

Nottingham City Council

19 Barkla Close

Inspection report

19 Barkla Close
Clifton
Nottingham
NG11 8QH

Website: www.nottinghamcity.gov.uk

Date of inspection visit:
27 July 2022

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28 September 2022

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

19 Barkla Close is a respite care home providing accommodation for persons who require nursing or personal care for up to three people. The service provides respite care for 30 people throughout the year. The house is single story with shared lounge areas, bathroom and an accessible garden. The service provides support to adults with learning disabilities or autistic spectrum disorder. At the time of our inspection there were two people using the service. During the pandemic the provider made the decision to reduce the number of people staying to improve infection prevention and control measures.

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

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

Based on our review of safe, effective, caring, responsive and well-led the service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture.

Right Support: Staff supported people with their medicines in a way which promoted their independence and achieved the best possible health outcome. Medicines were managed safely. As people were only at 19 Barkla Close for short stays the rooms were not personalised, but the house was homely, and people could bring items from home with them. Staff enabled people to participate in daily living tasks and promoted their independence. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People were supported to have maximum choice and control of their lives throughout their stay and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People's care, treatment and support plans reflected their range of needs and this promoted their individuality, wellbeing and enjoyment of life. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs. Staff received training and support to provide care effectively. People were provided with meals and drinks to maintain their wellbeing. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. People could take part in activities of their choosing in the home or in the wider community and pursue their own interests.

Right Culture: People were empowered and their families were comfortable with them staying at 19 Barkla

Close because of the ethos, values, attitudes and behaviours of the management and staff. The stable management and staff team supported people to receive consistent care from staff who knew them well. This meant people received compassionate and empowering care which was tailored to their needs.

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

This service was registered with us on 24 April 2019 and this is the first inspection.

Why we inspected

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 19 Barkla Close on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

19 Barkla Close

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

19 Barkla Close is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 19 Barkla Close is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 27 July 2022 and ended on 1 August 2022. We visited the location's service on 27 July 2022.

What we did before the inspection

We looked at information we held about the service when we planned the inspection. We sought feedback from Nottingham City's Adult Safeguarding and Quality Assurance Team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We were able to speak with three relatives of people who used the service about their experience of the care provided. We spoke with five members of staff including two care workers, the care team leader and the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training information, policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and told us they were aware of how to report any concerns.
- The registered manager had open communication with other professionals and reported safeguarding concerns and made notifications as required.

Assessing risk, safety monitoring and management

- The service supported people in a way that kept them safe and well and addressed any risks. Equipment was maintained, health and safety checks were consistently completed and there was information for staff in case of an emergency such as a fire.
- One relative told us, "[Name of person] has been to many respite services and this is the best I have felt about them being in respite, they are really safe and really well looked after."
- There were risk assessments in place that were regularly reviewed and staff were aware of people's support needs and how best to keep them safe.
- Some people had been identified as being at risk of choking. We reviewed paperwork which showed external professionals had been involved, including speech and language therapists, and this was recorded in people's care plans.
- Some people had developed behaviours that put their safety and that of others at risk. Staff were aware of how best to support people, received appropriate training and care plans also evidenced this.
- The care team leader and staff regularly reviewed processes and information about risk to ensure it was relevant and continued to support to keep people safe.

Staffing and recruitment

- The service had appropriate staffing levels and the care team leader told us they adjusted staffing levels to accommodate people's needs.
- The rota showed there were safe levels of staffing available day and night. The care team leader arranged shift patterns to reduce disruption to people's day that could cause them upset.
- The service was using agency staff on the day of the inspection. The registered manager told us that they used consistent agency staff which was confirmed when we spoke with the agency worker on shift. We reviewed the agency induction process and details provided on the agency staff before they worked at Barkla Close and found these were provided.
- We reviewed three staff files which all had current Disclosure and Barring Service (DBS) checks and other checks such as conduct in previous employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The management team continually monitored the rota and any staff absence to ensure there were enough

staff to meet people's support needs.

Using medicines safely

- The service managed people's medicines appropriately, they were stored safely and records kept up to date.
- One relative told us, "I always get a call from the care team leader or one of the staff before [name] goes into Barkla Close. They ask for updates on how they are and any changes in health or medication."
- People had individual, person centred care plans to ensure they received the right medicine to stay safe and well and there were staff allocated to administer medicine who were trained and competent.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting arrangements to the service met government guidance. Staff ensured visitors were provided with appropriate personal protective equipment, (PPE) and kept a diary of who was visiting and when to manage the amount of people coming into the home.

