Anchor Trust

Barnfield

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Barnfield is a purpose built residential home that provides care and accommodation for up to 63 people, some who are elderly and frail and some who may be living with dementia. The home is divided into seven separate units, each with their own lounge and dining area. There is a main lounge area for communal use. At the time of our inspection 58 people were living at Barnfield.

This was an unannounced inspection that took place on 13 June 2016.

The home was without a registered manager as they had left the home two weeks prior to our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The new manager was present on the day and she and the deputy manager assisted us with our inspection. The new manager told us they would be starting the process of applying to become the registered manager.

Care records for people were not always accurate and some information around the risks identified for people was missing which meant staff may not know how to respond.

Staff had not always followed the legal requirements in relation to the Mental Capacity Act 2005. Where people had restrictions in place to keep them safe, staff had submitted the appropriate DoLS applications. Staff were heard to obtain people's consent before they supported them.

Staff followed correct and appropriate procedures in administering medicines and medicines were stored safely and appropriately. People were cared for by a sufficient number of staff which meant they did not have to wait to be attended to. People knew who to speak to if they needed to make a complaint.

Staff knew how to look out for any signs of abuse and who they would report abuse to should they need to. The provider carried out appropriate recruitment checks on staff before they started working at Barnfield.

Were people had falls or accidents, staff took appropriate steps to help ensure the risk of reoccurrence was reduced. Staff worked with external health professionals in this respect. If the home had to be evacuated in the event of an emergency staff knew what action they needed to take.

People had care responsive to their needs. People were provided with a choice of meals each day and those who had dietary requirements received appropriate food. However, we found those people on a soft diet were not offered the same choice of meals. Staff maintained people's health and ensured good access to healthcare professionals when needed.

There was a good atmosphere in the home where people and staff interacted in an easy-going manner. Staff

were kind, caring and respectful to people and there was good relationships between staff and people. People could make their own decisions and have privacy when they wished it. Visitors were welcomed into the home and staff knew relatives well. People told us they did not get bored and they had access to a range of activities which they enjoyed.

Care was provided to people by staff who were trained and received relevant support from their manager. This included regular supervisions and an annual appraisal with their line manager.

Care plans were individualised and contained information to guide staff on how someone wished to be cared for. Information included detail around people's mobility, food and personal care needs. Some agency staff did not always know relevant information about people, however there was always a permanent member of staff on each unit to assist. People moving into the home may not always have been made to feel welcome. The manager was aware that pre-assessment information needed to be completed in a more comprehensive way.

Quality assurance checks were carried out to help drive improvement within the home. The manager had their own action plan which they had been developing since starting at Barnfield. They recognised the areas that needed to improve and were actively working on them.

There was an open positive culture within the home and it was evident the new manager was respected by staff and staff morale had improved since they had taken over the role.

During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made some recommendations to the provider. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's risks were identified, however detailed information for staff was missing in some care records.

The provider ensured there were enough staff on duty to meet the people's needs. The provider carried out appropriate checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns. There was a contingency plan in place in case of an emergency.

People received the medicines they required and medicines were stored correctly and safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had a good understanding of the Deprivation of Liberty Safeguards. However we found that staff had not always followed the legal requirements in relation to the Mental Capacity Act.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff were trained to ensure they could deliver care based on best practices.

People received effective care and staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring

People were treated with kindness and care, respect and dignity. People were made to feel that they mattered to staff.

Staff encouraged people to make their own decisions about their care and to remain as independent as possible.

Relatives were made to feel welcome in the home.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a range of activities.

Care plans were comprehensive and regularly reviewed. People were involved in their care plans. Although some temporary staff were not as knowledgeable about people as they should have been.

People knew who to speak to should they wish to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Care records relating to people were not always complete.

Quality assurance audits were carried out to help improve the quality and safe running of the home.

Staff felt supported by senior and people and relatives knew who the manager and deputy manager were.

Staff and people were involved in the running of the home and any suggestions or feedback they give was listened to.

Barnfield

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 unannounced inspection took place on 13 June 2016. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had previously completed a Provider Information Return (PIR) at our request. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had reviewed the PIR prior to our last inspection.

As part of our inspection we spoke with 14 people, the provider's district manager, the new manager, the deputy manager, eight staff, five relatives and one social care professional. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink.

