

Festival Care Homes Ltd

Barleycroft Care Home

Inspection report

Spring Garden
Romford
Essex
RM7 9LD

Tel: 01708753476

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14 May 2019

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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

About the service:

Barleycroft is a care home that provides accommodation, personal and nursing care to 70 people aged 65 and over at the time of the inspection. Barleycroft accommodates up to 80 people across three separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

People's experience of using this service:

The provider had made improvements to the service after our last inspection.

People spoke positively about the care and support they received. They felt safe using the service. Staff had a good understanding of what constituted abuse and how to report any concerns to keep people safe.

Risks associated with people's care and support had been assessed and there was guidance in place to keep them safe.

The service had an efficient system to manage accidents and incidents and learn from them, so they were less likely to happen again.

There were systems in place for the monitoring and prevention of infection.

There were sufficient numbers of staff to meet people's needs and staff recruitment processes were robust.

Staff received appropriate training, support and development which enabled them to meet people's needs effectively.

People were supported to receive their medicines safely. They had access to health care services and professionals when they needed them.

There were assessments undertaken and care plans developed to identify people's health and support needs. Systems were in place to ensure staff were up to date about people's needs and were aware of people's preferences.

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.

People had the privacy they needed and were treated with dignity and respect at all times. They were supported to be as independent as possible and to make choices with regard to their daily lives.

Staff were knowledgeable about people they supported. People commented that staff had good relationships with them.

There was a complaints procedure which provided information on the action to take if someone wished to make a complaint and what they should expect to happen next.

There were systems in place to manage, monitor and improve the quality of the service provided. The provider always welcomed suggestions on how they could develop the service and make improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated requires improvement (published 21 May 2018).

Previous breaches:

Following the last inspection, we found that the service was in breach of three regulations in relation to staffing, fit and proper persons employed and good governance. We asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 safe.

Details are in our Safe findings below.

Good ●

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 well-led.

Details are in our Well-Led findings below.

Good ●

Barleycroft Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

Barleycroft 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 provides accommodation to adults with learning disabilities. The service had a manager registered with the Care Quality Commission. This means that they 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:

The inspection was unannounced and took place on 14 May 2019.

What we did before inspection:

We reviewed information we had received about the service from the provider since the last inspection, such as serious injuries. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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.

During our inspection:

We spoke with six people who used the service, six relatives, six staff, the deputy manager, the registered

provider, one visiting professional and one doctor. 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 speak with us.

We reviewed a range of records. This included nine people's care records and multiple medicine records. We looked at eight staff files in relation to recruitment and staff supervision records. Multiple records relating to the management of the service and policies and procedures developed and implemented by the provider, were reviewed during and after the inspection.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visit the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection in March 2018 the provider had failed to ensure there were enough staff to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 18.

- We received mixed feedback from people and their relatives about the staffing level in the service. Some people told us there were enough staff whilst others felt there could be more staff. One person told us, "There is always someone [staff] around." Another person said, "I think there could be one[staff] more." One member of staff told us, "Yes, I think we got staff."
- The provider had recruited more permanent staff, and this helped to ensure people's needs were met. We looked at the staff rota for the past four weeks and noted the number of staff who were on duty matched what the registered manager told us.
- The registered manager informed us and records confirmed that the number of staff working on each shift would depend on the needs of the people who used the service. For example, if a person needed more support due to changes in their physical needs, the staffing level would be increased to ensure their needs were met. People's needs were met in a consistent way as the service had not used any agency staff for the past four months.

At our last inspection we found the provider's recruitment process did not ensure that fit and proper persons were employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 19.

- People were protected by appropriate recruitment processes. We looked at staff recruitment files and found that all the pre-employment checks required had been carried out. We saw the files contained an application form, references, identity checks, health checks and evidence of a criminal record check. This reduced the risk of unsuitable people working with people who need support.
- The provider had a disciplinary policy and procedures in place. We noted and the registered manager informed us that disciplinary actions had been taken with staff who had not been performing in accordance to their roles.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People told us they felt safe at the service and were happy with the care and support provided by staff. One person said, "Yes I

am safe here." One relative told us, "Definitely, it is safe place, we have looked at a lot of other homes, but we have decided to come here."

- From discussions we had with staff and the management team they understood their safeguarding reporting responsibilities. One member of staff told us, "If I see any sort of abuse, I will report to the manager and if they don't do anything about it, I will go higher. I will contact the safeguarding team myself."
- The risks associated with people's care and support needs were assessed and measures put in place to ensure staff supported people safely. Staff were aware of potential risks to people and ensured they were safe. There was guidance in place on how to manage risks, for example, when transferring people who had restricted mobility.
- People had a personal emergency evacuation plan (PEEP) that advised staff on the help they needed to evacuate the premises in the event of a fire.
- We saw equipment used in the service had been serviced and fire safety checks were undertaken on a regular basis.