Learning lessons when things go wrong

- The management team carried out a number of audits, team meetings, as well as an annual satisfaction survey to check processes were running smoothly and ensured people had the opportunity to give feedback.
- The registered manager told us, "We recognised in the last survey we scored lowest in the section about activities for people. The pandemic had impacted as did limitations on public transport. Things are much better now restrictions have eased and people can go out and do things they enjoy."
- We observed that action was taken when issues were highlighted including responding to feedback from people. Concerns were addressed quickly which improved the quality of care and support people received.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We reviewed people's care plans which showed that assessments had been completed of people's care and support needs, promoted their choices, likes and dislikes and were in line with current legislation.
- One care plan we reviewed contained detailed information covering the person's day to day needs. It included activity preferences, sleep pattern, hearing, sight and oral health.
- Clear information was available in people's care plans which supported staff to provide effective, person-centred care.

Staff support: induction, training, skills and experience

- The services management team ensured staff, including agency staff, received an induction and shadowing. They were trained and received support from the management team including supervision and regular checks-ins with the care team leader.
- Staff received appropriate training to meet people's needs. One staff member told us about their experience and training, "I have worked in care for years and have done the National Vocational Qualification (NVQ) in Health and Social Care level 3, the care certificate, all my mandatory training and training on epilepsy." The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People using the service received care and support from competent staff meaning care was person-centred and effective.

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

- People were supported to enjoy balanced meals, have access to snacks and drinks, and were offered choice in a way that they understood. People's weight was monitored where they were at risk of malnutrition.
- We observed staff supported people with their lunch time meal in a way that encouraged them to eat and drink. This included ensuring people had the right environment for them to relax and enjoy their meal.
- Mealtimes were flexible so people could eat when they wanted to. The inspection team asked one person if they had had lunch yet. Staff supported with the person's communication and said they had not eaten as, "They aren't ready yet."
- We reviewed people's care plans which included information about people's likes, dislikes, special diets and information from professionals, including a speech and language therapist.
- Detailed information about people's dietary and health needs, offering people choices and providing access to food and drinks at all times, meant people were supported to remain healthy and well.

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

- The service provides respite care for 30 people throughout the year. This meant that the rooms were not personalised but the care team leader told us that people could bring items in with them to make them feel more at home when they stayed.
- One family member told us, "The bungalow is clean and so homely, it's a nice place for someone to go to."
- The service had appropriate equipment to meet people's different needs. The equipment was serviced and clean. This provided a safe, accessible and comfortable environment for people.

Supporting people to live healthier lives, access healthcare services and support

- We reviewed people's care plans which contained information on activities people enjoyed. There were activity plans and activities people engaged in had been documented.
- We observed contact information for people's GP and documents from medical professionals, including a recent hospital discharge letter for one person.
- Care plans contained adequate, in date, information to support people to access healthcare services and to live a healthy lifestyle during they stay.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We observed staff supported people in a respectful and person centred way. We reviewed care plans and received feedback from relatives which confirmed that people were treated in a way that was respectful and valued them as individuals.
- One staff member told us, "We treat people like our family. I always feel if it was my child or family member I would want them to be treated how I would treat my family."
- One relative we spoke with told us, "Staff are amazing and if there was a problem I would know by [name's] behaviours on their return home."

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

- The service provided opportunities for people and their relatives to provide feedback on the service, be involved in developing the persons care plan, and contribute to regular reviews about their care.
- During the inspection we observed care plans, pictorial information and staff using people's preferred means of communication to engage with them.
- One care plan contained information on the person's body language and sounds they used to communicate. It explained how to use "cues and clues" to understand the person's communication. This meant staff understood people's communication support needs and were able to support them to make choices and be involved in making day to day decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- When people stayed at the service they had space and privacy and a bedroom that was theirs for their stay. Staff promoted people's independence and protected their dignity and privacy whilst supporting them.
- We observed one person's support at mealtime. The staff member was attentive and wiped the person's mouth in a discreet and respectful way to maintain their dignity whilst quietly talking to the person so they were aware of what was happening.
- We reviewed care plans which explained the support people needed but also focussed on what people could do independently and how staff could promote their independence. This meant people received support from staff who were kind, respectful and considerate of their needs.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The service had a care plan for each person which was tailored to their needs. People and their family had contributed to make the information specific to them.
- One agency staff member told us, "I can read a care plan and clearly understand how to support the person. Staff are given time to read care plans, they are up to date and we are told about any changes to people's care."
- We reviewed one person's care plan which contained detailed information about their spiritual beliefs, including end of life information should it be needed during their stay, contact details for the person's church and items of clothing specific to their beliefs.
- Detailed, personalised care plans, which staff had read and understood, meant people received care focussed on their individual needs and wishes and supported their choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained detailed information about people's communication needs and we observed pictorial information on food choices to support people to make a choice.
- Information was available for people in a format that was more easily understood including picture prompts and staff were aware of how people communicated their needs and wishes.
- One relative told us, "[Person] doesn't communicate verbally but to the best of my knowledge their needs and choices are catered for. One size doesn't fit all but you can tell how [person] feels by a look. On the whole they are happy when they come home."
- Providing information in different formats dependent on people's needs and preferences meant people were empowered to make their own choices.

