

# Lifeways Community Care Limited

## Barley View

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

|                            |   |
|----------------------------|---|
| Is the service safe?       | <b>Requires Improvement</b>  |
| Is the service effective?  | <b>Good</b>                  |
| Is the service caring?     | <b>Good</b>                  |
| Is the service responsive? | <b>Good</b>                  |
| Is the service well-led?   | <b>Requires Improvement</b>  |

# Summary of findings

## Overall summary

### About the service

Barley View is a residential care home providing personal and nursing care for up to eight people in one adapted building and is one of four services on the Bilsthorpe site owned and run by Lifeways. On the day of our inspection there were three people using the service.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

People living at the service were not always safe, as safeguarding concerns were not effectively reported, monitored or analysed in a timely way. This had resulted in lessons not being learnt following incidents occurring.

People were not always supported by enough staff, and staff did not always know people well enough. Staff had not always received up to date training to support people in a suitable way.

The service did not always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service did not fully reflect the principles and values of Registering the Right Support for the following reasons, there was a lack of choice and control; people had not been supported to undertake social activities of their choice on a regular basis; staff did not always support people in the least restrictive way.

People's medicines, nutritional needs and healthcare needs were managed. People were protected from the risk of infection. Staff supporting people maintained their privacy and dignity. Risks to people's safety were assessed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good, published (8 March 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about staffing, safeguarding issues, lack of activities and the management of all Lifeways services at this location. A decision was made for us to inspect

and examine those risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barley View on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We have identified breaches in relation to management of safeguarding issues and governance of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Barley View

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

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

The service did not have a registered manager in place at the time of the inspection. Both the registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection, we sought feedback from the local authority, clinical commissioning groups, agencies and healthcare professionals involved with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we briefly spoke with two people living at the service. However, it was not possible to obtain their views on the service, so we used the Short Observational Framework for inspection (SOFI). SOFI

is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with one relative to ask about their experience of the care provided. We spoke with two members of staff. We reviewed three care records, three medication records and one staff file. We also looked at a variety of policies and procedures, the training matrix, audits, accident records and records relating to the management of the home.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to 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.

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

- People were not always protected from harm because systems and processes to safeguard people from the risk of abuse were not always effective. There were no safeguarding events available to review at the service, all safeguarding events were held centrally by the management team who were analysing them in retrospect due to inconsistent reporting. This meant the opportunity to learn lessons could have been missed.
- It was not evident how lessons had been learnt when things had gone wrong. We could see some incident forms had been completed and reviewed by a manager. We could not see any evidence of analysis or themes identified. Staff told us incidents and accidents and behavioural issues were discussed at staff meetings, however this was not clear from minutes of meetings. Failure to analyse events as they occurred meant the opportunity to learn lessons was missed. This meant people could be at risk of harm.
- We discussed our concerns with the senior management team. They told us they were aware of the issues with reporting safeguarding issues and were working to address this by continually trying to raise staff awareness and retrospectively submitting incidents to both CQC and the local safeguarding teams. However, this inconsistent reporting meant opportunities to learn lessons were being missed and people were at risk of harm.

Poor systems and processes to manage and learn from safeguarding issues placed people at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Staffing and recruitment

- People were not always supported by appropriate numbers of suitably trained staff to keep them safe. All people living at the service required one to one support throughout the day. The team leader was responsible for providing one to one support whilst also performing other duties such as checking finances. Therefore, the person they were supporting was left on their own for periods unobserved.
- Staff recognised that they relied on people behaving in a consistent way when they were doing other tasks. However, any unpredictable change in people's behaviour could put people at risk of harm if they were not being observed on a one to one basis.

Due to the lack of sufficient staff to support people safely. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014

- The provider used agency staff, the agency staff member present during the inspection regularly worked at the service, so was able to build up a relationship with and knew the person they supported.
- Appropriate pre-employment checks had been carried out on new staff members, and agency staff to ensure they were safe and suitable to work at the service. However, there was no information available for the agency person on duty at the time of the inspection, the acting manager corrected this during the inspection.

#### Assessing risk, safety monitoring and management

- People's risks had been assessed, identified and reviewed as their needs changed. This included people at risk of choking and complex behaviour that may put them at risk. Support plans were in place to take appropriate action to keep people safe, reduce risk and avoid harm. Staff we spoke with had a good understanding of the support people required.
- Regular health and safety checks were performed on the environment to ensure the buildings were safe for people to live in. However not all checks were up to date, the maintenance person provided us with up to date documentation for all four locations that were kept together. This showed us that there was no one at the location who had oversight of safety issues. All equipment, including cars used by the service were regularly checked and maintained.
- People had personal emergency evacuation profiles in their support plans. This ensured staff knew how to support people to leave the building in an emergency.