We reviewed a variety of documents which included five people's care plans, four staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

We last inspected Barnfield in October 2014 when we found breaches in Regulation 17 (staffing) and Regulation 22 (respect and dignity) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These equate to Regulation 18 and Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which came into force on 1 April 2015.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe living at Barnfield. One told us, "Can't say why but yes, feel very safe." A second person said, "I'm safe and well cared for. I don't need much help but when I do they are always there." Relatives agreed. One relative said, "Very safe and well cared for." Another told us, "Lovely place. Reassuring and people are absolutely safe."

Although risks had been identified for people, detailed information for staff had not always been included to assist staff in how to respond to some individual risks. Risk assessments were included in people's care plans. These included mobility, nutrition and skin integrity. Where people smoked they were accompanied by a staff member and wore a retardant tunic. One person had individual risk assessments for taking a shower without staff supervision and for applying their own topical (medicinal) creams. However, one person had displayed inappropriate behaviour towards staff but there was no individualised risk assessment around that. Other people were diabetic and this was recorded in the medical information in their care plans. However there was no guidance for staff on the risks related to diabetes or the signs that staff should look out for that indicated medical intervention may be required. Staff worked closely with the provider's care and dementia advisor who reviewed the care records of people who had incurred several falls in a short period of time. We noted the advisor had identified some shortfalls in risk assessments for people before our inspection during their audits and checks.

People received their medicines in a safe way because staff following suitable medicines management procedures. Medicines were stored securely in a medicines trolley which was attached to the wall when not in use. Each unit had their own trolley. Staff followed the provider's policy and wore a red tabard when dispensing medicines. This helped to ensure they were not disturbed during the medicines round and it helped reduced the risk of people receiving medicines which may not be for them. Staff carried out routine stock checks to help ensure medicines were accounted for and when liquid medicines were opened the date of opening was written on the bottle. This helped ensure the medicines remained fit for their prescribed use. People told us that staff looked after their medicines for them. One person said, "They (staff) look after my medication. I would forget, so that's good." Another told us, "They give me my medication and make sure I take it." A third commented, "They make sure I take my medication."

People's records in relation to their medicines were completed correctly which meant people received the medicines they required each day. Each person had a medicines administration record (MAR) which held a photograph of the person for identification, together with details of any allergies they may have. Staff checked each person's MAR to see what medicines people required before dispensing them and only signed the MAR once they had seen that people had taken their medicines. If people refused medicines they completed the MAR to show the reason why.

People who had 'as required' (PRN) medicines had a separate protocol in place which helped ensure that they received their PRN medicine in a safe way. The protocol contained information on when a person may require their PRN medicine, what signs and symptoms they may display and the maximum dose they could be given. Where it indicated people could have one or two tablets staff recorded how many had been given.

People told us they felt there was enough staff around. One person said, "Staff are very good, you just press the bell and they (staff) come." Another person told us, "Best thing I've ever done (moving in her). There is always someone around to help if needed." A relative said, "Mum doesn't have to wait. There is always someone around." Another relative said, "There are enough staff now."

At our last inspection in October 2014, we found there were an insufficient number of staff on duty and people were not being supported in a timely manner because of this. During this inspection we found people did not have to wait to be helped or supported and there was always a member of staff around when needed. The manager told us staffing levels had been increased following the last inspection and there were now two care staff on each unit, with two or three team leaders also available to help. They told us at present they were using agency staff to supplement the permanent staff, but they were actively recruiting and as new staff members of staff started work the use of agency staff would reduce. The manager told us there was a dependency tool to decide each person's level of dependency and in turn how many staff were needed across the home. They added that staff were deployed in a way that meant different units may have different staffing levels at any one time. Numbers of staff on the day matched what we had been told by the manager. Staff felt there were enough staff on duty. One staff member told us, "Always seem to be enough staff."

Where people experienced regular falls within the home staff took action to prevent reoccurrence. A relative told us, "She has fallen a few times. She has an alarm now." Falls, accidents and incidents were recorded and monitored regularly by the manager and deputy manager. This helped identify trends or possible causes. One person had suffered a high number of falls during the last four months. The deputy manager told us a falls mat had been put in their room and this person had been referred to the doctor and the falls team (a specialist team who works with providers to help reduce falls). In addition, a review of this person's needs had been requested to identify whether or not Barnfield was the most appropriate place for them to live. The manager told us they were very clear Barnfield was a residential home and staff knew they should have no hesitation in calling the doctor, nurse or ambulance if necessary. Staff told us they would ring the emergency button in the event of an incident and if necessary call the paramedics.

