

## People in Action

# People in Action - Barnfield

### Inspection report

Barnfield  
Church Lane  
Gaydon  
Warwickshire  
CV35 0EY

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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

The service is registered to provide accommodation and personal care for up to five people. People who use the service have learning and physical disabilities. At the time of our inspection four people were living at People in Action - Barnfield. Staff members are on duty 24 hours a day.

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

Risks were identified and risk management plans were in place to support staff to mitigate the risks of harm people may face at home and in the community. Staff understood their responsibility to report any concerns they had about people's health or wellbeing. Infection control practices were well managed and followed to minimise the risk of the spread of infection. Medicines were appropriately managed which meant people were protected from unnecessary risks and harm.

There were enough staff to keep people safe, although staff vacancies meant some staff were regularly working extra hours to maintain safe staffing levels. Staff received an induction and training to ensure they had the appropriate knowledge and skills.

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

Person-centred care plans were in place. Staff took time to know people, supported them to communicate their needs and advocated on their behalf. Staff encouraged people to remain active and engage in interests that were important to them

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Care is person-centred and promotes people's dignity, privacy and human rights.

Right support: Barnfield was set in a residential area and the provider's model of care maximised people's choice, control and independence.

Right care: The care provided was person-centred and promoted people's dignity, privacy and upheld their human rights.

Right culture: The values and ethos of leaders and well trained staff ensured people living in the home were leading more inclusive lives within their communities.

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

#### Rating at last inspection

The last rating for this service was good (published 3 May 2019).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

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.

# People in Action - Barnfield

## Detailed findings

### Background to this inspection

#### The inspection

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

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 and a medicines inspector. One inspector and the medicines inspector visited the service and the other inspector contacted relatives and healthcare professionals by telephone to gather their views about the service provided.

#### Service and service type

People in Action - Barnfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This gave the staff time to help reassure people of the inspection and people visiting the home.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We reviewed a range of records which included one person's care records and four people's medicines records. We looked at a variety of records relating to the management of the service, including audits, health and safety checks and minutes of staff meetings. We met all four people who live at People in Action - Barnfield and spoke with two people's relatives, two professionals, the registered manager and three support staff. We carried out observations to help us understand the experience of people who could not talk with us.

#### After the inspection

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities to manage any safeguarding concerns raised by staff.
- Staff had completed training and felt confident to respond to abuse, discrimination or any poor practice by other staff to protect people from harm.
- Relatives were assured their family members were safe. One relative told us, "I have no concerns whatsoever about maltreatment, [Name] is safe at People in Action."

Assessing risk, safety monitoring and management

- The provider had systems for assessing and managing risks both at home and in the community.
- People's care records contained risk assessments which identified risks and what support was needed to reduce and manage those risks.
- Risk assessments were reviewed every 12 months or when people's needs changed.
- One health professional told us staff encouraged positive risk taking. They said, "The staff are really risk aware and support positive risk taking with maintaining independence. For example, one person is high risk of choking and aspiration. Staff really encourage the person to feed themselves but remain close enough to encourage them to slow down. Where necessary they will place a hand gently on the person's and guide them which allows them to still do it themselves."
- We saw staff monitored people's risks throughout the day. For example, when people went into the garden, staff ensured cream had been applied to protect people against the risk of skin damage from the sun.

Staffing and recruitment

- There were enough staff on duty on the day of our inspection to meet people's needs and spend time with them.
- Staff told us there were generally three staff on duty each day, but due to staff vacancies there were some shifts when there were only two members of staff. Whilst staff told us people were safe and had their needs met with this reduced level of staffing, it put extra pressures on the staff team. One staff member commented, "People are safe, the care is done, and they are looked after well. It is just the impact on the individual support worker, but it won't affect the clients."
- The registered manager assured us the provider was committed to recruiting more staff to increase the staff team.
- A newly recruited member of staff told us the provider had obtained references and carried out checks with the Disclosure and Barring Service as part of their recruitment process.

Using medicines safely

- Records were available to staff to clearly show how people preferred to be given their medicines.
- Staff had the appropriate training and competency to support people with their medicines.
- Medicines were stored safely and in line with the manufacturer's instructions.
- Information was available to staff to show how they could recognise when people needed their when required medicines.

