

Coverage Care Services Limited

Barleyfields House

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

Barleyfields is registered to provide accommodation with personal care to a maximum of five people. Staff provide short term respite care for people with a learning disability or autistic spectrum disorder. There were five people living at the home on the day of our inspection.

At the last inspection on 5 August 2015, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive care, which protected them from avoidable harm and abuse. Risks associated with people's care were managed positively and people were involved in managing these risks to help keep them safe. Staff met people's needs in a safe way and were available when people needed support.

People received care and support that was effective in meeting their needs. Staff received training and support to give them the skills needed to support people's specific needs. Staff respected people's right to consent to and make their own decisions about their care and treatment. Where people did not have capacity to make their own decisions, systems were in place which would ensure these made were in their best interests.

People were treated with kindness and compassion by a staff team that knew them well. They were kept involved in their own care and staff made sure they had choices in all aspects of their daily life. Staff respected people's privacy, treated them with dignity and encouraged them to be as independent as they could be.

People's care and support continued to be individual to them. People were supported to spend their time how they wanted to and were encouraged to maintain their routines and social interests when they stayed at Barleyfields House. People had opportunities to give feedback on their experiences of the care they received.

Staff continued to work for the benefit of the people who lived at the home and supported a positive and open culture. People and relatives felt involved in what happened and gave positive comments about the quality of care that was delivered. The provider had systems in place that continued to be effective in assessing and monitoring the quality of the service provided.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Barleyfields House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 August 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on any statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

We met and spoke with five people who lived at the home. We spoke with five staff, which included support workers, senior support worker, the deputy manager and the registered manager. We viewed two people's care and medicine records, including how consent was obtained. We also looked at other records relating to the staffing and management of the home such as quality monitoring reports and training.

We observed people's care and support in the communal areas of the home and how staff interacted with people. We did this to gain an understanding of people's experience of the care and support they received.

Is the service safe?

Our findings

At this inspection, we found people continued to be supported in a safe way and were protected from avoidable harm and abuse. The rating continues to be Good.

People felt safe when they stayed at Barleyfields House and told us this was because staff were always around. They found staff approachable and therefore they felt confident to speak with them if they did not feel safe. One person said, "I can talk to any of the staff." Relatives were happy their family members were safe when they stayed at Barleyfields House. One relative said, "Because I know [person's name] wants to come here this gives me the reassurance they are kept safe, happy and well looked after."

Staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. One staff member said, "The most important way we keep them safe is adhering to their care plans and making sure the building is safe and secure. We involve them (people) in taking risk and help to inform their choice by talking to them about what is safe to do, such as making a cup of tea." Staff and the registered manager understood their roles and demonstrated a clear knowledge of what actions to take in the event of any safeguarding or safety concerns. This enabled people to live safely and free from abuse or harassment.

People continued to be protected against the risks associated with their care. One person told us they bought their pressure relieving mattress with them from home. They said staff knew they had to have a specific room because of the bed that was in that room. They told us staff always checked to make sure the mattress was working correctly and at the correct pressure. Prior to each person's stay at Barleyfields House risk assessments were reviewed and updated as needed. Any new risks were identified and assessed, and we saw clear plans in place to ensure people's safety. Staff understood risk associated with people's care which could include their mobility or the environment they were in. One staff member said, "It could be their mobility or their vision, which means they could be at risk at falls. We have to always make sure areas are free from mess and clutter so they can move around easily and with confidence."

There were enough staff on duty to meet people's needs safely and in a timely way. One person told us they got support from staff when they needed and wanted it. Staffing was based around people's individual's needs and staff confirmed this was flexible. Extra staff would be asked to work to provide cover if people were, for example, going on healthcare appointments or trips out. People were supported by staff who had received the required checks prior to starting work with them. We spoke with one staff member who had recently started work at the home. They confirmed they did not start work until employment and background checks had been completed on them. This helped to ensure new staff were suitable to work with people living at the home.

Medicines continue to be managed safely and people were given their medicines as prescribed. One person told us that staff kept their medicine safely locked in a cupboard in the office. They confirmed they received their medicine at the same time they took it at home and they always had the correct medicines. Staff had received training to manage and administer people's medicines safely and their practice was checked to

help ensure they stayed competent in this role.

Is the service effective?

