

Coverage Care Services Limited

Barleyfields House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Barleyfields House is a respite care service. It is registered to provide accommodation and personal care to a maximum of 5 people, at any one time. In total, 29 people accessed the service for respite care at different times throughout the year. At the time of the inspection, 5 people were receiving respite care at the home.

The accommodation is a single-storey building. There are 5 bedrooms and people have access to adapted bathrooms, communal spaces and a large garden.

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

Right Support:

People were mostly supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records relating to consent and capacity needed improving.

When staff administered people's medicines, they did not always follow best practice. The issues we found were rectified during our inspection.

The service gave people care and support in a safe, clean, well equipped, well-furnished, and well-maintained environment which met their sensory and physical needs.

Staff supported people to take part in activities and pursue their interests in the local area.

Right Care:

People received kind and thoughtful care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture:

The provider had processes in place to review compliance with the regulations, but we found some areas

required improvement.

We did find lessons were learned when things went wrong, and the provider responded to any points identified during the inspection. People found the registered manager approachable.

Staff turnover was low, which supported people to receive consistent care from staff who knew them well.

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 5 March 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

At our last inspection we recommended the provider took action to update their policies and practice in line with the Mental Capacity Act 2005 Code of Practice and current NICE guidance on managing medicines in care homes. At this inspection we found this guidance had been considered, but records needed improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified a breach in relation to the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Barleyfields House

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Barleyfields House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Barleyfields House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 Healthwatch, the local authority and professionals who work with the service. 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 annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 5 relatives. We also received feedback via our website from a further 2 relatives. We spoke with 6 members of staff which included the registered manager, deputy manager and care staff. We looked at 5 care plans and medication administration records. We looked at staff training records, 4 staff recruitment files and records relating to the health and safety and the management of the home.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection we recommended the provider ensured practice was in line with the Mental Capacity Act 2005 Code of Practice and current NICE guidance on managing medicines in care homes. At this inspection we found this guidance had been considered, but records needed improvement.

- Staff could not tell us when some medicines had been opened. People bought their own medicines with them when they came for their respite stay. Although staff booked the medicines in, it was not clear when some of the medicines had been opened. This is important with some medicines, such as eye drops and liquid medicines because they may lose their effectiveness.
- Some people took medicines at specific times or only when they needed them, such as pain relief. Staff had the information they needed to know when they should administer these 'as required' medicines.
- Medicines were stored safely. Staff were trained and had their competencies monitored in the administration of medicines. These systems and processes were based on good practice guidelines.

Assessing risk, safety monitoring and management

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff understood the MCA and the principles of ensuring decision specific assessments were carried out and best interest decisions made when needed. However, we found the records relating to these assessments and decisions needed improvement. No harm had come to people because of this.
- The provider had sought advice from the local authority in relation to applying for legal authorisations to deprive a person of their liberty and had followed their guidance.
- Staff had supported people to understand how to stay safe in the event of an emergency. Two people we spoke with told us what they needed to do if they heard the alarm go off and where they should assemble for their safety.

- People's individual risks were assessed, and staff had a good understanding of the risk reduction measures required to help keep people safe. Pre-admission calls were made to families before each visit, to check for any changes in people's needs.
- People's care and support plans included ways to recognise when they may experience emotional distress, and staff knew how to support them safely.
- The provider ensured people lived in a safe environment. Risks associated with the premises and equipment were managed through a programme of safety checks and maintenance at the home. This included areas such as fire safety, ensuring equipment was in good working order and ensuring all utilities were serviced and safe.

Staffing and recruitment

- People were supported safely by enough staff. Staff were not rushed, and people did not have to wait for support.
- Improvement had been made to staff recruitment and staff were recruited safely. Checks had been completed before staff started their employment at the home to ensure they were suitable to work there. These included taking up references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they were at Barleyfields House. They also told us they would speak with staff if they were worried about anything. One relative said, "They are safe, and they know the staff. It's a home from home."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting was in line with the latest government guidance and there were no restrictions at the time of our inspection.

Learning lessons when things go wrong

- The provider had a process in place to ensure accidents and incidents were recorded and reviewed by the management team. Investigations were carried out when required and recommendations were made and shared when needed.

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 our last inspection we rated this key question requires improvement. At this inspection, the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- This is the second consecutive inspection when the provider has been rated as requires improvement in safe and well-led. Although some improvement had been made following our last inspection, we found further improvement was required.
- The provider had governance systems in place. However, when audits had been undertaken, they had failed to highlight some inconsistencies in people's care plans and medicine records. One person had started to use a new mobility aid, but their care plan had not been updated to include this information. The frequency of audits did not ensure every person had a care plan and medicine audit completed in a timely manner and care plan audits were completed by the staff who had written them.
- The provider's audits had not identified some medicine records lacked information on the special administration instructions of a particular medicine. We also found when medicines were taken outside of the home, the records were not consistent in how staff completed them. These were addressed during our inspection.
- The registered manager had made improvement since our previous inspection to ensure the required staff recruitment information was present. However, further work was needed to ensure this information was clear and easily found within staff records.
- Records relating to people's capacity were sometimes inconsistent, for example with managing their finances whilst at the home. This could impact on their ability to experience choice, control, and their ability to be independent in some areas of their lives.

We found no evidence people had been harmed, however this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider confirmed they had reviewed, and updated records relating to people's capacity and had introduced new processes for medicines management and care plan auditing.

- The provider checked the quality and safety of the care provided to people by visiting Barleyfields House and reviewing regular updates from the registered manager.
- People spoke positively about the support they received and were happy when they came to Barleyfields House. They were involved with shopping, cooking and developing their life skills. One person told us they enjoyed working with the maintenance person when they were there. A relative told us, "[Person's name]

loves going there, packs their bags a week before."

- One person saw us looking at the provider's values which were displayed on the wall. As we went through them, we asked the person if they thought the statements were true. They told us, yes, the staff did each one of the values. The values included supporting and listening to people, putting people at the heart of the service, and respecting their life choices.

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

- The registered manager was aware of and understood their responsibilities under the duty of candour regulation, which all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. Staff told us they found the registered manager, "Approachable."

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

- People and relatives were complimentary of the service. Relatives felt involved and were happy with the care and support provided to their family member. One relative said, "We have a rapport with the staff, I don't know what I'd do without Barleyfields."
- The provider sought feedback from people and those important to them and used this feedback to develop the service. This feedback was collated and displayed as a "You said, We did" poster, which demonstrated how feedback was used to improve the service. Most recently new televisions had been purchased because of people's feedback.
- The manager held regular team meetings to have discussions about the service, share information and to gain the views of staff.

Continuous learning and improving care

- The registered manager took on board feedback we gave during the inspection. They acted on issues immediately and provided evidence of actions taken.
- The registered manager kept up to date with local and national best practice guidance to help ensure people received positive outcomes and help with making improvements to the service.
- Staff had access to training in learning disabilities and autism. Staff training and competency assessments had been undertaken and staff were clear about their roles and responsibilities. One staff member told us the training they had received was the best they had received and said, "I'm learning so much stuff." Staff spoke about individual people with knowledge and understanding, without having to refer to individual support plans.

Working in partnership with others

- The registered manager told us they felt well supported by the provider and worked in partnership with registered managers from the provider's other services. This helped to share good practice and to learn from incidents at other homes.
- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.
- The registered manager worked with the local authority to help develop assistive technology for people. This technology supports people with learning specific activities, including household tasks in readiness for transition into supported living.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure their governance system were effective in assessing, monitoring and improving the quality of the service. Regulation 17, (1)(2)(a)(c)