

# Potensial Limited

# The Barn

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

The Barn is a care home providing accommodation for up to 12 adults who have learning disabilities. It is situated in a residential area of Leyland, close to the town centre and all local amenities. Car parking is available on the road and there is an enclosed garden area to the rear of the building. The home is domestic in character and all bedrooms are of single occupancy.

We last inspected this location on 12th September 2013, when we found the service to be compliant with the regulations we assessed at that time.

This unannounced inspection was conducted on 17th March 2015. A Senior Support Worker was in charge when we arrived at the home. She was very co-operative and

provided us with the documents we requested. The home did not have a registered manager in post at the time of the inspection. However, a manager had been employed, who was in the process of applying for registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Records showed new employees were guided through a detailed induction programme and were supported to

# Summary of findings

gain confidence and the ability to deliver the care people needed. We found the planning of people's care and support to be adequate, although some areas could have been more person centred.

The provision of activities had improved during the recent months. These were tailored to meet people's needs and enable those who lived at The Barn to maintain links with the local community.

Medications were not being well managed and our findings demonstrated that proper steps had not been taken to ensure people who used the service were protected against the risks of receiving inappropriate or unsafe care or treatment, in relation to the management of medications. This did not help to ensure people's health; safety and welfare were consistently promoted.

The staff team were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who lived at The Barn. However, areas of risk had not always been managed appropriately and legal requirements had not always been followed in relation to Deprivation of Liberty Safeguards.

Recruitment procedures adopted by the home were robust. This helped to ensure that only suitable people were appointed to work with this vulnerable client group.

The cleanliness of the premises could have been better. Infection control protocols were not being followed in day to day practice. The communal areas were in need of

upgrading and modernising. Systems and equipment within the home had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use.

The staff team were provided with a wide range of learning modules. This helped to ensure those who worked at The Barn were trained to meet people's health and social care needs. However, supervision and appraisals for staff could have been more structured and more regular. We have made a recommendation about staff supervision and appraisal.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

Staff were kind and caring towards those they supported and anticipated people's needs well. People were helped to maintain their independence with their privacy being respected at all times.

People who lived at the home and the staff team were complimentary about the management of the home and felt that if there were any concerns these would be quickly sorted out.

We found several breaches of the Health and Social Care Act (2008) Regulated Activities Regulations. These breaches also amount to breaches of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was not consistently safe.

Risk assessments had been conducted, but these were mostly generalised documents. They could have been more person centred. Where risks were identified specific assessments had not always been conducted in order to minimise the level of risk.

At the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at The Barn. Robust recruitment processes were in place to ensure only suitable staff were appointed to work with this vulnerable client group.

Staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans in place at The Barn. Medicines were not well managed and therefore people could be at risk of unsafe medication practices.

Infection control protocols were not always being followed. Therefore, a safe environment was not consistently provided for those who lived at The Barn.

Requires improvement



### Is the service effective?

This service was not consistently effective.

New staff completed an induction programme when they started to work at the home, followed by a range of mandatory training modules. However, regular supervision and annual appraisals were overdue.

People's rights were not always protected, in accordance with the Mental Capacity Act 2005. People were at risk of being deprived of their liberty because legal requirements and best practice guidelines were not always followed.

The menu offered people a choice of meals and their nutritional requirements were being met. Staff members ate lunch with those who lived at the home and the dining experience was suitable for people who resided at The Barn.

The environment was not well designed in accordance with the needs of everyone who lived at the home.

Requires improvement



### Is the service caring?

This service was caring.

Staff interacted well with those who lived at the home. People were provided with the same opportunities, irrespective of age or disability. Their privacy and dignity was consistently promoted.

Good



# Summary of findings

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

People were treated in a respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated well with those they supported and were mindful of their needs.

Signage within the environment could have been better to facilitate people who lived at the home with advanced sensory impairments.

## Is the service responsive?

This service was responsive.

Records showed that annual surveys were conducted for those who lived at the home and their relatives.

An assessment of needs was conducted before a placement was arranged.

