

Sanctuary Care Limited

Bartley Green Lodge Residential Care Home

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

Bartley Green Lodge Residential Care Home is a residential care home providing personal care and accommodation to people predominantly aged 65 and over. The service can support up to 47 people. At the time of our inspection 38 people were living at the home and two people were in hospital.

The care home accommodates people over three floors which were accessed by a lift in one adapted building comprising of three units. Two units specialise in caring for people living with dementia.

People's experience of using this service and what we found

People consistently told us they felt safe living in the home. Staff had completed the required safeguarding training and understood their role and responsibilities to protect people from abuse and avoidable harm. Risks to people were assessed, managed and known well by staff. The registered manager ensured enough suitable staff with the right skills were deployed to provide people with safe care. People received their medicines as prescribed. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection. Accidents and incidents were reviewed, and the registered manager took action to prevent a recurrence.

People told us they were supported by staff who had the relevant skills to meet their needs. Staff were well supported through training, supervision and appraisal. Staff worked effectively together to ensure people's needs were communicated and supported them to access healthcare professionals when they needed them. People told us they enjoyed the meals provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they were supported by staff who were kind and caring. Staff promoted people's privacy, dignity and independence. People appeared relaxed in their surroundings. People received a service that was responsive to their diverse and individual needs. Care plans were personalised and contained details about people's preferences and their routines. People's communication needs had been identified and addressed. People were supported to access activities to support their interests and well-being, including links with and trips out to the local community. Processes were in place to ensure complaints were responded to and resolved where possible.

The service had a management structure in place, and quality assurance systems were effective in continuing to monitor and drive improvements across the home. Feedback about the leadership and improvement at the service was very positive. Regular feedback was sought from people and their relatives to ensure they were involved in the development of the service.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published August 2018). We rated Effective, Caring and Responsive as good and the key questions Safe and Well-led requiring improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bartley Green Lodge Residential Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bartley Green Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and seven relatives about their experiences of the care provided. We spoke with ten members of staff including the regional manager, registered manager, deputy manager, senior care workers, care workers, activity co-ordinator and the chef. We also spoke with four visiting healthcare professionals. 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 reviewed a range of records. This included eight people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection in June 2018 the provider had made improvements across the service, but we wanted to be assured these were embedded and sustained. During this inspection we found the systems in place to keep people safe were established into everyday practice.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were aware of how to recognise abuse and protect people from harm. They were aware of whistleblowing procedures and felt confident to raise any concerns should these arise.
- The service had effective safeguarding systems, policies and procedures in place. Staff managed safeguarding concerns promptly, using local safeguarding procedures whenever necessary. Records confirmed investigations were thorough.
- People benefitted from a service that learned lessons from mistakes to enhance safety. Accidents and incidents were recorded, reviewed and investigated where necessary by the registered manager.

Assessing risk, safety monitoring and management

- People and their families consistently told us they felt the service was safe. One person said, "I feel very safe here, the front door is locked and there is someone near the door to check who people are, you can also lock your own bedroom door."
- People's risks were assessed and safely managed. The provider was now using an electronic care planning tool and staff were still learning how to use the system to its full potential.
- Care plans contained risk assessments that documented areas of risk to people, such as nutrition and hydration, pressure areas and moving and handling.
- Checks to the home environment were completed to ensure it was safe for people who lived there. These included checks to the fire prevention systems, water temperatures and window safety.

Staffing and recruitment

- We observed that the service was adequately staffed which ensured staff provided a person-centred approach to care delivery. One person told us, "I don't have to wait long for help."
- Recruitment at the service was safe with appropriate pre-employment checks in place. Checks with the Disclosure and Barring Service (DBS) were in place to ensure staff were suitable to support people.

Using medicines safely

- Senior care staff took responsibility for administering medicines and we observed they did this with patience and kindness.
- A visiting health professional undertook a medicine inspection during our inspection. They told us systems

to manage medicines were organised and ensured safe and timely administration of medicines to people. Staff were following safe protocols for the receipt, storage and disposal of medicines.

- Staff competency in relation to medicines was regularly checked.

Preventing and controlling infection

- The home was clean, well maintained and cleaning schedules were in place. One person told us, "Our bedroom is very clean, and lounges are always clean too."
- Staff told us, and we saw they had access to personal protective equipment, such as disposable aprons and gloves, to use when supporting people for the purposes of infection control and prevention.
- The service had an inspection by an environmental health officer in November 2018. They had awarded the kitchen a '5' star rating. This meant that the kitchen had very good hygiene standards.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-assessments of people's needs were comprehensive and assisted staff to develop care plans for each person.
- People's individual needs had been assessed, taking into account their culture, religion, age, gender, sexual orientation, ethnicity and disability.