Records in relation to falls were kept by staff. A post fall observation tool was used. Staff signed and noted the condition of the person every 30 minutes for a period of 72 hours after the fall. A diary was kept with body maps completed.

The provider carried out recruitment processes in a way which helped ensure that only suitable staff were employed to work in the home. We saw staff files contained a past employment history, references, identification and results of a Disclosure and Barring Service check (DBS). A DBS identifies if a person has a criminal record.

People were helped to remain safe because staff understood their role in relation to safeguarding. Staff described to us the types of abuse that may take place. Staff received safeguarding training and there was information about safeguarding displayed throughout the home for both staff and people. This included the local authorities safeguarding procedure and local contact telephone numbers. Staff knew how to report abuse in and outside of the home. Staff knew they could call the police or CQC if necessary. One member of staff said, "I would report abuse to the team leader. If I saw something happening I would put a stop to it."

People's care and support would not be interrupted or compromised in the event of an emergency. There was a contingency plan in place for staff in the event of an unforeseen emergency or the home had to close for a period of time. People had their own individual personal evacuation plan which gave information on the support they may need in the event of an evacuation. Staff had received fire training which meant they

would know what to do in such a situation. One member of staff said, "I would hit the alarm, stay in the unit and wait for radio advice."

Requires Improvement

Is the service effective?

Our findings

Staff did not always follow the legal requirements in relation to the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care plans held mental capacity assessments for people, but these were not always completed for specific decisions and some decisions had been made on people's behalf without proper processes being followed. One person had been given a flu jab but no MCA had been carried out or best interest meeting held. Staff had made this decision despite the person's family requesting that their relative did not have the jab due to their fear of needles. A second person received their medicines covertly (disguised in food) but there was no specific MCA or best interest decision in relation to this. The manager told us they were aware that elements of the MCA process needed further work and this was ongoing. This had also been identified during a provider audit visit.

The failure to comply with the 2005 Act was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood the need to obtain consent from people and we noted where people were able to, they signed to consent to the care they received. We heard people being asked for their consent by staff before they supported people. One staff member said, "We need to do a MCA for everything. I always give people a choice like what would they like to wear or eat." People told us staff always asked for their consent before they did anything.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were able to demonstrate to us a good understanding of the legal requirements and had submitted DoLS applications for people appropriately.

People were happy with the food overall. One person said, "The food is marvellous Choices are very good. If I don't like the selection they ask what I would like." Another person told us, "I have nothing against the food. It is good quality." A third person said, "We are well fed. I like the roasts – they dish up good food." A further person said, "You always get asked what you want for breakfast and we can eat where we want to. Relatives felt the same way. One relative told us, "Food is very good. If she doesn't like anything on the menu then they will get something else." Another relative said, "My sister had lunch with Mum and said it was very good." The atmosphere at lunch time was good. There was music playing quietly and we heard people chatting to each other.

However, we found that not everyone was offered a choice of meal each day which meant people who were on a specialised diet may not always receive the food of their choice. There were two choices of meal for

people who were on a 'normal' diet. Those who required a soft diet (such as pureed or fork mashable) were not given the same option. The chef told us they would usually choose the 'softer' meal choice in these instances. We spoke with the district manager about this who told us the provider had recognised this was an area for improvement. They said a workshop was being in held in July 2016 for all catering staff purely to discuss and consider different ways in which everyone could have the same opportunity and choices in relation to their meals.

Snacks and drinks were available for people throughout the day. Each unit had a 'nutrition station' which contained snacks of crisps, fruits and savoury foods which people could help themselves to. Menus were on display for people in the main lobby as well as on individual dining tables. We saw people read the menus and make their choice. For those who may not have understood what was on the menu we saw staff showed them two plated meals as a visual prompt. Staff offered up different juices so people could choose and staff gave people time to think before they responded.