Care records were found to be completed in a generalised way. They contained basic person centred details. Review processes were not always evidenced. However, sections within the plans of care included information about how people wished to be supported and what they liked or disliked.

Staff anticipated people's needs well. However, the management of risks did not always protect people from harm.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Good



## Is the service well-led?

This service was not consistently well-led.

Records showed that annual surveys were conducted for those who lived at the home and their relatives. Some records for those who lived at the home were presented in picture format, which helped them to understand the meanings more easily.

Records showed that meetings were held for those who lived at the home and their relatives, as well as for the staff team and the managers.

There were systems in place for assessing and monitoring the quality of service provided, such as a range of audits. However, these had not picked up on shortfall in the service and action plans had not always been developed, so that any risks or shortfalls could be addressed promptly.

The environment could have been more homely, providing pleasant surroundings for people to live in.

Requires improvement



# The Barn

## Detailed findings

### Background to this inspection

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

This unannounced inspection was carried out on 17th March 2015 by two Adult Social Care inspectors from the Care Quality Commission, who were accompanied by an Expert by Experience. An Expert by Experience is a person who has experience of the type of service being inspected. Their role is to find out what it is like to use the service. At this inspection this was achieved through discussions with those who lived at The Barn and staff members, as well as observation of the day-to-day activity.

At the time of our inspection of this location there were twelve people who lived at The Barn. We were able to speak with five of them and two family members. We also spoke with a social worker, five staff members and a company representative.

We toured the premises, viewing all private accommodation and communal areas. We observed people dining and we also looked at a wide range of records, including the care files of five people who used the service and the personnel records of two staff members. We 'pathway tracked' the care of four people who lived at the home. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection and we asked local commissioners for their views about the service provided. We also requested feedback from 14 community professionals, such as medical practitioners, community nurses, mental health teams and advocates. We received three responses. In general, their responses were positive. One person told us that the home had improved over the last three months with the change of management team.

# Is the service safe?

## Our findings

Risk assessments had been conducted, but these were mostly generalised documents. They covered areas, such as fire, medication, aggression and nutrition. However, they could have been more person centred and therefore help to ensure specific individual risks were minimised by personalised strategies being implemented. We saw one person being transferred in a wheelchair without footplates, which was unsafe and could potentially cause injury. However, staff told us that this was the individual's choice, but we were unable to locate a risk assessment relating to this area of support.

We found that the registered person had not protected people against the risk of harm, because some risks had not been identified and risk assessments had not been completed sufficiently.

This was in breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our tour of the premises we noticed the standard of cleanliness in the home was an area which required improvement. There were areas which were dirty and in need of a thorough clean. The toilet bowl in the bathroom on the first floor was dirty and in need of cleaning. We were told domestic staff were not appointed at The Barn and that care staff were responsible for cleaning the premises. A cleaning schedule was in place and a night cleaning rota had been established. However, we were not satisfied that the care staff during the day had time to sufficiently clean the building as well as support twelve vulnerable adults who lived there, some of whom had complex needs and required a high level of care intervention.

An infection control policy was in place and we noted that clinical waste was being disposed of in accordance with current legislation and local good practice guidelines. However, the clinical waste bin at the front of the building did not lock, and therefore the clinical waste contained therein was easily accessible by the public passing very close by. Several wash hand basins did not have any liquid soap available, in accordance with the home's infection control policy.

An infection control audit had recently been conducted. However, areas which showed as being in need of improvement had not been addressed through action planning documentation.

We noted some fittings and furnishings were in poor condition and in need of replacing. This would improve the living experience and comfort standards for people who resided at the home. The floor covering in this lounge was in a very poor condition and was lifting from the floor. We were told this was being addressed. This flooring was new, but had been poorly laid by the company installing it. The managers were in discussion with the flooring company to rectify this issue. Infection control risks should also be considered with regards to worn furniture and poor fittings, due to the impact on cleaning procedures.

We saw spills of beverages had not been cleaned. The handrail up the stairs was sticky and in one area a smashed ornament was on the floor.

We found that the registered person had not protected people against the risk of harm because some furnishings were in poor condition and infection control measures in place were not effective.