Staff support: induction, training, skills and experience

- People told us staff were knowledgeable and skilled. One person told us, "I can't rate the carers highly enough, they are all so kind and good at what they do."
- Staff told us their training was relevant to their role and they felt well supported to deliver good standards of care effectively. A member of staff said, "Training is continual here."
- Staff new to care completed the Care Certificate. This is a nationally recognised qualification set as an induction standard for staff working in care settings.
- Staff told us they received regular support and supervision to discuss their role and the care they provided.

Supporting people to eat and drink enough to maintain a balanced diet

- People consistently told us they enjoyed food that was nutritious and appetising. One person told us, "The food is marvellous, there are a few options at mealtimes, if you do want something different they will get it for you."
- Staff protected people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions by consistently following guidance from relevant nutritional professionals. The catering staff and care staff were aware of how to support people who had special dietary requirements.
- We observed staff made mealtimes an enjoyable and sociable experience, with music, friendly conversation and dignified support when required.
- A visiting health professional complimented the catering staff for making homemade fortified milk shakes for people to enjoy who were at risk of malnutrition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health and wellbeing was monitored. One person told us, "Our own doctor from where we used to live comes if we need to see them."
- Records showed that people's weight was monitored to ensure they were staying healthy. ● Staff were knowledgeable about people's health conditions. However, some records did not reflect and contain

guidance for staff to follow in the event of emergencies. This was rectified during the inspection.

- Systems were in place to ensure that people received consistent care when they transferred between services. For example, a hospital transfer form was used to support people when they were admitted into hospital.

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

- The home was spacious and afforded people the opportunity to move around the home freely. The standard of decoration was good and had been well maintained. There was a garden which people could use independently or with support from staff.
- The provider followed best practice design for people living with dementia.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- One person told us, "They [the staff] always ask if it's okay with me before they help me." Throughout the inspection, we observed staff gaining day to day consent and providing people with choices regarding what they would like to do.
- Where people were unable to make these decisions, people's family, advocates or those with the legal authority to make decisions on people's behalf had been involved and consulted. This helped ensure decisions were made in people's best interest.
- Staff we spoke with understood the importance of seeking consent and empowering people to make their own decisions. A member of staff told us, "The MCA helps people to make their own decision and in their best interest if they can't."
- The registered manager understood their responsibilities under the MCA and appropriate applications to legally authorise restrictions had been submitted where people were unable to consent to restriction in place to keep them safe.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During our observations, interactions between people and staff were kind and compassionate. One person told us, "I love it here, carers are all so kind and friendly and we have got to know one another quite well." A relative said, "Staff are amazing, gentle and kind."
- Staff provided caring and dignified reassurance to people when they became upset or anxious; this improved their well-being.
- We observed there was a relaxed homely atmosphere. People enjoyed chatting, singing and listening to music whilst sat in the dining room with other people and staff.
- Staff we spoke with talked with a sense of pride in their work. They were committed to giving people the best care they were able to. A staff member told us, "There's no routines, it's people's homes." A visiting health professional told us, "Staff really care."

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

- People felt supported and listened to by staff. One person said, "I've chose to wear my pink cardigan today with matching bracelets." Another person said, "I go to bed and get up when I want, I don't sleep very well so I am up in the night, go to the lounge and make a cup of tea and have a sit down."
- Staff followed people's preferences, encouraged them to make choices and promoted their wishes. We observed staff offering people meal choices by showing small plates of food to help them make decisions.
- Regular meetings took place with people and their relatives in order for their views to be shared about what activities they would like to do and how the home was run.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity. One person said, "The carers are respectful, they knock on the door and ask if it's ok to come in, they help me to shower, they cover me up to keep me warm and preserve my dignity." We observed one person's dignity being compromised and this was immediately addressed by the registered manager.
- Staff were able to give examples of how people's dignity and privacy were protected, and our observations reflected this.
- People's independence was promoted and respected. For example, people were supported to make their own drinks and we observed people laying tables for meals.
- People's right to confidentiality was respected and protected appropriately.
- People were supported to maintain relationships with those close to them; relatives told us they were