#### Preventing and controlling infection

- Systems were in place for the prevention and control of infection. Staff had received training in how to use PPE which was readily available throughout the home.
- The service was clean, and furniture was in a good state of repair which meant it could be cleaned effectively.

#### Learning lessons when things go wrong

- Any accidents and incidents in the home were recorded by staff.
- The registered manager reviewed the accident or incident reports to ensure appropriate action had been taken. The records showed there had been some minor falls and trips but no emerging patterns or trends.



# Is the service effective?

## Our findings

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

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

Staff support: induction, training, skills and experience

- New staff were introduced to the service and had a period of working alongside more experienced staff (shadowing) until they felt confident in their role.
- Staff told us the training they received gave them the skills and confidence to effectively meet people's needs. One staff member told us, "When it comes to the training, they are on top of it. The training is really spot on." Another staff member spoke very positively about the face to face training and said, "The food safety training was brilliant because it was more interaction with the tutor and she worked with the pace of each person in the class so it was not rushed."
- We received some feedback about the fast pace of some on-line training. We fed this back to the registered manager who assured us they would escalate this to the provider so action could be taken.
- Staff received support to carry out their role. Staff were happy with their day to day support and told us they registered manager was both available and approachable.

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

- People's needs were thoroughly assessed and care and support delivered according to the guidance in their care and support plans.

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

- People's nutritional needs were met with support from staff who were familiar with people's likes and dislikes in relation to food.
- Staff had a good knowledge of people's individual risks around what they should eat and how they should have their food prepared. We saw staff prepared one person's meal in accordance with the instructions within their care plan. Records showed this person was offered high fluid content foods on days when they declined to drink enough to maintain their hydration.
- Some people had specially adapted plates and plate guards so they could continue to eat independently.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to manage their health conditions and had access to health professionals when required.
- One relative told us about an occasion when staff identified a change in their family member's health. This resulted in a potentially significant health condition being quickly identified and appropriate and effective medical treatment provided. Another relative told us, "There have been no problems where [Name] has needed access to a GP and staff haven't acted."

- The support people required to maintain their oral health was included in their care plans. One relative told us, "Staff support [Name] to see the dentist every six months, a special learning disability dentist."

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

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

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

- The registered manager had a clear understanding of MCA and knew what actions to take to ensure people's rights were upheld under the Act.
- Where people lacked capacity to make a decision, their representatives, staff and healthcare professionals were involved in making best interest decisions on their behalf. One health professional told us, "They really think through the best ways of approaching things with the person at the centre of the decision. For example, they completed a best interests meeting for one person and knew exactly how to deal with this from the person's perspective. They knew what to do and how to do it and who they needed to involve."
- All the people who lived at Barnfield had an approved DoLS order. Applications had been made to the supervisory body, because people's care plans included some restrictions to their liberty.

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

- The environment was supportive of people's individual needs. For example, one person's bedroom had a sensory area which enabled them to enjoy relaxing in there.
- People could choose where they wanted to spend their time in the home or in the easily accessible gardens. One relative told us, "It is a very safe environment. They have rails around the wall to help [Name] walk around the building and a rail down the garden path so they can go outside."

# Is the service caring?

## Our findings

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

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

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

- Staff took time to know people and supported them to communicate their needs. One health professional told us, "The staff all know indicators for how [Name] displays happiness or sadness. They are excellent at reading [Name's] behaviour cues, and these are small things that I wouldn't notice like a change in a tone of noise."
- A relative told us, "The staff just seem to have the right approach with [Name], they involve him with everything. There is nothing I can say to fault the care they give him. They give him choices whereas he didn't really have choices before."