#### Using medicines safely

- People were supported with their medicines in a timely way, however, at the time of the inspection, the team leader on duty at Barley view was unable to administer medicines and two members of staff from another service came across to administer medicines which meant medicines were being administered by staff who may not know people well. People's medicines files had information on the use of the medicine and any side effects that may occur.
- People's medicines were kept securely locked in their rooms or in a dedicated medicines room downstairs. Records were up to date. There were policies and procedures to support staff knowledge.
- There was a weekly audit of medicines which picked up errors and a monthly management check.

#### Preventing and controlling infection

- People were protected from the spread of infection. There were infection control policies and procedures. Staff showed understanding on preventing and controlling infections. We saw staff using personal protective equipment.
- There were regular audits of the environment with actions completed.



# Is the service effective?

## Our findings

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

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

Staff support: induction, training, skills and experience

- People were supported by staff who did not always have up to date training for their roles. All staff (including agency) completed an induction period with training. Permanent staff had a period of probation to ensure they had the appropriate skills to care for people.
- We reviewed the staff training matrix and found there was a significant number of staff who had training that was overdue or not completed across the four services, for example, manual handling, and infection control. Staff across all services were allocated to work at Barley View, therefore we could not be assured that staff at the location had sufficient training to support people's needs.
- Staff told us supervision sessions were not booked on a regular basis due to changes in management. Yearly appraisals to discuss staff performance had been undertaken.
- Staff told us there had been lots of changes and they did not have a registered manager in place. One staff member said, "The acting manager [Name] is very supportive, but they are covering other homes and are very busy."

Due to the lack of sufficient trained and skilled staff to support people. This is a further breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014

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

- People's needs, and choices were assessed and regularly reviewed and updated to ensure the care provided was up to date. People's protected characteristics under the equality act were considered for people who needed support with communication.
- People were supported to make choices on a daily basis and these were recorded in their daily support plan.
- Staff were supported by health care professionals and used national guidelines and best practice to provide care.

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

- People's nutritional needs were supported. Systems to monitor people's weight, food and fluid intake were in place. People's care records included likes and dislikes, allergies and cultural needs.
- One person had a very limited diet and we could see the support the person had received and how the service had worked with other external agencies to support the person.
- People living at the service had a weekly meeting to plan the menu for the week ahead, this also included likes and dislikes and treats they would like.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Peoples healthcare needs were supported in a timely way. Staff knew people well and could identify when they were unwell. We could see in support records signs or triggers for people to pick up when people were unwell.
- We could see people accessed a wide variety of healthcare support. Appointments were logged in support records and booked in the home diary. There was a lack of detailed evidence to show how peoples oral health was maintained.
- There was information on people's specific health conditions in their support plans so staff were aware of what problems they may have. We discussed one person's particular difficulties and staff expressed concerned to ensure the person got the best support they could to ensure their health did not deteriorate.
- People had emergency information in place to ensure they received the correct care, in the event of an unplanned admission to hospital.

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

- The environment had been improved with recent decoration and a new kitchen and dining area that was light and clean. There were communal areas to sit and relax and an activity room, however some areas had a very clinical rather than homely feel.
- People had access to a large garden area, however there was a lack of security. This meant people could access the busy road at the end of the drive. The grounds of the location were untidy with rubbish lying around.
- People's rooms were personalised to their tastes and we saw decorations that people told us they liked.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had mental capacity assessments and best interest decisions in place. People and families were involved in these decisions. Information was provided in easy read format for people on what MCA and DoLS are.
- One member of staff we spoke to could explain the principles of the MCA to us and how it was used to support people. "We always assume people have capacity, and then work to support them if they don't by putting best interests decisions in place."
- Two people's DoLS had expired and we were informed that they had been reapplied for by the previous registered manager but there was no written evidence to support this.

# Is the service caring?

## Our findings

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

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

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

- People we observed were relaxed with staff. Staff were friendly and spoke to people kindly whilst providing gentle support. Staff knew how to communicate with people and encourage people in a positive way, prompting them as necessary.
- Care plans were detailed, and we could see people's likes and dislikes had been recorded.
- Staff knew triggers for people's behaviour and could explain how to avoid them happening or manage them if they occur. Staff told us how they protected people from discrimination.
- One relative told us staff were caring and communicated well with them.

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

- People and their families were involved in their care and support plans.
- Staff told us they encouraged people to make choices and decisions on a daily basis around activities, personal care, food and drink and what clothes they wore.
- Staff told us that for people who could not make decisions by themselves or with family support, they were supported by advocates if required. Advocates speak up for people when they are unable to speak up for themselves. Independent Mental Capacity Advocacy was introduced as part of the Mental Capacity Act 2005. This gives people who have an impairment, injury or a disability which results in them being unable to make a specific decision for themselves, the right to receive independent support and representation.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and privacy and dignity was maintained. Staff told us how they protected people when their behaviour compromised their dignity.
- Staff told us how they supported people's independence. People were supported to prepare their own food, clean their rooms and perform household tasks, and make decisions about how they spent their time. We saw people making hot drinks and cleaning their rooms. Staff told us how they supported people with verbal prompts when paying for items in shops, so they could buy items with their own money.
- People's records were kept securely locked in an office, to maintain confidentiality.