Our findings

At this inspection, we found people continued to be provided with effective care and support and experience a good quality of life while at the home. The rating continues to be Good

People continued to be supported by staff who had the skills to meet their needs. They confirmed they were happy with the staff that supported them and felt staff understood their needs. One person said, "The staff know what they're doing." Staff received training that was specific to the needs of the people they supported. They told us their training helped them to understand and support people with their learning disabilities, autistic spectrum disorder and when they became anxious. Staff felt supported in their roles and told us they had opportunities to discuss their practice with their line manager, which helped them to improve the quality of care they gave to people. One staff member told us they had a good induction with plenty of support when they first started working at the home. They were given the time they needed to read people's care plans. They also worked with more experienced staff to get to know people and their needs. This helped to ensure that staff were confident and competent to support people.

People consented to their own care and treatment. They told us staff always asked if it was okay for them to help them. They told us they always had choices of what they wanted to do or what they wanted to eat. One person said, "They (staff) give me different choices, they don't do anything without asking me." We heard staff ask people for their choices and for their permission prior to helping them. One staff member said, "I always ask people's permission before I do anything, it's their decision. It shows I respect them."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that, because they provided a respite service, no one tended to need to make complex decisions about their care or treatment whilst they stayed there. Staff and the registered manager told us that everyone that stayed at the service was able to make their own day-to-day decisions. Staff had received training appropriate to their roles, with senior staff and managers receiving advanced training. All staff understood the importance of ensuring decisions were only made in people's best interests if they did not have the capacity to make their own decisions. The registered manager understood when people may be considered to be deprived of their liberty and what they would need to do to make applications to the local authority. This would help to ensure that people's rights were protected and their best interests considered when decisions needed to be made on their behalf.

People were supported to have enough to eat and drink and maintain a healthy diet. People told us the meals were good. One person told us, "We get a good choice and they give you different choices. The staff are good cooks." People were encouraged to help prepare and cook meals to help promote their independence, although not everyone was able to or wanted to. Information on people's dietary requirements were known to staff and they knew the risks associated with each person at the home. One staff member said, "We will have service users stay who have their food pureed, because they have swallowing problems and could choke. We also have to keep the food portions down as some can overeat

and makes themselves ill." We observed people eating meals which they had chosen. Staff provided the support people needed and sat with them and chatted whilst they ate their meals.

The registered manager told us that people kept their own GP's whilst they stayed at the home. If people required healthcare then, depending on the nature of the concern, they would use the person's own GP, a local drop in clinic and the out of hours health services. Staff supported or arranged healthcare appointments as necessary to ensure the continued health of people.

Is the service caring?

Our findings

At this inspection, people continued to receive care and support that was provided in a kind and caring way. The rating continues to be Good.

People told us they had good relationships with staff and were happy to stay at Barleyfields House. One person said, "They (staff) are kind and very friendly. I know them because they've been here a long time. That's important, because they know me and what I need." All people confirmed staff treated them well and they felt staff took an interest in what they did. We saw smiles on people's faces and people looked comfortable and relaxed in the presence of staff. Staff communicated well with people, listened to what they said and responded appropriately. One person, who could not express what they wanted, was encouraged to show a staff member what they wanted.

One relative told us their family member always looked forward to staying at the service, which made them feel at ease. They said, "[Person's name] enjoys it here and wants to come here. It's the only place this has happened." Relatives told us they had built good relationships with staff and felt they were offered support when they needed it. One relative said, "The staff are always friendly, whether I phone or see them in person. Nothing is too much trouble and they always have time for me."

People were encouraged, by staff, to be involved in their own care and express their views. Everyone we spoke with told us staff always offered them choices and involved them in decision making. One person told us when they first came to the home staff talked to them about what they wanted and needed. They told us they felt staff took an interest in what they wanted. They said, "Staff are friendly here, easy to talk to and ask me what I want, or is it ok to do something. They are a good bunch." We saw that staff knew the people they supported very well and were able to anticipate their needs. Staff spoke about people with warmth, respect and understood their preferences and their care and welfare needs.

People received information in a way they could understand and people's care plans written in an easy read format. The registered manager told us they followed the Accessible Information Standard. Adult social care settings are required to implement this standard. By following this, providers make sure people who have a disability or sensory loss get information they can access and understand. Existing easy read information had been improved by the introduction of staff photographs. For example, the staff rota board now had staff photographs rather than just their names. This helped people to understand which staff were working, because they could relate better to a photograph rather than a name.

