Bartholamew Lodge Nursing Home Limited

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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

About the service: Bartholamew Lodge is a registered care home providing residential and nursing care for older people, some of whom are living with dementia. 28 people lived at the service when we visited.

People's experience of using this service:
People were supported by staff that were caring, compassionate and treated with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people.

People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People told us the atmosphere at the home was relaxed and friendly.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

Staff spoke positively about working for the provider, they felt valued and happy in their role. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.

Audits were completed by staff and the registered manager to check the quality and safety of the service.

The registered manager worked well to lead the staff team in their roles and ensure people received a good service.

More information is in Detailed Findings below.
Rating at last inspection: Good. (Report Published 30 June 2016)

Why we inspected: This was a planned comprehensive inspection based on the rating of Good at the last inspection. The service rating remained as an overall rating of Good.

Enforcement:
No enforcement action was required.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

Service and service type: Bartholamew Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection. People using the service are older people, some with dementia, sensory impairment or a physical disability.

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:
The inspection was unannounced. We visited the location on the 20 May 2019.

What we did: We reviewed the records held about the service. This included notifications received from the provider. Notifications are specific events that the provider is required to tell us about by law. We sought feedback from the local authority and other professionals who work with the service. We reviewed the Provider Information Return (PIR) submitted by the registered manager. This told us what the service had achieved and what they intend to develop in the future, we require the provider to submit this information

annually. We used all this information to plan our inspection.

During the inspection we reviewed two recruitment and supervision files, four care records and records relating to health and safety, quality assurance, safeguarding, accidents and incidents and other aspects of the service.

We spoke with seven people living at the service and four relatives. As some people were unable to share their views with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care for people who are unable to speak with us.

We spoke with two nurses, three care staff, one senior care staff, kitchen staff member, one activity coordinator, registered manager, area manager and operations manager. We also received feedback from three health and social care professionals about their experience of the service.

Good

Is the service safe?

Our findings

Safe- this means that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

● Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.

● People told us they were happy with the support they received to take their medicines. Each person's prescribed medicines were reviewed by their GP regularly.

● Some people had been prescribed medicine to be used as required (PRN). There were clear protocols for staff to follow before administering these. We found that when PRN medication had been regularly given for more than 14 days this had not always been reviewed and staff were not recording the reason each time PRN was administered. Staff we spoke to and observed were able to tell us the reason why PRN had been administered. We raised the lack of recording with the registered manager who confirmed they would raise this with staff members and reinforce the importance of recording reasons for PRN so that any trends can be identified.

● People's medicines were safely received, stored and administered. Storage temperatures were monitored to make sure that medicines would be safe and effective. Medicines were audited regularly with action taken to follow up any areas for improvement.

● Staff recorded when medicines were administered to people on Medicines Administration Records (MARs).

Staffing levels

● There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "There is always enough staff, people are always supported".

● Each person's staffing needs were calculated based on individual needs assessments, which were reviewed and updated regularly as people's individual needs changed.

● People and their relatives told us they received care in a timely way.

● Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers. One staff member told us, "Yes my two references and my DBS came through before I started working".

● The home used a staffing dependency tool to ensure sufficient numbers of staff were available to meet people's needs. We checked and the staffing dependency tool was being used accurately on the day of inspection. We also checked the staff rota for the last three months and this was also in line with the dependency tool.

● Some people and relatives told us staff members were too busy, but others told us there were sufficient staff members on duty. One person told us, "They [Staff] are always busy. Too busy at times, especially when everyone wants the same thing at the same time". Another person told us, "There are enough staff, can't complain". One relative told us, "There are enough staff members, no issues when I visit, they meet [Names]

needs in a timely manner". Another relative told us, "I know that they [staff] are busy...I was struggling to look after [Name], I pressed the buzzer and it took over 10 minutes for them [staff] to come". During the inspection we observed staff responding to calls in a timely manner and there were sufficient numbers of staff to meet people's needs.

