

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Bartletts Residential Home

Peverel Court, Portway Road, Stone, Aylesbury,
HP17 8RP

Tel: 01296747000

Date of Inspection: 17 January 2013

Date of Publication: January
2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
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Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Staffing	✓ Met this standard
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Assessing and monitoring the quality of service provision	✓ Met this standard
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Details about this location

Registered Provider	Peverel Court Limited
Registered Manager	Mrs. Gloria Ncube
Overview of the service	Bartletts Residential Home provides care and accommodation for up to 24 predominantly older people. Bartletts Residential Home does not provide nursing care.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with six people who used the service and with two relatives. They told us they had all the information they needed to help them decide about moving into Bartletts. People told us they were satisfied with the way their views about how they wanted their care and support provided were respected and listened to.

When we had conversations with people who lived in Bartletts, they told us they were very satisfied with the care they received. "I am very happy here" one person said, whilst another told us the care staff were "absolutely wonderful". We spoke with two relatives who were both very positive about the standard of care they observed. "The staff are very caring and keep me informed about how things are going" one told us. People told us they felt safe. Those relatives we spoke with indicated they had no concerns about the safety of their relatives.

Throughout our visit we did not see any evidence of delays in answering call bells or of people having to wait for attention in the home's communal areas. When we spoke with relatives and people who live in Bartletts, none of them raised any concerns with us about the level of staffing in the home.

We saw a copy of the home's newsletter which included a feedback questionnaire analysis. This showed a very high level of satisfaction with all areas of the home's operation.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with six people who used the service and with two relatives. They told us they had all the information they needed to help them decide about moving into Bartletts. We saw a range of printed information about the home, its facilities and services. Details of costs were also available. This demonstrated people who use the service understood the care and treatment choices available to them.

One relative said they had been told their relative could retain their existing GP if they wanted to. Another relative we spoke with told us they had been impressed by the way the home had provided a member of staff to accompany their relative to a family wedding. One other person told us the manager and all the staff were "very accommodating".

We were told by one person who used the service they felt 'slightly regimented' compared to how they used to live. However, they thought this was 'inevitable' to some degree, and went on to praise the staff and the service they provided.

People told us they were satisfied with the way their views about how they wanted their care and support provided were respected and listened to. One person said they preferred to have their meals in their own room. They also chose to take part only in a limited number of activities. They said they did not feel under any particular pressure to do otherwise. This indicated people expressed their views and were involved in making decisions about their care and treatment.

All the relatives we spoke with said they felt they were kept informed about any significant issues concerning their relative. They confirmed they were invited to take part in reviews of their relative's care when they took place. This meant they could be involved with their relative's care when they wanted them to be.

We looked at care plans for four people. This included someone who had recently moved into the home. This enabled us to look at their pre-admission assessment. The assessment was comprehensive and detailed. It included a very full 'life history' of the person. This meant staff providing their care had an insight into significant events and

people in the person's life. The amount of detail about the person's needs and how they were to be met meant they could be met appropriately from the outset.

Care plans we saw included signatures of the people concerned or the person responsible for them. There were records of regular reviews, which again included signatures. This provided evidence people were involved in reviews of their care over time.

When we spoke with care staff they had a good knowledge and understanding of the people they provided care for. This meant they could tailor care to the individual effectively.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

When we had conversations with people who lived in Bartletts, they told us they were very satisfied with the care they received. "I am very happy here" one person said, whilst another told us the care staff were "absolutely wonderful". We spoke with two relatives who were both very positive about the standard of care they observed. "The staff are very caring and keep me informed about how things are going" one told us.

We looked at care plans for four people. They provided care staff with the information and detail required to help them provide appropriate individual care to meet people's needs. Reviews of care needs were undertaken regularly. These involved the people concerned and were signed by them; "I confirm the care plan meets my requirements". This meant where people's needs had changed, care provided had been adjusted to ensure they were met. This showed us people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw people's care plans included assessments of risks. These, for example, addressed pressure care, moving and handling, nutrition and falls. Risk assessments had been reviewed and were supported by other records, for example weight charts. The risk assessment process helped minimise any risks to the health, safety and well-being of the person concerned. This showed us care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw people had access to a range of healthcare professionals. This included GPs, opticians, dentists and chiropodists. Appointments were recorded and treatment detailed. This showed people had received the specialist healthcare they required to maintain their well-being.