People's right to privacy and dignity was supported by staff. One person told us, "Staff wait outside the door until I tell them I'm ready for them to come in. They then come and help me. Staff don't make me feel embarrassed or awkward. They help me in the shower, but I do what I can." Staff told us they encouraged people to stay as independent as they could be. People were encouraged to keep their rooms and communal areas tidy and to get involved with preparing and cooking meals. One staff member said, "We get them to do as much as they can for themselves. We can help, but we don't do it for them if we know they can do it themselves."

Is the service responsive?

Our findings

At this inspection, people continued to receive care and support that was responsive to their needs. The rating continues to be Good.

People's care and support was personal to them and their individual needs. People told us they kept to the same routines as they did when they were at home. One person was on their way to work at a local farm when we arrived. They told us they worked there every weekday and kept going even when they stayed at Barleyfields House. Another person told us it was important to them that they kept their routines and that staff understood this and supported them to do this. One relative said, "This place is like a haven for us carers as a respite service, it's safe and calm for them (people). They are taken out by staff and entertained, they are happy. Any problems and the staff deal with it. This is the support [person's name] needs and the peace of mind I need." People told us they enjoyed going to the local pubs for drinks and meals, into town and away on day trips. Staff told us that, because most people attended college, day centres or work during the week they tried to go out for the day at the weekends.

People told us staff spoke with them each time they came to the home to see if anything had changed in their lives. One person told us staff went through their care plan with them when they arrived at the home, to see if anything had changed. We saw and relatives confirmed they were asked to complete a questionnaire prior to their family member's admission. This was to ask if there had been any changes to the person's mobility, health or medicines. Staff sought further information, if changes were identified, to enable them to update risk assessments and care plans. This helped to make sure care provided continued to be responsive to changes in people's needs.

People were supported to give their opinions on the care and support they received. One person told us staff regularly asked them if they could do anything different or better at the home. People were encouraged to complete feedback cards when they left the home after their stay. These contained faces, which showed an emotion to reflect poor, okay, good and excellent in relation to their stay.

People had access to an easy read complaints process and were confident to report any concerns they may have. One person said, "I would speak with staff if I had a complaint. I know the [registered] manager well and would happily talk to them." This easy read complaints process had recently been improved to include photographs of senior managers within the organisation of who they could complain to. The registered manager told us by adding the photographs it would help people to identify and relate to an actual staff member rather than just a name. The provider had a complaints process in place to investigate and respond to complaints raised. The registered manager was in the process of following this process as a complaint had been received prior to our inspection. The registered manager told us no other complaints had been received since our last inspection and they tended to address concerns straight away before they became complaints.

Is the service well-led?

Our findings

At this inspection, people continued to be cared for within a well-led, person-centred culture. The rating continues to be Good.

People told us they felt involved in what happened at the home whilst they were there. They felt cared for within a supportive, open and fun environment. One person said, "I enjoy coming here, because I know the other people and I enjoy the staff. This is a happy place to be."

Relatives told us staff and managers were open, and maintained good contact and communication with them whilst their family member stayed at the home. They told us they were invited to events at the home, received newsletters and found staff to be welcoming and polite. One relative said, "There is no need to change something that works well. We can switch off when [person's name] is here, because we know they are well looked after."

Staff continued to feel supported in their roles. They shared common values in wanting to give people the best possible care and support they could. One staff member said, "We work to ensure they have the best stay as they want it to be. We want them to be safe, enjoy themselves, try new things and meet new people."

Staff understood what they needed to do to report poor practice and told us they had access to a confidential whistleblowing telephone number. They told us they found the registered manager supportive and would not hesitate to speak with them if they did have concerns.

Systems were in place, which continued to monitor and assess the quality of the service provided. Regular audits, which followed our five key questions, were completed and were monitored by the provider. Registered managers from the provider's other homes completed audits on other homes within the organisation. The registered manager told us this acted as a fresh pair of eyes and was a good way to share practice throughout the company. Information was cascaded following senior management meetings and staff kept up to date with any developments within the organisation.

We spoke with the registered manager about any improvements that had been made since our last inspection. They told us the provider was currently working with a local group to improve staff awareness and policy around supporting lesbian, gay, bisexual, and transgender (LGBT) people. They had also made improvements in line with the Accessible Information Standards, which came into force in 2016 to improve easy read information. Improvement had also been made to falls risk prevention, which had had a positive impact on one person. Other improvements were planned for staff training and medicines assessments.

A registered manager had been in post since October 2010 and was present during our inspection. 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.