This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medication policies and procedures were in place at the home. However, this was developed in 2011 and no review date had been recorded. The area manager later told us that a reviewed medication policy was available in the home's implementation file, which was being signed by all staff before being transferred to the policy and procedure file.

Staff confirmed they had a good relationship with the supplying pharmacist. A weekly medicine audit was undertaken by care workers. It was evident that issues were raised from the audits. However, we were unable to locate evidence to support management reviews or internal investigations. Monthly medicine audits were also recorded which showed improvements were required. However, comprehensive action planning and reviews were not evident.

## Is the service safe?

We viewed the medicine management training matrix, which was found to be out of date and could not be relied upon for current data evidence. We saw the service had a designated lockable room for storage of medicines. Medicines were stored in locked cabinets within this area and senior care workers were in charge of security and access. On the day of our inspection the medicine room was found to be unlocked. Senior staff were unable to locate the key immediately and were unaware of its whereabouts. This impacted on the security of confidential records contained within this room at the time of our visit. We were informed once the key had been found.

Systems for the holding and recording of controlled medicines need to be reviewed. Although at the time of our inspection no-one was prescribed controlled drugs it would be beneficial to have systems in place to be able to accommodate people who may be admitted with a prescription for this type of medication. Controlled medicines are classified (by law) based on their benefit when used in medical treatment and their harm if misused.

A staff signature verification record had been maintained. Medicine records and stock balances were reviewed for four people who lived at the home. It was evident that ordering, receiving and destroying procedures were undertaken in a timely manner and recorded appropriately.

Recorded reviews and a stock balance audit trail highlighted that people who lived at the home received their medicines as prescribed, with the exception of an omission for one person, which was managed in line with safeguarding procedures on the day of our inspection. We raised concerns regarding the evidential mismanagement of a known omission and lack of process to ensure that the service managed the safety of medicine administration.

Medication risk assessments were viewed for five people who lived at the home. The assessments were found to be generic in content and did not represent individualised needs. The assessments were formulated in 2013 and had not been reviewed. It is essential that risk management is continually reviewed against need and personalised content. The risk assessment for one person confirmed he did not have the capacity to administer his own medications. However, at the bottom of the assessment form it stated, 'I feel that I am able to be responsible for managing my medication, as agreed in this assessment. This statement was not signed by the person who used the service, but by a member of staff. In another section of the

care file it stated, 'I require staff to order, store and administer my medication, as per MAR (Medication Administration Record) sheet and the home's policies and procedures'. This was confusing and provided conflicting information for the staff team.

We saw that protocols for 'as and when required' medicines varied in detail. One protocol viewed provided a good standard of personalised risk management. However, two further records evidenced minimal information that would not aid safe and effective administration of such prescribed medicines. The protocol for 'as and when required' direction for one person was found to be recorded with significant variance when reviewed against the medicine label and administration records. Immediate action was agreed on the day of our inspection to ensure that the correct prescription detail was sourced to prevent over administration of a prescribed medicine.

The service did not operate a process to facilitate self-administration of medications where appropriate. However, the management team confirmed that plans were currently being considered to enable individualised medicine storage areas in each bedroom.

Topical medicines were found to be dated when opened and stored appropriately. However, prescription labels for three topical applications were found to indicate 'use as directed'. Staff demonstrated adequate knowledge of individual needs regarding application of topical treatments. However, clear identification of instructions and frequency of use should be clearly identified on the prescription label and within relating care records. This will ensure that medicines are received as prescribed.

Care records indicated that people who used the service received regular medication reviews from external professionals, including a visiting psychiatrist. Staff confirmed the use of covert administration was not currently required for anyone who lived at The Barn.

Consent to the administration of medications were found to be held on care files viewed. Prior to consent being sought evidence of related capacity assessments were not available, to ensure lawful practice was maintained in relation to requirements outlined by the Mental Capacity Act 2005.

We observed medications being administered and found people were offered 'as and when required' medicines and clear communication was maintained throughout. The



## Is the service safe?

safety of administration was compromised due to systems within the home. A senior member of staff was observed to take potted medicines to individual people without checking personal identification against the medicine administration record.