People's dietary requirements and preferences were known by the chef. He told us that although people on pureed food do not have a choice he would not give them something they did not like. The chef told us they knew what people could or could not eat and they were able to answer our questions without hesitation in relation to people's requirements. They showed us the list they followed which detailed people's individual dietary needs and we noted information in relation to one person was in line with what was written in their care plan.

Where people were at risk of dehydration or malnutrition staff sought appropriate advice. One person, whose health had deteriorated, had received involvement from the Speech and Language Therapy team and we noted staff had commenced a food and nutrition diary. This helped staff keep track of this person's intake in order to decide whether or not further professional help was required. A member of staff said some people needed encouraging to eat and if people were not eating they would report this back to the team leader as it could mean they (the person) was unwell. People who had diabetes had healthy balanced diet information sheets in their care plans to guide staff on the most appropriate foods.

People received effective care from staff. One person had exercises to do each day in order to help them regain their mobility. Staff had introduced a chart which staff signed when they had completed this person's exercises with them. This helped ensure that these were carried out each day as requested by the physiotherapist. One person had been suffering from a pressure sore and we heard from the deputy manager how this was healing well as a result of the care the district nurse had provided in conjunction with care staff. People told us they received effective care. One person said, "I had a breakdown and they (staff) have really helped me." A relative said, "She was in a sorry state when she first came in and there has been great improvement."

People had access to external healthcare professionals when appropriate and staff followed any guidance given to them. A healthcare professional told us, "I think it's pretty good here, the team are interested in what you have to say, usually staff communicate well."

People told us if they were feeling unwell staff would always call the GP for them. We noted from people's care plan and wide range of external health professionals were involved in people's care. This included the GP, district nurse, physiotherapist, dentist and chiropodist. One person told us, "If I need a doctor I can always see one and there is a district nurse who comes often." Another said, "If I need to see a doctor or nurse they arrange it." Relatives commented, "She sees the doctor attached to the home" and, "The doctors and nurses are constantly in."

Staff received support and training which helped enable them to do their job confidently. One staff member said, "It's (the training) not too bad, there is some e-learning. I've learned quite a bit from the training." Staff were able to explain different types of dementia and what was important for people with dementia. Training included, health and safety, moving and handling, infection control, medicines and safeguarding. Staff told us they completed an induction when they first started. This was followed by a period of shadowing an experienced member of staff before they worked independently. Staff were supported by management. Staff told us they had supervisions every month and an annual appraisal. These are useful for staff as it is their opportunity to discuss all aspects of their work with their line manager.

The environment was suitable for people which meant people living with dementia were provided with items and décor that would allow them to find their way around more easily. Toilets and bathrooms were clearly signed and there were memory boxes outside people's rooms with meaningful items in them such as ornaments and photographs or CDs. Sensory items were located around the home and the décor was bright.

Good

Is the service caring?

Our findings

We asked people if they were happy living at Barnfield. One person told us, "It's really quite nice here, the staff are lovely, everything is nice really." Another person said, "Good staff. They're your friends." A third person told us, "The care here is very good." Other comments included, "Most of them (staff) are excellent. Care is very good – especially caring", "I have all the care I need", "Very caring and kind" and, "They (staff) are very kind. All the staff are very nice."

Relatives agreed. One told us, "Everyone is very good. Dad is well cared for. The staff are very happy and look after him well. He is very happy here." A second relative said, "I would say the staff are very kind and caring." A third relative said, "They are caring and respectful." A healthcare professional told us, "Care is pretty good, the residents seem quite happy."

At our inspection in October 2014 we observed some instances when staff did not show respect or dignity towards people. At this inspection we had no concerns in relation to how people were being cared for by staff. The manager told us that all staff had attended dignity and respect training and that senior staff routinely observed staff practices.

People received help and support from staff who they had developed a good relationship with. We heard staff chatting to people about the day's news events. There was laughter and relaxed conversation between people and staff. One member of staff was explaining to people how they had brought in music from home that they thought people may enjoy. We saw a staff member laugh with and cuddle one person. We heard staff encourage people. One person was knitting and a staff member said how good their knitting was and that they had promised to knit the staff member a jumper. The person and staff member laughed together at this. Another person had their birthday and when staff asked how old they were they clapped and congratulated them.