Throughout our visit we observed appropriate and positive interactions between care staff and people living in Bartletts. Care was provided at a pace suitable to the person concerned. We heard staff explaining to people what they were doing and why. Care staff sought people's consent before moving them and gave them choices, for example at mealtimes or when drinks were being offered.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People told us they felt safe. Those relatives we spoke with indicated they had no concerns about the safety of their relatives. One told us when their relative had a fall at night care staff had responded promptly and ensured they received appropriate medical care and attention. "I was very impressed with the way they reacted and liaised with me."

People told us the staff and management were very approachable. They said they would raise any concerns they might have with them.

There was a safeguarding policy in place for staff to refer to. When we spoke with staff they told us they had received safeguarding training. They had a clear understanding of what constituted abuse and what to do if they saw or suspected it. We looked at the staff training records and saw safeguarding training was included in staff induction and was then updated regularly for all staff. We were told staff had undertaken training in the provisions of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. (These are significant pieces of legislation which protect the rights of people who are not able to act for themselves or who may need some degree of restraint to keep them safe). This demonstrated people who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

On the day we visited the home we were told there were 20 people resident with one person in hospital. There were two senior carers and three care workers on duty. In addition there was the Head of Care and the home's manager. Ancillary staff included a chef and kitchen assistant, a maintenance person and a housekeeper together with a laundry assistant. We saw rotas were planned to ensure there were enough skilled and experienced staff at all levels to meet people's needs.

Throughout our visit we did not see any evidence of delays in answering call bells or of people having to wait for attention in the home's communal areas. When we spoke with relatives and people who live in Bartletts, none of them raised any concerns with us about the level of staffing in the home. The minutes of a residents' meeting held in November 2012 included one comment from a person querying afternoon staffing availability. The manager confirmed whilst the afternoon tended to be the quietest period of the day, there had always been enough staff readily available to meet people's needs.

When we spoke with care staff, the Manager and the Head of Care we found they had a range of qualifications and experience appropriate to their roles. These included advanced levels in nationally recognised vocational qualifications and a range of specific training. For example in dementia care awareness, moving and handling, end of life care and infection control amongst many others. This meant staff had the necessary skills and experience to fulfil the duties of their role effectively and safely. This showed there were enough qualified, skilled and experienced staff to meet people's needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw minutes of a residents' meeting held in November 2012. This included discussion of activities, staffing and food. We were told wherever possible changes were made as a result to meet the wishes of people living in Bartletts, for example in the way vegetables were cooked. This provided evidence people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw questionnaires completed by people who had looked round the home. This asked a range of questions about their impression of the home. This information was then used to make changes or consider options for change.

We saw a copy of the home's newsletter. This included details of feedback from relatives and people who lived in Bartletts. The feedback showed a very high level of satisfaction with all areas of the home's operation. We saw an action plan drawn up following audits and provider's visits to the home. Actions were clearly set out to address any issues identified with dates for completion. For example a medication audit had identified a need to improve the quality of temperature monitoring. This had been achieved by changes to procedure and the purchase of more efficient thermometers. This meant there was evidence learning from incidents and investigations took place and appropriate changes were implemented.

We saw minutes of a staff team meeting held in November 2012. This included an opportunity for all staff to comment on the operation of the home and to air any concerns or issues. There were examples of discussions about qualifications and quality of care as well as routine care practice issues. This meant staff were able to contribute to the monitoring and assessment of care practice and quality in the home.

We saw audits of care plans and risk assessments were regularly carried out. This ensured they remained up to date and effective.

People told us they were aware the home had a complaints policy. They said they would far more likely speak to the manager or staff about any concerns they may have. We saw

the home's newsletter included an invitation to arrange additional meetings on a one to one basis with the manager to discuss any concerns relatives might have. This showed the provider took account of complaints and comments to improve the service

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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