We found that the registered person had not protected people against the risk of receiving inappropriate or unsafe care and treatment, because medicines were not well managed.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person who lived at the home told us, “I feel safe here. I have lots of friends and we are like one happy family.” An external professional, who provided feedback to us wrote, ‘I have found the environment and staff very supportive and welcoming, and (name removed) has highlighted no concerns, he feels safe and secure, and the staff have been supportive towards his needs and very friendly in their interactions with him. Overall we have no concerns at this time.’

We witnessed a volatile situation, which was quickly diffused by staff members in the area. We discussed this with care staff, who were able to recognise ‘triggers’ and anticipate people’s needs well.

We saw that Personal Emergency Evacuation Plans (PEEPs) had been introduced for those who lived at the home. These were detailed, providing clear guidance about how individuals would need to be moved from the building in an emergency, should the need arise.

During our inspection we looked at the personnel records of two members of staff. We found recruitment practices adopted by the home were robust. Prospective employees

had completed application forms, including health questionnaires and any gaps in employment had been further explored. Applicants had produced acceptable identification documents, with a photograph. All necessary checks had been conducted before people started to work at the home. These included two written references and a Disclosure and Barring Services (DBS) check. This helps providers to ensure prospective staff members have not been involved in any known criminal activity. Records showed that these checks were repeated every three years for all staff members. This was considered to be good practice and it helped to ensure that only suitable people were appointed to work with this vulnerable client group.

Detailed policies and procedures were in place in relation to safeguarding vulnerable adults and whistle-blowing. Records showed staff had completed training in safeguarding adults and whistle-blowing procedures, as well as MAPPA (Multi Agency Public Protection Arrangement) training. A system was in place for recording and monitoring any safeguarding referrals, so that the manager could easily identify any themes or recurring patterns.

We found people’s needs were being met by the number, skills, qualifications and experience of staff on duty. Staff spoken with felt there were sufficient staff deployed to meet the needs of those who lived at the home.

Accident records were appropriately recorded and these were kept in line with data protection guidelines. This helped to ensure people’s personal details were maintained in a confidential manner. Systems were in place for the close monitoring of accidents, so that it could be determined if any specific patterns emerged.

Certificates were available to demonstrate systems and equipment had been serviced, in accordance with manufacturer’s recommendations, so that they were fit for use and protected people from harm.



# Is the service effective?

## Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Policies and procedures were in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). These covered areas, such as restrictive practice, capacity and best interests. DoLS screening checklists were in place for each individual, which identified if DoLS applications were deemed necessary for people who lacked capacity and whose liberty was being restricted in order to protect them from harm.

However, we found that the service did not comply with requirements outlined by the Mental Capacity Act 2005. We reviewed the care records of two people who had been subject to a Deprivation of Liberty Safeguards (DoLS) order and although mental capacity assessments had been conducted it was evident that the service had not ensured restrictions authorised by the supervisory body (local authority) had been reviewed within a timely manner. This showed that legalities within the Mental Capacity Act 2005 had not been followed.

We found that the registered person had not taken appropriate steps for authorised restrictions to be reviewed and therefore had not acted in accordance with the Mental Capacity Act 2005.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The communal areas and corridors were in need of upgrading and modernising. Some attention to detail was needed, in order to provide a homely environment and pleasant surroundings for the people to live in.

There was a small courtyard area to the rear of the service. This area appeared unkempt and was in need of improvement to ensure safety and suitability was restored. We saw people access this area and use the garden furniture. This needs to be addressed for safety and security, so that those who live at the home can continue to use the outdoor facility safely.