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

- Staff told us they valued their role in caring for people to ensure they had the best quality of life possible. One staff member told us, "I love coming in to work. It is the guys, they all have their own personalities." Another said, "It is quite homely and because we don't wear uniforms it feels as though we have just blended in and are part of the family."
- Relatives were confident their family members received care from staff who advocated on behalf of people. One relative told us, "He has a key worker called [Name]. She is great and has really taken him under her wing. She will make suggestions of things to make his life better."
- A health professional described the standards of care as "really high" and told us, "They provide a really holistic approach. For them it is very much all about the people."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of treating people with dignity and respect. Each person had their own bedroom which was decorated and furnished to their taste. Staff respected people's bedrooms as their personal space and knocked on doors before entering.
- One relative told us how staff promoted their family member's dignity by ensuring they always looked well-presented. They told us, "When I visit [Name] looks very clean and tidy. He has his hair cut regularly and his nails look nice."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans were personalised and informed staff about each person's needs and how they liked to be supported.
- One relative told us how staff were very responsive to their family member's emotional needs at times of anxiety or distress. They explained, "Staff know him really well and will direct him to something else quickly if they see his mood change."
- Staff completed daily notes which gave an overview of the care people had received and captured any changes in people's health and well-being. One health professional told us, "Their note keeping is excellent. It is very clear and concise, and I don't have to spend time searching for information."

Meeting people's communication needs

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

- People at the service had a variety of communication needs which staff were aware of, and they used communication 'tools' to assist with these. For example, staff used sensory objects of reference to communicate with one person.
- A relative told us their family member had complex communication needs but staff were able to interpret the person's responses to understand what the person needed. They explained, "Staff communicate via touch, taste and smell. You really have to know [Name] in order to communicate with him and the staff really do know him."

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 that recently community based activities had to be cancelled due to government restrictions related to COVID-19. However, people were now starting to go out again and enjoy safely planned trips outside the home.
- People were encouraged to engage in a meaningful way in the community. For example, one person delivered the local newsletter to homes in the immediate neighbourhood.
- Staff encouraged people to remain active and engage in interests that were important to them in the home. One health professional told us, "I saw staff hand a person an instrument but they really listened to the person and recognised they didn't want to continue playing after a while, it was just a slight change of tone and they were there to offer something else like a walk. They wanted the activity to be meaningful."

- The registered manager and staff worked with people's families to ensure relationships were maintained despite the challenges which Covid-19 restrictions brought.

#### End of life care and support

- The registered manager described the care and support they had in place with health care professionals, to help them with anyone needing support for end of life care.

#### Improving care quality in response to complaints or concerns

- Staff knew people well and took time to understand people's behaviours so they could identify when people were not happy or did not like something.
- The provider had a complaints process, however there had not been any formal complaints.
- The complaints process was available to people and their families in an accessible format.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 registered manager promoted an inclusive culture with a staff team who knew people well.
- Relatives had no concerns about the care their family members received and spoke positively about the impact of the care provided on people's wellbeing. One relative told us, "I have no complaints at all about People in Action. [Name] has been generally very happy. He knows the staff well and they know him."
- Health professionals were very positive about the service. They told us people received good standards of care that met their individual needs in a person centered way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement; Continuous learning and improving care

- Audits and checks of the service were carried out by the registered manager and the provider. For example, medicines audits were periodically completed by management visits. We saw how areas for improvement were highlighted in the audits to ensure the management of medicines was improved. One health professional told us, "It seems to be that the systems in place ensure the service is run well."
- The service had a 'development plan' which was used to improve the quality of care provided within the service.

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

- The registered manager understood their responsibilities and the requirements of the provider's registration. They understood what notifications they were required to send us and the ratings from our last inspection visit were clearly displayed.

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

- Staff had formal opportunities to meet at team meetings and with one to one meetings.
- Staff were very committed to the home and the people they supported. For example, one staff member had recently completed a sponsored walk to raise funds to improve the garden area.
- However, some staff spoke of the pressures of covering for staff vacancies which they felt had not always been recognised by the provider. The registered manager acknowledged the pressures on staff, but was confident that as staff vacancies were filled, things would improve. Meetings had been held with staff to discuss innovative ways of encouraging recruitment.

- Relatives told us the registered manager and staff regularly engaged with them and kept them informed.

#### Working in partnership with others

- The registered manager and staff team worked in partnership with people's relatives and representatives and health professionals to ensure people were supported appropriately and achieved positive outcomes.