

Peace of Mind Healthcare Ltd

Barley House

Inspection report

49 Buckland Road
Taunton
Somerset
TA2 8EW

Tel: 01823972776

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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

Barley House provides accommodation with personal care for up to two people. The home specialises in providing a service to adults who have a learning disability or associated mental health needs. The home is staffed 24 hours a day.

At the time of the inspection there were two people living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People were supported by adequate numbers of staff who had the skills and knowledge to meet their needs. Staff knew how to protect people from the risk of harm and abuse. There were systems in place to identify and manage risks.

People felt safe at the home and with the staff who supported them. One person who lived at the home said "I like it here. I like the staff. They are nice." The other person who lived at the home told us "I am very happy here: Yes. The staff are good to me."

People continued to receive effective care. People were supported by staff who were well trained and competent in their roles. People's health care needs were monitored and met. 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.

The home continued to provide a caring service to people. Staff were kind, considerate and patient when they supported people. A relative told us "The staff are excellent. They look after [name of person] really well. They are very helpful and very caring."

People received care which was responsive to their needs and preferences. A relative said "The staff are very aware of [name of person's] medical problems and involve us and the GP. We have no concerns. They are fully aware and always keep us up to date."

The service continued to be well led. The registered manager was very visible in the home and knew people very well. Staff told us the management within the home were open and approachable. The registered manager and provider continually monitored the quality of the service and made improvements where needed.

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 effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service continued to be well led.

Barley 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 was an unannounced comprehensive inspection carried out by one adult social care inspector. The inspection took place on 1 August 2017.

At our last inspection of the service in June 2015 we did not identify any breaches in our regulations.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

We met with both people who lived at the home and two care staff. The registered manager and one of the provider's other registered managers were also available. We spoke with one relative on the telephone after our inspection.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care records of the two people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety, quality assurance and staff recruitment.

Is the service safe?

Our findings

The service continued to be a safe place for people. One person who lived at the home said "I like it here. I like the staff. They are nice." The other person who lived at the home told us "I am very happy here: Yes. The staff are good to me."

People were supported to live their lives in a safe way. Risks to people were reduced because there were systems in place to identify and manage risks. These included accessing the community, travelling in a vehicle and participating in certain activities outside of the home. Other risk assessments were in place which enabled people to develop and maintain independent living skills. These included making hot drinks, cooking, washing up and doing their laundry. A plan of care had been developed to minimise risks and these were understood and followed by staff.

People received their prescribed medicines when they needed them. Some medicines were prescribed on an 'as required' basis such as pain relief. We heard a member of staff asking one person if they would like any pain relief. The staff member responded promptly when the person said they would like some pain relief. People's medicines were safely managed and administered by staff who had the skills and training to carry out the task. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. Medicines were securely stored and people's medication administration records (MAR) showed when medicines had been administered.

People were supported by a small staff team who knew them well. Staff had been trained how to recognise and report abuse. Their knowledge and understanding of these procedures were monitored through regular staff meetings and supervisions. Staff were knowledgeable and confident about reporting concerns.

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff were available when people needed them. There were two care staff to support the two people who lived at the home. The registered manager and a company director also had their office base in the grounds of the home. We observed staff responded to each person's requests. For example on the day we visited one person wanted to go shopping at their favourite shop. The other person wanted to go for a drive. Care staff facilitated this and each person was supported on an individual basis. A member of staff told us "It's great here. It's so flexible we can support people to do the things they want when they want to do it."

All new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks.

Is the service effective?

Our findings

The service continued to provide effective care. People were supported by staff who had the skills and knowledge to meet their needs. Staff received regular training in health and safety topics and subjects relevant to the people who used the service. Staff were confident and competent when they interacted with people and they demonstrated a very good knowledge of people's needs.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed that people had received annual health checks by their GP and had access to other healthcare professionals including opticians and dentists. People also saw professionals to meet their specific health needs such as diabetes and mental health needs. Staff recorded the outcome of people's contact with health care professionals in their plan of care.