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

- The registered manager told us, "We try to maintain people's interests while they are here. We have a diversity calendar we use to promote different cultural events. We get to know things individuals will enjoy. [Name] enjoys snooker and a pint so we bought a snooker table during lockdown."

- Care plans contained information on activities people enjoyed. One person's care plan contained details on what they found comforting when they visited the service.
- The service followed an active support model of supporting people which promoted their engagement in daily living tasks and recorded positive outcomes. This meant people were encouraged to participate in meaningful activities.

Improving care quality in response to complaints or concerns

- The service had a robust complaints procedure which was displayed and available in an easy read format and people were aware of how and who to raise any concerns or complaints with. There was information available for advocacy services if required.
- One relative told us, "When [person] first started going, there were teething problems but I am perfectly satisfied now. I know things can go wrong but I speak to staff and they do act on what I say."
- People were able to make a complaint and a clear process would be followed to address and resolve concerns. People received a better quality of care and support as a result.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service provided person centred support which was detailed in people's care plans and we observed staff practice which reflected this.
- People felt able to speak to management and staff openly. One relative we spoke with told us, "Management and staff are sound, you can talk to them, they are really good, down to earth people."
- The registered manager told us, "The team feels like being part of a family and we wish to reflect this in the service people receive."
- Having a positive culture within the service meant people felt supported, able to communicate with staff, and staff supported people with positive personal outcomes during their stay.

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

- The provider understood their responsibilities relating to the duty of candour and the importance of this.
- The registered manager told us, "We want to be an open and transparent service. If we have had a problem, we will contact families, talk to them, work with them. If there has been a mistake it's way better to have a conversation, be honest, work out what went wrong."

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

- Staff were aware of their role within the service and had a job description, so this was clear.
- The care team leader told us the care staff were graded at different levels and had different levels of responsibility according to their level of experience and qualifications. This meant staff understood their role within the service and the aspects of people's care they were responsible for so that people's care needs were met.

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

- Care plans, service user meeting minutes, satisfaction surveys and team meeting minutes demonstrated that the service engaged people involved in and using the service .
- People's equality characteristics had been considered. One care plan contained detailed information to support staff to understand a person's beliefs and preferences about their clothing and their network with their wider community. Activities were planned to help people celebrate important religious and cultural

events while they were staying at the service.

- Engaging people in a meaningful way and understanding people's different backgrounds, culture, spiritual beliefs and preferences meant the service could provide an inclusive, person centred service.
- One relative told us, "The staff are so supportive. For families like mine the service is a lifeline, I couldn't cope without it. The communication from staff is really good. We can relax and we know staff will let us know if there is a problem."

Continuous learning and improving care

- During the inspection the registered manager, care team leader and staff welcomed feedback and input from the inspection team.
- The registered manager told us, "Our diverse workforce all bring something different to the service, different approaches, which we can learn from and improve the care people receive."
- Understanding the importance of ongoing learning meant people using the service experienced a service that was continuously improving.

Working in partnership with others

- During the inspection, and conversations with relatives, the inspection team observed that staff at the service worked closely with people's relatives.
- One relative told us, "I was involved in care planning for [name], I always have a phone conversation before [name] goes to Barkla Close. I am involved in reviews and update conversations."
- The registered manager told us, "We have strong relationships with family and professionals."
- We observed information recorded from health professionals as well as feedback from relatives about changes in people's care needs.
- Having strong partnerships with relatives and professionals meant people's care was tailored to their needs and care plans contained information from people who knew them, and their health needs, well.