Using medicines safely

- The provider had systems to ensure medicines were stored, administered and disposed of safely. People told us staff helped them with their medicines and they received them on time. One person told us, "They [staff] come and give me my medicines. I have 12 in the morning and eight at night."
- We saw that medicine administration records (MARs) included: photos of the person who used the service, their date of birth, their room numbers, their GP contact details and any allergies that people had. Records showed that medicines were given to people as prescribed.
- People were supported with their prescribed medicines by staff whose competency to administer people's medicines had been assessed. This helped to ensure they maintained a good understanding of safe medicines administration.

Preventing and controlling infection

- There were systems in place to prevent the spread of infection and ensure people as well as staff were safe. People told us domestic staff did a very good job at making sure their rooms were clean. One person told us, "They [cleaners] come every day. My room is always clean."
- Staff were provided with personal protective equipment such as aprons and gloves. They had received training in infection control and were aware of their responsibilities in this area.

Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents. Records of accidents and incidents were reviewed by the registered manager, to prevent them from happening again.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection in March 2018 the provider had failed to ensure all staff training was up to date and there were some staff whose training was very overdue or had not been completed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 18.

- The provider ensured that the staff had the necessary skills and knowledge to effectively meet people's needs. There was a training programme in place for all staff.
- People were happy with the care and support they received from staff. They felt the staff knew what they were doing. One person told us, "The staff are good, they help me to have a wash and come to see if I am okay or needs anything doing." A relative said, "Yes, the staff are good at what they do, it is hard job, they do it well."
- All staff completed training in a number of key areas to ensure they were competent to do their job such as, moving and handling, safeguarding adults, fire safety and infection control. One member of staff said, "The training is good, we had some training recently and they were informative."
- The registered manager monitored staff training closely to ensure staff were up to date with their training and notified them to complete outstanding training.
- We saw staff who were new to the service received an induction when they started working. The induction was comprehensive and included subjects such as understanding the principles of care and the needs of people.
- Staff were supported by having regular supervision sessions with their line managers and also had an annual appraisal. This gave staff an opportunity to discuss any work-related issues, such as any training needs as well as needs of people in the service. This also indicated that the registered manager regularly assessed and monitored the staff's ability to meet people's needs.

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

- Before people started to use the service, a detailed assessment of their needs was undertaken before they started receiving care and support. The assessment covered areas of the person's physical, social and psychological needs and was carried out with the involvement of the person and their relatives.

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

- People were supported to be able to eat and drink sufficient amounts to meet their needs. Staff were aware of people's likes and dislikes and would offer them a choice.
- We received mixed feedback about the food being served in the service. Some people commented positively about the food whilst others said it could be better. One person told us, "The food is good."

Another said, "I don't like the food, my relatives sometimes bring food for me." This was discussed with the registered manager who advised us that they were holding a meeting with people and their relatives to discuss this issue.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and to access health care services and professionals when they needed them. Staff monitored people's health and wellbeing and sought advice or guidance from healthcare professional as needed.
- People told us they could ask to see a doctor if they were not feeling well. The service had GPs who visited on a weekly basis. We met one of the GPs during our visit. They told us that staff kept them informed of changes in people's needs and the management worked very well with them.

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

- The service had different aids available to staff and people to ensure their needs were being met fully. We saw assisted baths were in place for people who had difficulty getting in and out of bath. People also had special beds and mattresses and this helped to ensure they did not develop any sores.
- Since our last visit, the flooring in some rooms had been replaced and certain areas within the service had been redecorated. There was plan to have a decking area in the garden for people to use during the summer months.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found them to be compliant.

- People were asked for their consent before staff provided them with care and support. One person said, "Yes, they [staff] ask me and let me know what they are going to do."
- Staff told us the actions they would take if they felt a person lacked capacity to make certain decisions about their care and support. This was in line with MCA. The registered manager was familiar with the processes and principles of the MCA and DoLS.

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.

Good: 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 told us the staff were kind and caring and looked after them well. One person said, "It is a nice home, the staff are good to me, I have not any complaints." Another person told us, "The staff are nice." Relatives also mentioned that staff were kind and caring. A relative told us, "The staff are very kind, they treat the residents well."
- During our inspection, we found the interaction between staff and people was friendly and relaxed. Staff had a good understanding of the needs and preferences of people and had built up good relationships with them. We saw staff assisted people in a calm and kind manner.
- Staff had an awareness of equality and diversity policies. People were treated equally regardless of their abilities, their background or their lifestyle. Where people had any cultural or religious needs, these were recorded to ensure staff were aware of them.