Staff sought people's consent before they assisted them. We heard staff asking both people what they would like to do. Staff had received training about the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions and where necessary, for example healthcare treatment and the management of people's finances.

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 had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

Is the service caring?

Our findings

The home continued to provide a caring service to people. Both people responded positively when staff interacted with them. People were not rushed and staff took time to find out what a person wanted to do. From our discussions with staff it was apparent they cared about the people they supported a great deal. One member of staff said "It's a wonderful place to work. It's so homely and it's great we can be flexible so we can do whatever they [people who lived at the home] want to do. Everything about this home is about [name of person] and [name of person]."

A relative told us "The staff are excellent. Always very helpful and very caring."

The registered manager told us about one person who had always wanted their own cat. In response to this they had bought the person a kitten. The person told us "I love my cat very much. He likes to sit on my lap and have a cuddle."

Staff treated people with respect. Staff communicated with people in a very kind and respectful manner and respected people's right to privacy. Each person had their own bedroom which they could access whenever they wanted. One of the care plans we read contained information for staff about how to support the person to have the privacy they needed whenever they wanted it.

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person's care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others.

The service had received many written compliments about the care provided to people. Comments included "Thank you for all your kindness towards [name of person]. I really appreciate all that you and your staff do."

Is the service responsive?

Our findings

The home continued to provide a responsive service. People received care and support which took into account their needs and preferences. Staff knew people well and knew what was important to them. For example what activities people enjoyed and how they liked to spend their day.

People were supported to follow their interests and take part in a range of activities, trips and holidays. One person who lived at the home said "[name of staff member] took me on holiday. I had fun. We stayed in a hotel. We're going again and will stay in a caravan. I look forward to it." The person also told us "I like cooking. I like baking cakes best of all. The staff help me. It's good." Records showed people went shopping, went for walks, visited places of interest, had day trips, went on holiday and stayed with relatives.

In response to a deterioration in one person's cognitive functioning, staff had received training about how to implement sensory activities and the environment which could benefit the person. The registered manager and one of the company directors had built a chicken run and bought some chickens for the person. They told us this had proved very successful and helped to reduced periods of heightened anxiety which the person experienced.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. The relatives of the people who lived at the home regularly visited them and staff also supported people to visit their families at their home. On the day we visited one person went out with staff to buy a card and present for their relative's forthcoming birthday. Care plans showed that people were regularly supported to use the home telephone to speak with their relatives. A relative said "[Name of person] telephones us regularly. We visit and the staff are bringing [name of person] for a visit with us."

The registered manager and one of the company's directors were very accessible and visible within the home. Both people who lived at the home referred to the registered manager and company director by name.

Is the service well-led?

Our findings

The service continued to be well led. There was a registered manager in post. 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.

The registered manager was very visible in the home and it was evident that people were comfortable in their presence. The registered manager had an excellent knowledge about the needs and preferences of the people who lived at the home and they were passionate about ensuring people had fulfilling lives.

There was a positive culture within the service where there was an emphasis on empowering and involving people whatever their disability. For example, the service was not risk adverse and it was proactive in enabling people to have control over their lives and to receive care and support which was personal to them.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Care staff were honest and open; they were encouraged to raise any issues and put forward ideas and suggestions for improvements. Staff morale was very good and staff told us they felt well supported in their role. One member of staff said "This is a great company to work for. They not only care about the residents, they care about the staff too. They are so committed." Another told us "They are so supportive and really listen to what we have to say. I love coming to work."

There were quality assurance systems which monitored and improved the quality of the service provided. The registered manager carried out monthly audits on all aspects of the running of the home and the quality of care people received. One of the provider's directors also carried out regular audits. The registered manager ensured actions were taken to address any areas for improvement. Annual satisfaction surveys completed by people and their representatives showed a high level of satisfaction with the quality of the service provided.