We observed one person who needed to be taken to the bathroom off the main corridor. This person was taken on a toilet chair, which was undignified and lacked respect. We were told this person did have his own wheelchair, but due to a medical condition, which could exacerbate on exertion, staff transferred him to the bathroom on a commode chair, in order to reduce the number of times he needed to transfer from one chair to another. This involved a step up from the main corridor into an adjoining corridor. The member of staff collected a temporary ramp, which was stored behind some furniture in the corridor, put it down to allow the wheelchair user to access the adjoining corridor and then removed it to allow free access for people within the main corridor. This process was repeated when the person wished to return to the main body of the home. We were told this issue had been investigated several times and this situation was deemed to be the safest option without major structural work, which could lead to other trip hazards. The area manager told us that this has been the situation for a number of years and has never resulted in an accident or injury. Therefore, we recommend that appropriate detailed risk assessments are conducted and regularly reviewed.

We noted some improvements could be made to the environment in order to facilitate people who lived at the home with advanced sensory impairments. For example, directional picture signage and room identification would be of substantial benefit to help people maintain their independence and experience a feeling of belonging.

We found that the registered person had not protected people against the risk of unsafe care or treatment, because some areas of the premises were not of suitable design for all those who lived at the home.

This was in breach of regulation 15(1)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service effective?

A range of consent forms had been obtained, which covered areas, such as access to money and safekeeping of funds, accompanying and support at medical or clinic appointments, emergency first aid and medical treatment, staff entering bedrooms, life saving measures and resuscitation and administration of medications. These were produced in picture format and signed by the person who received care and support. However, we were not sure if those who lived at the home was able to fully understand what they had signed.

Evidence was available to demonstrate that those who worked at The Barn were supported to do the job expected of them and they knew the people in their care well. Staff personnel records showed new employees had completed induction programmes. They were also issued with a staff handbook, which contained a wide range of relevant information, such as important policies and procedures. Staff were provided with job descriptions relevant to their specific role and terms and conditions of employment, which outlined what was expected of them whilst working for the company and action which would be taken in the event of staff misconduct, as well as the appeals process.

Records showed that all staff members received a wide range of mandatory training programmes, which included areas, such as fire awareness, moving and handling, medication awareness, food hygiene, emergency first aid, communication, record keeping, safeguarding adults and health and safety. Training had also been provided in relation to conditions specific to the needs of those who lived at The Barn, such as Autistic Spectrum Disorder. Some training modules were supported by theory assessments and written tests, to ensure staff members had understood the learning materials delivered. Records showed that a good percentage of staff had achieved a nationally recognised qualification in care. This helped to ensure the staff team were well trained.

A tour of the environment was undertaken. We saw that people who lived at The Barn had access to two lounge areas, two kitchen areas and dining facilities.

The bedrooms we viewed were very person centred and comfortable. They contained people's personal belongings, such as pictures, photographs and music material. People who lived at the home expressed positive feedback

regarding their bedrooms and it was evident that personalisation had been considered throughout these areas. One bedroom we viewed had been specifically designed to facilitate sensory engagement. The use of tactile soft furnishings and bright colours enhanced the living environment for this individual. Staff explained that they created personalised themes in bedrooms to ensure those who lived at the home were supported to remain independent.

The kitchen was of a domestic type due to The Barn being a small care facility. Kitchen equipment provided was suitable for the needs of those who lived at the home.

People's dietary preferences were documented within individual plans of care. We were told this information was obtained from their parents, or people who knew them well. We spoke with staff about the management of meals. We observed staff dining with people at lunch time. Meal times were important periods of the day when routines needed to be maintained and this was observed during our inspection. Communication between staff members and those who lived at the home was excellent. There was a lot of positive interaction, which consisted of jovial conversations and pleasant banter. The menus were developed from individual preferences and choices. Staff spoken with were fully aware of people's preferences, as well as non verbal signs of communication, indicating their likes and dislikes.

We saw a list of supervision sessions was displayed in the office, which indicated these were done every six to eight weeks. However, supervision records we saw were overdue and staff we spoke with told us they had not had formal supervision for some time. Annual appraisals were also out of date. This did not allow employees to discuss their work performance and training needs with their line managers at structured and regular intervals. However, we noted that staff were supervised on a day to day basis and had easy access to the manager for support and guidance. We recommend that structured supervision is commenced and that annual appraisals are implemented, with records kept. This will enable staff members to formally meet with their line managers at regular intervals to discuss their work performance and training needs.

