonious and stable now." A staff member brought refreshments and greeted the provider on first name

terms which demonstrated they felt relaxed with the open culture within the management structure. The provider told us how they recognised and valued their staff through a range of rewards. For example, bonuses, pay rises, celebrating their birthdays with chocolates and cards, staff nights out, and providing sweet and savoury snack baskets in the staff room. They told us, "It's so important to appreciate them. Their problems are my problems. Their joy is my joy." The registered manager told us, "That's why I came here. Nothing is ever too much trouble. They're very supportive owners. It makes my job easier." The nominated individual rings almost daily and visits weekly. He always wants to know where we're at. We are open and honest and can speak about anything."

Staff felt supported in their roles by the registered manager who was approachable and supportive and provided clear leadership and direction. Comments from staff included, "It's very friendly here with management. There's lots of freedom here. They're very understanding, if you have a problem it gets sorted "and "I've been here over a year. I love it here. I just love the residents they are all great and I get on with all the staff, that helps." A third staff member told us, "I feel supported in my role [the registered manager] is a good manager, very human". Staff told us they felt listened to and involved in developing the service and daily handovers helped to ensure staff kept up to date with important information or changes to people's care. Staff all had a good understanding of the vision and values of the home and were committed to providing a homely, safe and person centred place for people to live. Staff told us there were regular staff meetings which helped them keep up to date with their care practice. These were held for each different department such as the kitchen, housekeeping and care team managers. The minutes from the most recent general staff meeting showed staff had been thanked for doing a good job and for their team work. They had also discussed fire procedures which had changed in the wake of the recent fire in London and which staff were required to read and sign.

The registered manager had developed good links with other agencies and community organisations to help keep up to date with best practice and local initiatives. For example, they had linked with the Dementia Action Group who also held their meetings at Barton Lodge, and a National Care Association to look at additional activities. They had also approached a local school about working together to provide opportunities for children and people to interact and spend time together.

There were processes in place to enable the service to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety. A range of audits were in place to monitor the safety of the service. For example, to check medicines management, care records and call bells and ensure actions were taken to rectify any issues identified.