People were treated with respect. One person told us, "You get treated with respect, they (staff) are never rude, nasty or abrupt. I'm quite satisfied, what more do you want?" Another person said, "We get on very well and they (staff) listen. They always treat me with respect." When staff were playing music to people they closed the living area door to shut out the noise of the hoover being used by the housekeeper so people could hear properly. A staff member told us, "When you enter a room you make sure you knock and cover people up when they are having personal care." We saw staff knocking on people's doors. Another staff member told us, "I speak to people like I would to my mother. I talk about their families." They added, "I would always knock on people's doors before going into their room and close the door and curtains if I was carrying out personal care."

People were made to feel as though they mattered. One person was given a drink and the member of staff said, "Let me know if you have enough sugar." Another person was playing dominoes with staff and a second staff member took over saying, "Hello x, I've come to beat you again" to which the person smiled. A third person was asked if they would like a blanket for their legs as they were feeling a bit chilly. This person said, "Sorry, I'm being a nuisance." To which staff replied, "You are not being a nuisance at all." One person

had their hair cut and a staff member said, "Your hair looks very, very nice." A staff member told people about the meal choices during the morning and checked they were happy with them. They took time to explain what each meal was when people asked them.

People were encouraged to be independent. A staff member told us, "I try to encourage them (people) to wash themselves and those with a walking stick I encourage them to walk as much as possible." We saw people had chosen what they wished to do and some were sitting in communal areas reading the newspaper or out in the garden getting fresh air.

People could make their own decisions. One person told us, "Staff are always nice, we more or less get up when we want to." Another person did not wish their hair appointment at the time it had been arranged for and told staff, "I will go down when I am ready." Staff respected this person's decision. A third person told us, "They (staff) help me make my own decisions." Staff gave people choice throughout the day. This ranged from what they would like to drink, where they wished to sit or how they wished to spend their time.

People were cared for by staff who showed a gentle approach with people. A person became anxious asking where their daughter was. A member of staff stopped what they were doing and immediately responded and reassured the person. Staff supported one person gently when they transferred them between their wheelchair and an armchair. They chatted to them throughout the process.

People were given their privacy. We saw some people chose to spend time in their rooms at different times during the day and staff respected this. When staff spoke about people with us, they used room numbers instead of sharing names in front of others.

People were supported to maintain relationships with people close to them. We saw visitors arrive during the day and it was clear that staff knew them well. A relative told us, "I am always welcomed and asked if I want a cup of tea."

Good

Is the service responsive?

Our findings

Staff had not planned appropriately to help ensure that people moving into the home received a personalised and individualised welcome. One person moved into Barnfield during the morning. Although their needs had been assessed before they moved in the information contained in the pre-assessment was basic and did not include personalised information such as their nutritional likes and dislikes or personal information such as how they liked to be addressed. We had spoken to the chef about this person shortly before lunchtime but they had not been given any information and did not know they had moved in. In addition, two staff members were unaware it was this person's first day in the home. During a conversation with the team leader later in the day it was clear they had a good detailed knowledge of the person which included their food preferences and this was being used to develop their care plan.

Staff were not always made aware of information related to people. Staff said they had a staff handover when they came on duty. However, we found that some agency staff were not as knowledgeable about people as they should have been. For example, one person had exercises they needed to do daily and from their care plan they were noted as being on a food and fluid chart. Although the agency staff were able to tell us how much fluid this person had drunk during the morning, they were unaware that they should be writing this down on the chart. Furthermore, despite knowing about the exercises and completing them with the person, they had not been shown the chart in this person's room to sign to indicate they had done them. Another member of agency staff was unaware that three people on the unit they worked in were diabetic.

We recommend the provider ensures good procedures are in place to help welcome people into the home and temporary staff are provided with relevant information about people.

Care plans for people were detailed, comprehensive and completed in a person-centred way. They included information on their mobility, personal care, nutrition, skin integrity and communication. Daily notes, written by care staff, were inclusive and gave a good picture of what a person had been up to during the day. One person suffered from dry skin and it was noted, 'check her skin integrity' as this person washed themselves. Staff knew about this and the risk this imposed if they did not wash. Another person liked to have a shower in the evening and when we asked staff they were able to tell us about this preference. A further staff member was able to describe to us the signs to look out for if someone who was diabetic was suffering from low sugar levels. People's past history and background were recorded. These identified their likes, dislikes and preferences.