# Is the service caring?

## Our findings

One person who lived at the home told us, “The staff knock on my door and ask if it’s ok to come in. When I am having a shower the staff are very respectful.” Another commented, “The staff have time to talk and listen.”

Support plans outlined the importance of promoting people’s privacy and dignity and promoting their independence. Staff spoken with were fully aware of the need to respect those in their care.

The care files we saw showed the involvement of a range of community professionals, such as GPs, district nurses, the mental health team and the learning disability team. This helped to ensure people’s health care needs were being appropriately met. One person who lived at The Barn told us, “I feel confident with the staff. They know when I am not well because they know me.”

We saw staff approach those who lived at The Barn in a way which was most suitable for each individual and it was clear that people were provided with the same opportunities, irrespective of their disabilities. This was supported by the equality and diversity policies and procedures of the home and evidence of activities people were involved in, which helped to promote their

independence and wellbeing. The kitchen seemed to be the hub of the home, where a happy and relaxed atmosphere prevailed. Some people were busy preparing their lunch at the time of our visit.

We witnessed two good examples of staff members acting in a caring and reassuring manner towards those who lived at The Barn. For example, a support worker was explaining to each person what was going to happen next. One person was getting quite anxious and continually repeated the same question. The care worker appropriately distracted him in a gentle and patient manner. Another observation was that one person had a hospital appointment on the afternoon of our inspection. She was becoming increasingly anxious and distressed about her visit to the hospital. She responded well to a care worker, who talked quietly with her in a kind and calm way.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

Some people clearly did not want to wash or sit down to eat. Staff members told us that this was their choice. However, after a little gentle persuasion staff were able to help them in their activities of daily living. We noted that staff knew the people in their care well and were therefore able to persuade them to maintain their personal hygiene and nutritional needs.

# Is the service responsive?

## Our findings

One person who lived at the home told us, “I like living here. The food is nice. I wash up and set the table.” Another commented, “I like cleaning up and playing games.”

At the time of our inspection some of the people who lived at The Barn had complex requirements and were unable to verbalise their needs. They required a high level of care intervention and support. Records we saw included individual preferences, methods of communication and how people reacted to different circumstances. Some people had chosen their own wallpaper and decoration in their bedrooms.

We looked at the care files of five people who lived at the home. Care records were found to be completed in a generalised way. They contained basic person centred details. Review processes were not always evidenced. Staff spoken with agreed that developments were required and this was an on-going project within the service. Although the care planning process contained some good information, some care files could have been more person centred and reviews of people's needs, in some cases could have been more frequent.

Sections within the plans of care included information about how people wished to be supported and what they liked or disliked. The use of behaviour management records were found to be substantial, evidencing that distressed reactions were monitored, understood and action plans were created to prevent situations, which may result in people experiencing distress?

Support plans showed in detail how people's emotions were managed and outlined triggers or factors staff needed to be aware of in order to anticipate people's needs, deflect anxieties and keep people happy. Staff spoken with were able to discuss the needs of people and it was clear they knew each individual very well. We noted those who used the service or their relative had signed the plans of care, which indicated they were satisfied with the contents.

Hospital passports had been developed, which were detailed. These provided all necessary personnel, such as hospital staff and ambulance crews, with a brief summary about the person, should the individual need to be transferred to hospital in an emergency.

The notice board showed some trips out to local places of interest were arranged, such as Blackpool and Fleetwood market. On our arrival one person was on his way out to

B & M bargains to buy some cups for the home. He was quite excited and eager to be undertaking this task alone. This gave him a feeling of worth and responsibility. Some relatives arrived to take another person out into the community. Before he left a staff member ensured he was appropriately dressed for the cold weather. Some people told us they joined in community activities regularly, such as attendance at football matches, shopping trips, sea side outings and visits to the cinema, as well as going out for meals. People told us that the amount of activities had recently increased, which they were delighted about. This was confirmed through evidence we gathered.

A family we spoke with voiced some concerns they had experienced in relation to the ability to consent, choice and personalisation. We explored their comments further during our inspection and discussed them with the new manager following our inspection, who had already met with the family and addressed the concerns raised.