made to feel welcomed when they visited. One relative told us how they enjoyed spending Christmas day and having lunch with their loved one.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People spoke positively about the care and support they received. One person told us, "The maintenance man has been today to have a look at the flush button on my toilet as I find it too small and too hard to flush. It is going to be changed for something I can press easily and see better."
- The providers PIR stated the service provided "Individual person-centred care plans." People's care plans contained information about their abilities, health needs, social and religious preferences. Staff could tell us details about people's needs, the support they required and the person's preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. A member of staff told us, "Just respect people's individuality."
- During our inspection we saw that information about the provider's lesbian, gay, bisexual and transgender (LGBT) working groups. This meant the provider had created an inclusive environment and people were encouraged to be open and comfortable within a safe and supportive environment.
- People's care was regularly reviewed to ensure people received appropriate support. However, people had not formally contributed to the planning and reviewing of their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others as required. Where people were unable to verbally communicate their choices, or wishes staff used a variety of methods to understand their views. For example, communication booklets in different languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed activities to their personal taste and individual needs. Activity staff supported people to remain stimulated. One person told us, "They take us out shopping and I believe they are sorting a day trip. We go and do the exercises regularly." A relative said, "Every time we come and visit [name of person] they are doing something different and not just all on their floor, they go all over the home and mix with other people, it's a lovely community feeling."

- Links had been developed with the wider community, such as the local church and schools.
- Where people chose not to participate in group activities activity staff ensured they received individual support, to ensure they did not become socially isolated. One person had been supported to visit their loved one at the local cemetery.

Improving care quality in response to complaints or concerns

- People and relatives felt able to give feedback about their experiences of care or express any concerns to the management team. They were confident any concerns would be addressed. One person told us, "If I did have a problem all I would do is go to the office and say something, there is always someone available and they are very approachable."
- The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome.

End of life care and support

- At the time of inspection nobody was receiving end of life care.
- Care plans did contain basic details about people's end of life wishes and preferences. However, the registered manager was in the process of exploring people's wishes to make their end of life care plans more comprehensive to ensure their wishes were respected.
- Staff were in the process of completing specialised training in this area and six champion roles were being developed to promote best practice.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they knew who the manager was and felt they were approachable and that the service was well-led. One person said, "[name of registered manager], comes around regularly to say hi to us all and we have a chat."
- We saw that the registered manager and deputy manager were visible within the home and showed good knowledge of people's individual needs. This meant they led by example and observed staff in practice.
- The registered manager demonstrated a commitment to provide meaningful, person centred, high quality care by engaging with people, their relatives and professionals. One relative said, "We can definitely see the improvements since [name of registered manager] started. The general atmosphere and staff morale have significantly got better."
- Staff felt valued and supported in their roles; there was a positive team morale. Staff consistently told us they were inspired and motivated by the registered manager to provide the best care possible to people. A member of staff said, "[name of registered manager] is brilliant, bubbly and knows all the residents."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a registered manager in post who provided leadership and support. We found the management team and staff were committed to making a genuine difference to the lives of people living at the service.
- People and family told us management were approachable, listened and when things went wrong, apologised and made improvements.
- We found the leadership team to be honest and open. They were aware of the areas that required improvement and open to suggestions and feedback. We found the registered manager had been open in their approach with us during the inspection in line with the Duty of Candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place. Staff understood their roles, responsibilities, the values and vision of the service and they worked to promote these through delivering high standard care to people. Staff showed enthusiasm and commitment in their roles.
- The registered manager was new in post and the management structure was developing with roles and expectations being clarified.
- The registered manager was committed to offering a good service to people and used regular audits

across the service to identify areas for improvement. These included health and safety audits, care planning audits, medicine audits, infection control audits, reviews of incidents and accidents and reviewing people and staff feedback through the quality assurance questionnaires.

- Some quality checks, such as care plan and environmental audits, had not identified the minor issues we found during our inspection. The registered manager developed these during the inspection, so any shortfalls would be identified and addressed in future.
- Any notifications that the registered manager and provider were obliged to make such as those alleging abuse, had been made to the CQC and local authority.
- The latest CQC inspection report rating was on display in the reception area of the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were listened to. Daily walkarounds enabled conversations with people and we saw staff spending time relaxing and talking to people. People were also asked their opinion through frequent satisfaction surveys.
- Staff were involved and respected for their contribution. Staff meetings enabled staff to feedback and raise suggestions. Staff were highly valued by the registered manager and their contributions were appreciated and celebrated by initiatives such as staff member of the month awards.

Continuous learning and improving care; Working in partnership with others

- The management team had learned from previous inspections and had acted to make things better. The systems and processes in place to monitor the quality of the service ensured the management team considered whether there were emerging patterns or trends which needed to be addressed. A visiting health professional told us that things had much improved.
- Staff received constructive feedback from the registered manager, which motivated them to improve, enabled them to develop and understand what action they need to take.
- We found there was a system in place to ensure staff worked collaboratively with other agencies. We saw regular referrals were made to health professionals such as doctors, physiotherapists and opticians. One visiting health professional told us how things had improved.
- Links and been developed with other organisations and services in the community, such as the local primary school, to improve outcomes for people.