People knew they had a care plan. One person told us, "I am involved in my care plan and it is changed often." Another person said, "I see them (staff) write in it (care plan)." Relatives told us, "If there are any changes to her care, they (staff) discuss it with me" and, "I have seen and discussed her care plan."

People received responsive care. One person complained of feeling unwell and having pains in their chest. The staff member immediately called a team leader who asked the person if it was their usual pain and suggested they may feel better if they sat down for a while. We checked this person later and they were looking brighter and told us they felt better.

People told us they felt there was enough going on in the home. One person said, "There are a good selection of activities, but I usually prefer to read. Today we're playing dominoes." A second person told us, "Never bored. We have all sorts of activities. I like the quiz and crosswords. There is always something going on." A third person said, "Plenty to do – bingo, drawing, puzzles, football and cricket on television." A relative said, "Mum used to spend a lot of time in her room but they have encouraged her to come into the lounge more often and she is beginning to integrate more." Another relative told us that staff had put together a bird table and put bird transfers on the window for people. They said, "Mum doesn't go out so it brings the garden in."

Activities for people were varied and individualised. Activities took place within the individual units as well as in the main lounge area. Staff circulated among people during the day, creating opportunities for one-to-one interaction, for example when a group of people were watching the television and a staff member sat with them and discussed the programme they were watching. During the morning the main lounge area was buzzing with activity. People and staff were at various tables, playing dominoes, doing jigsaws, looking at old photographs or having their nails painted. One person liked gardening and we read how they planted out the raised flower beds in the garden area. Another person enjoyed doing a jigsaw. They had just started a new one and staff were helping them put together the outside edge. One person was playing dominoes with staff and staff cheered the person on when they were winning. There was a walk each morning at 11:00 and we saw people out walking with staff. One person was noted as, 'likes to keep herself to herself – try and encourage her to be part of the community'. We heard staff try to persuade this person to come out of their room.

The manager told us they had recently recruited a new activities co-ordinator and planned to increased staffing levels dedicated to activities to four. They said, "We ended up losing all activity co-ordinators and things stopped. I found staff had not been encouraged to do things, but we are starting all the events up again." They explained they hoped this would enable people to have more opportunity to go on trips out of the home or to have a pub lunch, for example. In addition, staff were expected to 'down tools' at around 11:00 each morning and spend an hour in meaningful activity with people. Apart from in one unit, we saw this happen.

There was a complaints policy available which was displayed around the home and easily accessible for people. People told us they had not felt the need to complain, but knew who to talk to should they have any concerns. The complaints records showed 13 complaints during the last 12 months. All of which had been dealt with without delay. One person said, "I never have (complained), but I would speak to the duty manager." Another person told us, "If I had a complaint I would tell a carer or the manager." A third person said, "Whatever complaints we have, usually minor, are dealt with straight away." A relative told us, "The deputy manager will always speak to me and check whether I am happy. He tells me not to let things fester." Another relative said, "Had a few minor complaints but they have always been sorted."

Requires Improvement

Is the service well-led?

Our findings

Some care records for people were not always complete which meant people may not receive the care they required if they were being looked after by a member of staff who did not know them well. One person was diabetic however there was no information on signs to look out for if they became unwell. Another person suffered from dry skin but there was no information relating to this when staff noticed a higher level of dryness. This same person behaved inappropriately towards staff, however there was no guidance for staff in how to deal with any advances from them. Another person had a body chart which showed where their topical (medicinal) creams should be applied. The instructions for application were, 'apply thinly to all areas which itch' but there was no detail about how often this should be done. Due to the risk of this person falling their care plan noted, 'complete a falls prevention plan' however the plan only detailed how they may be at risk, rather than what could be done to reduce the risk of falls for this person. For example, it noted, 'left sided weakness, at risk of UTI (urinary tract infection) and may be unsteady at night'.

Two people's life stories in their care plan were sparsely completed which meant staff may not know information about their life before they came to Barnfield. A third person self-administered their insulin and staff audited this regularly. Guidance was in place for staff should this person's diabetic levels change, however the guidance said, 'if continually outside normal levels, then contact the GP'. There was no indication of what 'continually' meant. Another person had two recent falls but no falls prevention plan had been completed for them.