● Staff members told us there were enough staff on duty. One staff member told us, "There is enough staff members on duty so that you don't feel rushed. If a resident is having a bad day we all help each other out". Another staff member told us, "You would always want more staff however there are enough staff on duty"

● We raised the issues identified in relation to some people saying there were not enough staff members on duty. The registered manager stated that they follow the dependency tool and staff members have to prioritise risk when responding to calls. The registered manager confirmed they would speak to people and relatives to resolve these issues.

● The registered manager confirmed that seven staff members had left the service over the last 12 months. The manager stated the following, "A number of staff members have left the home, due to having to travel long distances or realising that care is not for them. I currently have four nurses and we are recruiting another". When asked if they had any documentation to identify the reasons why people were leaving the registered manager and area manager confirmed they would be introducing an exit interview process, so they could capture the reasons why people were leaving and identify any trends. On the day of the inspection the registered manager showed us the template exit interview they would be using.

Systems and processes to safeguard people from the risk of abuse

● People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse. Staff felt confident any concerns reported would be listened and responded to. One staff member told us, "Safeguarding can be different things such as emotional, financial and physical abuse. If I saw or became aware of a safeguarding issue I would report it to the manager".

●The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse. A staff member told us, "If I was unhappy how a safeguarding was being managed I would contact the local authority and CQC".

● People and their relatives explained to us how the staff maintained their safety. One person said, "Yes I feel safe here, no issues so far" another person said, "It was no longer safe for me to be at home, I'm safe here, the staff look after me". One relative said, "[Name] is safe at the home, they keep me updated if there is any change in his health"

Assessing risk, safety monitoring and management

● The environment and equipment was well maintained. Individual emergency plans were in place to ensure people were supported in the event of a fire.

●Personalised risk assessments included measures to reduce risks as much as possible. Staff understood where people required support to reduce the risk of avoidable harm.

● Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. For example, a resident's care plan had a skin integrity assessment, it detailed potential risks such as lesions and itchy skins. It contained clear instructions for staff to follow if a number of symptoms were discovered. The care plan also confirmed that the resident was to be checked hourly during the night, we checked the daily notes and this confirmed that this was taking place. Another person had a risk assessment in relation to a heart condition. The assessment gave clear instructions for staff to monitor the individual to keep them safe. For example, it detailed symptoms of a palpitation for staff members to monitor such as chest pain, shortness of breath or sweating. In the event of

a palpitation it gave clear instructions for staff to follow such as making the resident comfortable, reassuring them, monitoring their blood pressure, pulse rate and temperature. We found that staff had recorded care and treatment in line with the care plan.

● Where people experienced periods of distress or anxiety staff knew how to respond effectively. One staff member said "[Name] can at times be challenging and verbally abuse, we just talk to them in a calm manner and come back later. Sometimes we will get a different care worker to approach them, we will do whatever we can to make them comfortable, we wouldn't force anything on [Name]".

● The registered manager checked all accident and incident records to make sure any action was effective. A report is produced to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again.

Preventing and controlling infection

● Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.

● People told us staff practiced good infection control measures.

● People were protected from cross infection. The service was clean and odour free. One relative told us, "When I visit the home is clean, and staff wear protective clothing."

● A Food Agency inspection in August 2018 awarded the service the highest rating of five out of five.

Learning lessons when things go wrong

● Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager took action following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, following an incident when one person had fallen the person's falls risk assessment had been updated. The resident was moved to a ground floor bedroom, with a low bed and crash mattress installed.

Good

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, and decoration to meet people's needs
●The premises provided people with choices about where they spent their time.
● Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors.
● Corridors were wide and free from clutter.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
● People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
● Care was planned, reviewed and delivered in line with people's individual assessments.
● Assessments of people's needs were comprehensive, expected outcomes were identified and their individual care and support needs were regularly reviewed.
● Staff applied their learning effectively in line with best practice, which led to good outcomes for people. One relative said, "[Name] has advanced dementia, becoming more withdrawn when at home, staff know how to manage his condition but at the same time letting [Name] have a good level of independence, even doing small things on their own".