# Is the service responsive?

## Our findings

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

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

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. One member of staff told us, "I would write a complaint down, and report it to the acting manager." There was an easy read complaints policy for people.
- The service could not produce any complaints to show us or evidence of improvements made following complaints. Complaints were held in a central location by a senior manager. This meant we could not be assured that complaints had been dealt with in an appropriate way.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care from staff who knew them well. Care and support plans were individualised, and regularly reviewed, so staff could meet people's needs.
- People had a 'Me at a glance' form so new staff or agency staff would be able to quickly gain an insight into people's needs to ensure they received the care they preferred.
- People were supported to see their families and keep in touch. People's likes and dislikes, around hobbies and activities were recorded, and people had weekly activity planners. Staff told us people were offered at least two activities each day, however some of these activities, even though quite small were still an achievement for some people. One person had recently had their support reduced from requiring two people to go out, down to one which meant they could get out more. We could see people's level of activities varied according to their preferences.
- People were supported to access the local community and staff at local businesses knew people. People went out shopping, walking, horse riding, cycling, or to the pub. People had access to computers and music headsets. Some people used phones and social media to contact their families.
- Staff told us there were afternoon tea events and cinema nights to promote people building up friendships with other people living at the four Lifeways houses.

Meeting people's communication needs

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

- People's communication needs were identified in their care plans and they received information in different formats. Several documents were available in easy-read format. Staff told us they used Makaton to communicate with some people. Makaton is a language program that uses signs and symbols to communicate with individuals who cannot communicate by speaking. For people who were non-verbal, care plans identified how people expressed themselves through gestures to communicate their needs.

#### End of life care and support

- No one was receiving end of life care at the time of the inspection.
- Support plans contained detailed information about people's preferences at the end of life.

## Is the service well-led?

### Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no registered manager in post at the service and systems and processes to monitor and improve the quality of the service were not effective. The lack of clear leadership had a negative effect on the quality of care people received. At the time of the inspection the acting manager was covering three other services at the location and therefore unable to provide consistent oversight at Barley view. The provider had brought in a senior management team to support staff at the service, this team had changed a number of times, resulting in a lack of continuity and consistent oversight of the service. Relatives told us communication about accidents and incidents was not always good and they were not always informed at the time, but after the event.
- The acting manager understood duty of candour and told us incidents and accidents were reported to families, however due to poor recording and reporting of safeguarding events, we could not be assured of this. However, one relative told us the service was slow to notify them of events that occurred. One relative told us that although they felt the staff were good, they did not feel the management team led the service well, due to poor communication and a slow response to issues raised.
- Audits in place were ineffective. We were told that a medication audit had identified a problem, and staff were retraining in medicines. However, staff were unsure exactly what problem had been identified and why they were having to retrain, this conflicted with other information we were given.
- The management team lacked oversight of health and safety. Some maintenance records were not up to date such as carbon monoxide monitoring. When we spoke with the maintenance person who supported all four services on the site, they were able to produce up to date records, this showed us records were held centrally rather than Barley view staff having full oversight of the service.
- One member of staff told us that the team worked well together and supported each other well. However, it was hard to change things without a regular manager in place. Staff told us one of the managers did a walk round each day to check the service. Staff told us they had feedback from the acting manager at meetings to update them on audit results and actions, however this was not evident from minutes of meetings.

The lack of systems and processes to monitor and improve the quality of the service and the lack of

management oversight to assess, monitor and mitigate risk relating to health, safety and welfare of service users, is a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

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

- Staff were not always involved in the running of the service. Staff told us they had staff meetings every six to eight weeks, however the minutes from the last meeting were three months old. Meeting did not contain action points to follow up, so it was not clear if issues had been followed up.
- Staff told us there were shift handovers, emails and memos to keep them up to date with changes.
- We were told there were meetings for service users on a Sunday afternoon where they were given the opportunity to express anything they were unhappy with and make suggestions for changes, but we did not see minutes for these meetings.
- The provider performed annual surveys to gather feedback from staff and service users and their families, which were used to improve the service.

Continuous learning and improving care; Working in partnership with others

- Staff told us they worked with families to improve people's care and gave us an example of something they had implemented at the request of family members.
- The service worked in partnership with multiple healthcare professionals to provide healthcare for people.

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 13 HSCA RA Regulations 2014<br>Safeguarding service users from abuse and improper treatment<br><br>People were not always protected from harm because systems and processes to safeguard people from the risk of abuse were not always effective.<br>Regulation 13 (1) (2) (3) (6) |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider did not have robust systems in place to monitor and improve the service<br>Regulation 17 (1) (2) (a) (b) (c) (d)   |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>People were not always supported by appropriate numbers of suitably trained staff to keep them safe<br>Regulation 18 (1) (2) (a)   |