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

- People were involved in planning their care and support. Their representatives were also involved where applicable. Relatives told us they were always kept informed of changes in the well-being of their loved ones. Records showed that people had been involved in planning the care and support they received.
- We found information about people was treated in confidence. People and their relatives were happy with the way staff handled their information and felt their confidentiality was respected.
- Staff were aware of their responsibilities in this area and knew that people's private information should not be disclosed to a third party without their consent. This meant people's confidentiality was protected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff ensured their privacy and dignity was maintained at all times. One person told us, "Staff always knocked on my door they come to my room." One staff member said, "I always close the door and draw the curtains when I am washing a resident."
- People were encouraged to maintain their independence and undertake their own personal care where possible. One person told us, "I dust my own room, I like to keep myself busy." One staff member said, "I always encourage the residents to do as much for themselves as they can. If they can wash their upper limbs, I encourage them to do this."
- Staff had a good understanding of the care needs for people they supported and were able to tell us what people did and didn't like and what support they needed. For example, one member of staff told us, "[Person] likes Weetabix with cold milk for breakfast."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were happy with the way staff supported them. One person said, "The carers are very good." Relatives also spoke positively about the care provided by staff. One relative told us, "[Person] gets well looked after." Other relatives told us how responsive staff were. One relative said, "They are good at communicating with us - they'll tell us if there's something we need to know."
- People's care needs were documented so staff could provide personalised care and support. Care plans stated what people could do for themselves and what they needed help with, such as toileting needs and eating and drinking.
- Staff were aware of people's current needs. One staff member told us, "Normally before they [person] are admitted we find out from the family, we take that information, but we also speak to them." People's care plans were reviewed on a monthly basis or as and when people's needs changed.
- People and relatives told us there were activities available and people took interest in them. One relative told us, "[Person] has the opportunity [to be involved in activities]. There is the odd film getting shown, I've seen the projector. I've seen the petting animals and [person] with a mini goat!" A staff member confirmed this, "You can see in some activities they may show a real interest."
- We saw activities evidenced in the activities log, with photos, and saw that the service provided a multitude of activities for people to be engaged with. Photos showed people smiling and taking part in what was on offer.
- Activities we saw included cake baking, musical performances and special occasions celebrated. Activities that people preferred were recorded in their care plans.

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 were encouraged to keep in touch with their family and friends. Relatives mentioned to us that they could visit their family members at any time. One person said, "I go out to meet with my families during the weekend." Another told us, "My husband comes to see me every day." This helped to ensure people were not socially isolated.

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable raising concerns with staff or the registered manager. One person told us, "I have no complaints." A relative said, "If I had concerns I would speak with [nurse] or [registered manager]." Another relative added, "They listen to my concerns."
- We saw the service had various historical complaints that were dealt with in an appropriate manner. The registered manager told us that there had been no complaints within the last year.

End of life care and support

- People had their end of life wishes discussed and recorded in advanced care plans. These helped to ensure they received the care and support they wanted when approaching the end of their lives.
- Whilst we were on inspection we noted an end of life facilitator was providing support to staff to improve their end of life care knowledge.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care.

At our last inspection in March 2018 the provider had not adequately assessed, monitored and improved the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- There were numerous quality assurance measures in place to monitor the quality of the service people received. The provider continually sought feedback from people, relatives, staff and other professionals. This was gained through a variety of audits and satisfaction surveys. Audits we saw included medicines, care files, infection control and daily checks.
- Satisfaction surveys were analysed and compiled into a report that was shared with people, relatives and staff. The report was generally positive. Where things could be improved the registered manager had planned to work on these areas with their staff team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager and their team had worked continuously to ensure they met the breaches we had identified at our last inspection. The registered manager told us, "We have worked non-stop to make improvement, the staff have worked hard."
- The registered manager demonstrated they were aware of when the Care Quality Commission (CQC) should be made aware of events and the responsibilities of being a registered manager. They had notified us about certain events, so that we could see what actions they had taken or if we needed to follow up on any information they had sent us.
- Staff were aware of their roles and responsibilities and felt supported by the management team. One member of staff told us, "The manager is very good and listen. If I have any problem, I can talk to them and it will get sorted."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People, their relatives and staff told us that the service was well managed, and they were able to discuss any issues they might have. One staff member said, "I think they [management] want to provide the best care to service users to make them comfortable and happy. Complaints and compliments are welcome."

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

characteristics.

- People and relatives told us they were invited to attend meetings about the service. One person told us, "They[staff] do come and ask me about things and they do let me know what was happening in the home." A relative said, "We also know there are residents' meetings and we'll be coming to the one next week."
- Meeting records indicated that people discussed things that were important to them such as food, their care, activities, maintenance and cleanliness.

Working in partnership with others.

- The management team worked closely with other health and social care professionals to ensure people received the care and support they needed. We saw that the service had regular contact with multi-disciplinary teams to discuss people's on-going needs or any concerns they might have.