The manager had been developing an action plan in the time since they started working at Barnfield. This recorded all areas that required improvement. We noted from this plan they had recorded that some care plans did not reflect the care that had been provided. For example, one person had seen the GP but this had not been recorded. They had also written, 'not all pre-assessments were robust and require most information'. Some action had been taken already to address the shortfall identified. The provider's care and dementia advisor had carried out two sessions with team leaders and care staff. These had covered: writing in a person-centred way, how to record and evidence care that was given, how to record choice had been given, reviewing of risk assessments and how to write accurate records. This had resulted in a template care plan audit check sheet being produced for staff to use. In addition the manager had introduced 'management' days for team leaders which gave them an opportunity to complete and review care plans and carry out supervisions and appraisals uninterrupted.

We recommend the provider completes their work on care records promptly to help ensure that records for people are accurate and up to date.

Quality assurance checks were carried out by staff to monitor the level and quality of the care provided to people living at Barnfield. Senior staff audited a sample of care plans each month and where shortfalls were identified these were acted upon. For example, staff had written in relation to one person's care plan, 'nutrition plan could do to be rewritten'. We noted staff had completed this immediately following the audit. An infection control audit highlighted the need for a deep clean through the home following a recent diarrhoea and vomiting outbreak. This had been done. Staff also completed in-house medicines audits.

Provider audits took place and we read the report from the ones held in March and June. These were undertaken in a way that reflected CQC's inspection domains. We read that the district manager had noted some effective, caring and responsive practices from staff. The manager's action plan was being used to drive improvement within the home and regular auditing of progress was taking place by the manager as well as the district manager.

People and relatives were involved in the running of the home. Monthly residents meetings were held and quarterly families meetings. We were provided with the minutes of the most recent meetings and saw people discussed the food, activities, staffing and the laundry. People told us nothing could be improved. We were provided with the results of the most recent resident's survey which showed from the 45 responses received people were generally happy with the care they received.

Each unit had their own 'residents' meetings and suggestions and feedback from people was listened to. People in one unit had said they wished to brighten up the archway between the dining and living area and we found this had been decorated with homemade arts and craft items. One person was knitting 'dementia mats' for other people living in the home and another person had been planting out the raised beds in the garden. There was a suggestions box on a table in the hall of the home which both people and relatives could contribute to.

Staff told us they worked well as a team and helped each other out. This was evident on the day when we saw staff working across the units together. This meant staff knew people in the home, rather than just in their individual units. One staff member told us how much they liked the deputy manager and that he was a great support. They added, "I always get thanked by the team leader. I feel listened to." A member of agency staff said they, "Rated" the team leaders. They said they were fair and always made them feel valued and that permanent staff did not treat them differently.

The culture within the home was good and senior staff led by example. The district manager noted at their last audit visit, 'the staff informed me how well the new manager conversed things she wanted them to do and what was happening in the home.' The manager told us the increase in staff had been, "Fantastic" and this had allowed more one to one time between staff and people. It had also reduced medicines errors and increased the activities taking place. She added, "It's been a struggle to get the quality of life up. We had quite a few (residents) who wouldn't leave their room. This has been reduced." We found the district manager, manager and deputy manager very open and transparent with us. They discussed the areas that needed to be worked upon and how they felt things were progressing. They had a good knowledge of people and were able to find information we requested without difficulty. The manager told us, "This is everybody's home."

Staff told us the home had improved since the new manager had started. One staff member said staff morale was better and because there were now two staff on duty in each unit they had more time to talk to people.

We asked people and relatives if they knew the senior staff within the home. One told us, "She's (the manager) often around with most of the staff." Another person said, "I know the deputy manager. He's often around." A third told us," Not spoken to them, but know them by sight." A relative said, "Have met and spoken to the manager many times. They have an open-door policy and are accessible. Reception is always welcoming."

Staff met regularly and we noted from the minutes of recent meetings they discussed staffing levels, maintenance, activities and record keeping. Meetings were held between staff at different levels of seniority

together with a staff meeting for all staff working in the home. The manager told us they had started a monthly policy hand out for staff which staff sign to confirm they have read. Last month's policy was whistleblowing which staff confirm they knew about. Short quizzes were to be introduced at staff meetings to check staff understanding of specific areas. For example, safeguarding and MCA were planned for the next meeting.

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 11 HSCA RA Regulations 2014 Need for consent The registered provider had not ensured staff always followed the legal requirements in relation to consent.