A complaints policy was in place at the home and a system was in place for recording and monitoring comments, compliments, suggestions and complaints. Each step of the process was clear, which enabled a distinct audit trail to be followed. A relative we spoke with told us she would not hesitate to contact the registered manager if she had any concerns and she felt issues would be dealt with appropriately. All the people we spoke with said they knew the manager. Everyone said they had no complaints, but if they had, they would be happy to tell the staff.

# Is the service well-led?

## Our findings

The manager of this service had been in post for a relatively short period of time. She was not on duty on the day of our inspection. We were aware that the new manager was in the process of applying to the Care Quality Commission (CQC) for registration as manager of The Barn. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Records showed that annual surveys were conducted for those who lived at the home and their relatives. This enabled the provider to gather the views of people about how the service was performing and to address any areas which people were not happy with. Some records for those who lived at the home were presented in picture format, which helped them to understand the meanings more easily.

Records showed that a residents' empowerment meeting had been held six months previously, which allowed those who lived at The Barn to get together and to talk about the operation of the service. Managers' meetings and staff meetings had also been held periodically. This helped to ensure any relevant information was disseminated throughout the staff team, so that those who worked at the home were kept up to date with current legislation and good practice guidelines.

A range of quality audits were conducted regularly. These included areas such as, health and safety, medication, infection control and care planning. However, there was no evidence to show what action had been taken to address any shortfalls identified. They had also not identified the other areas of concern previously identified. For example, the infection control audit conducted in January 2015 identified areas which needed to be improved, but an action plan was not available to show these had been appropriately addressed. The area manager told us she conducted a monthly quality audit with an action plan

being developed, which was followed up during the next visit, or sooner if necessary. We were not provided with these records at the time of our visit despite us asking for any quality auditing systems to be available.

We found that the registered person had not protected people against the risk of unsafe care or treatment, because systems for assessing and monitoring the quality of service provided were not always effective.

This was in breach of regulation 10(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A business continuity plan was in place, which covered evacuation procedures due to emergency situations or environmental failures, such as loss of power supplies, flood, severe weather conditions or fire.

Prior to our inspection we examined the information we held about this location, such as notifications, safeguarding referrals and serious injuries. The registered person had told us about events that we needed to know and we received such notifications in a timely manner.

A wide range of written policies and procedures provided staff with clear guidance about current legislation and up to date good practice guidelines. These were reviewed and updated regularly and covered areas, such as The Mental Capacity Act, Deprivation of Liberty Safeguards, consent to care, safeguarding adults, infection control and health and safety. All policies and procedures had been signed by the staff team, which indicated staff members had read and understood the contents.

One community professional provided us with written feedback, which stated, 'Over the past three months there has been a change in management, which I believe has led to a better philosophy of care. The service appears to have a greater understanding of the service users' needs. There is a greater emphasis on providing therapeutic activity, which I feel has led to more positive outcomes eg. greater access to outside leisure activity. Staff appear more motivated and receptive to completing required documentation and feeding back observational tasks.'

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Proper steps had not always been taken to ensure people were protected against the risks of receiving inappropriate or unsafe care or treatment. This was because risks relating to their health, welfare and safety had not always been well managed.

Regulation 12(1)(2)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who used the service and others were not always protected against the risk of acquiring an infection because infection control protocols were not consistently being followed.

Regulation 12(1)(2)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Safe care and treatment

People who used the service were not protected against the risks associated with the unsafe use and management of medicines. This was because appropriate arrangements had not been made for the obtaining, recording, using and safe administration of medicines.



This section is primarily information for the provider

## Action we have told the provider to take

Regulation 12 (1)(2)(g)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person had not acted in accordance with the 2005 Mental Capacity Act, because they had not taken appropriate steps for authorised restrictions to be reviewed.

Regulation 11 (1)(3) and (4)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not protected people against the risk of unsafe care or treatment, because systems for assessing and monitoring the quality of service provided were not always effective.

Regulation 17(1)(2)