Staff skills, knowledge and experience
● People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments.
● Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development.
● New staff had completed a comprehensive induction. On staff member told us, "During my induction I shadowed a more experienced member of the team. I had an induction checklist that I had to complete, this included mandatory training and policies and care records that I had to read. I've recently completed dementia awareness and end of life care training".

Supporting people to eat and drink enough with choice in a balanced diet
● People were supported by staff to maintain good nutrition and hydration.
● People had choice and access to sufficient food and drink throughout the day, food was well presented and people told us they enjoyed it. Their comments included, "The food is quite good", "They have fantastic cooks here", "You just ask them what you want". One relative told us, "They [staff] understand that the

patients need to be hydrated. They are good at making sure that everyone is hydrated"
● People and their relatives feedback about food was sought regularly by staff asking people and making observations during lunch and dinner times. In addition, people and their relatives completed feedback questionnaires.
● Where people were at risk of choking , poor nutrition or dehydration, care plans detailed actions such as monitoring the person's food and fluid intake and liaising with other professionals. One relative told us, "[Name] has his food mashed, pureed. He had a choking fit in hospital so now he has mashed food. He feeds himself. Staff put a spoon in his hand and leave him to it"

Supporting people to live healthier lives, access healthcare services and support
● People had access to healthcare services and professionals according to their needs. These included their GP, district nurse, dietician and a speech and language therapist (SALT). People could access optician and dental visits.
Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs. One relative said, "The staff will ring and let us know if there have been any significant changes or if the GP has been out to see [Name]".

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 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We foud the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.
● Mental capacity assessments were completed appropriately and DoLS applications had been submitted when people were assessed as not having capacity to consent to their care and treatment. The majority of DoLS applications had been authorised however the service was still waiting for some authorisations to be completed by the DoLS local authority team.
● Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible. Where possible friends and relatives who knew the person well were involved in the process. The service recorded when people had power of attorney arrangements in place.
● People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.

Good

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 received care from staff who developed positive, caring and compassionate relationships with them. Each person had their individual preferences recorded and some information about their life histories.

● People told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
● Staff were kind and affectionate towards people and knew what mattered to them. People and their relatives were positive about the care they received. People's comments included, "I get on with everyone", "We can joke about things", "You can't complain about the staff. I feel comfortable with the staff". A relative told us, "It's the best home we have seen. The staff have so much empathy and patience, they are fantastic".

● Staff were kind and understanding towards people. One relative told us, "The staff are very friendly and caring. They understand [Name's] condition. They are also very honest, they found a valuable item and returned it to him and called me, I thought that was very good and showed how much they cared".

Supporting people to express their views and be involved in making decisions about their care
● People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making.
● People and relatives told us they felt listened to. One relative told us, "The staff and manager do listen to me and my family, they make sure everyone is included".
●Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Care plans recorded if people needed glasses or hearing aids.
●The registered manager has an open-door policy and met with each person regularly to seek their feedback and suggestions and kept a record of actions taken in response.

Respecting and promoting people's privacy, dignity and independence
● Staff showed genuine concern for people and ensured people's rights were upheld.
● Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, during personal care covering people with a towel, making sure curtains and doors are closed.
● People's confidentiality was respected and people's care records were kept securely.
● Staff showed genuine concern for people and ensured people's rights were upheld.
●People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of personal care people could manage independently and which they needed staff support with.

● People's personal beliefs were known and respected. If required people could be supported to attend a place of worship or a religious leader visiting the home.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. One relative said, "The staff know [Name's] needs, likes and dislikes"

● People were empowered to have as much control and independence as possible, including developing care and support plans.

● Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

● There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. If required care plans were available in different formats such as large print. In addition, each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

● People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

● People were supported to take part in activities within the home or access the community. The home had an activities coordinator, people told us, ""The activity co-ordinator is very nice, he is very good to us. He looks after us". Another person told us, "I started doing jigsaws and drawing. I am not used to it but it is good. I am learning something new". A relative told us, "They have a singer visit the home regularly [Name] loves it, he sings all the classic songs, it's great".

● People and staff members told us they would like to do more activities within the community. One staff member told us, "I would like to do more with residents within the community". Another staff member told us, "We have taken people out in the community and it's always their choice if they want to go. We have taken people to the museum and gone to the pub for a meal. I would like to do more with people". We raised this with the management team, the operations manager told us, "We do take people out into the community, if they want to and are able to do so. We are currently exploring the option of having our own dedicated mini bus. This will help us to do more with residents within the community".

Improving care quality in response to complaints or concerns

● People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. People's comments included, "I have raised an issue in the past and it was sorted by the manager, never had any issues since". "We are all in it together, they are not perfect, if you tell them the issue they will sort it out".

● People said staff listened to them and resolved any day to day concerns. The provider had a complaints policy and procedure that was on display. People were asked to raise any concerns at household meetings, so minor disputes were resolved in a way that respected each person's rights.

● People and their families knew how to make complaints and felt confident that these would be listened to and acted upon in an open. We reviewed a complaint made by a resident in relation to missing a Chiropodist visit. A meeting was held with the resident and family to resolve the issue. The manager agreed to arrange a Chiropodist visit every 12 weeks. In the addition, the registered manager showed us a Chiropodist visit schedule template, this enabled management to reduce the risk of missed appointments.

End of life care and support

●The registered manager informed us no one was receiving end of life care at the time of our inspection. We saw care plans contained some information in relation to people's individual wishes regarding their end of life care. If required they would be able to put these arrangements in place.

Good

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.

The service was consistently managed and well led. Leaders and the culture they created promoted high quality, person centred care.

Planning and promoting person-centred, high-quality care and support, and understands and acts on duty of candour responsibility.

●The registered manager and deputy manager spoke with us about individuals living at the service and demonstrated a good understanding of people's needs, likes and preferences.

● Staff told us they had confidence in the management of the service and would not hesitate to report any concerns. One staff member told us, "Any concerns I would report to the manager or area manager".

● People, relatives and staff expressed confidence in the registered manager. The ethos of the service was to be open, transparent and honest. The registered manager worked alongside the area manager and led by example.

● People and relatives expressed that the management team were very approachable, one relative said, "The manager is very approachable". Another relative said, "I can speak to the manager at any time, it's an open door policy".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

● The registered manager and staff understood their roles and responsibilities.

● People spoke positively of the service and the management. One person told us, "The managers are very good, always ready to help".

● Staff also strived to ensure care was delivered in the way people needed and wanted it.

●There was a good communication maintained between the registered manager, area manager and staff. There were clear lines of responsibility across the staff team.

●Staff felt respected, valued and supported and that they were fairly treated. One staff member told us, "I do feel valued, the registered manager is very supportive, if something significant is happening in your personal life, the registered manager is very supportive".

● The management team carried out audits to monitor the quality of the service. These included audits on medication, the environment and infection control.

● A training matrix monitored that staff were up to date with training and planned future training needs.

● The management team worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

● The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the home.

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

●People and their relatives were asked for their views of the service generally through questionnaires and meetings. Responses showed they were happy with the standard of care.
●People and staff were encouraged to air their views and concerns. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
● Relatives were positive about resident and relative meetings. They found it was a good opportunity to meet others and share their views. One relative told us, "We have a coffee day when relatives can get together, and we meet with the manager. If we want to express anything we are given the opportunity".
●Staff reported positively about working for the service. Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions. A staff member told us, "We have regular staff meetings, we have the opportunity to receive information and raise any concerns or suggestions".

Continuous learning and improving care.
● Accidents and incidents were recorded and regularly reviewed so any patterns or trends would be quickly identified.
● The manager had introduced a tea and coffee morning once a month. The registered manager told us, "The tea and coffee morning is for family and friends to meet with me and the residents in a relaxed atmosphere. We can discuss how they are feeling and it gives people an opportunity to get to know others. Some relatives have brought grandchildren along and residents really enjoy seeing the children"

Working in partnership with others
● People benefitted from the partnership working with other professionals, for example GPs, specialist nurses and a range of therapists.