

EL Marsh Care Home Ltd

# Barnford View

## Inspection report

131 Moat Road  
Oldbury  
West Midlands  
B68 8EF

Tel: 01215525135

Date of inspection visit:  
21 January 2019

Date of publication:  
25 February 2019

## 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:

Barnford View is a care home that is registered to provide care to up to four people. The home specialises in the care of people who have a learning disability and complex needs.

People's experience of using this service:

- People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.
- Staff had been recruited appropriately and had received relevant training so they were able to support people with their individual care and support needs.
- Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were treated with kindness and compassion. People's rights to privacy was respected by the staff who supported them and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.
- People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.
- People using the service were confident about approaching the registered manager if they needed to. The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision. The views of people on the quality of the service was gathered and used to support service development.

Rating at last inspection:

At our last inspection in December 2015 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated as Good overall.

Follow up:

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

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

We always ask the following five questions of services.

### Is the service safe?

The service remains good

Details are in our Safe findings below

Good ●

### Is the service effective?

The service remains good

Details are in our Effective findings below

Good ●

### Is the service caring?

The service remains good

Details are in our Caring findings below

Good ●

### Is the service responsive?

The service remains good

Details are in our Responsive findings below

Good ●

### Is the service well-led?

The service remains good

Details are in our Well-Led findings below

Good ●

# Barnford View

## Detailed findings

### Background to this inspection

#### The Inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

Inspection team: The inspection team comprised of one inspector.

#### Service and service type:

Barnford View is a care home that is registered to provide care to up to four people. The home specialises in the care of people who have a learning disability and complex needs.

The service had a manager who was currently applying to become registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection site visit activity started on 21 January 2019 and ended on the 22 January 2019, as the inspector conducted telephone interviews off site.

#### What we did:

When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. We also contacted the Local Authority commissioning service and the local Healthwatch for any relevant information they may have to support our inspection.

During our visit we discussed the care provided with three people who used the service, members of care staff and the registered manager.

We looked at the care records of three people who used the service and three staff files, as well as the medicine management processes and records maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People we spoke with told us they were confident care staff kept them safe and secure. One person we spoke with told us, "I go to the staff if I'm worried about anything, but I'm safe here".
- We saw the provider had effective processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse.
- The provider had an effective recruitment policy in place. We reviewed the recruitment process and saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

### Assessing risk, safety monitoring and management

- We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff told us how they were aware of risks to people when supporting them in the community, for example; road safety awareness.
- The manager told us, and we saw that people's risk assessments were reviewed regularly, depending on the level of identified risk. In addition, informal observations were carried out daily and any changes are added to people's care plans.

### Staffing levels

- A person we spoke with told us, "There's always someone [staff] around if I need them".
- We saw the provider had processes in place to cover staff absences. They also had systems in place to ensure there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely.
- During our visit we saw there were sufficient numbers of staff to respond to people's needs when required.

### Using medicines safely

- People received their medicines safely and as prescribed. A person told us, "I've got a medicine cabinet in my room, but they [staff] get them out and help me to take them". A relative told us, "There's no problem with [persons] medication, they're always bang on time. When he comes home for a few days there's clear instructions of how and when they should be taken, They all come in pots marked am and pm".
- Staff had received training on how to manage and administer medicines.
- The provider had systems in place to ensure that medicines were managed appropriately. We saw daily

records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.

#### Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection. A member of staff told us that there were hand gel dispensers for them to ensure their hands were clean and that they wore protective gloves when supporting with personal care.
- We saw the provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.
- We saw the location was clean and tidy.

#### Learning lessons when things go wrong

- The provider demonstrated they assessed and learnt from mistakes.
- The manager explained all accidents, incidents or 'near misses' were analysed.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People and staff were consulted throughout and informed of any actions.

# Is the service effective?

## Our findings

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

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

### Staff skills, knowledge and experience

- Staff had received appropriate training and had the skills they required to meet people's needs. We saw the provider had training plans in place which were reviewed and updated on a regular basis. Staff we spoke with told us the manager responded to training requests made by them and were aware of the knowledge and skills that they needed to support people who used the service. A staff member we spoke with told us there was sufficient training provided to meet the needs of the service users, and during the induction period, staff shadowing opportunities were available to enhance their learning.
- Staff told us they had regular supervision meetings with the manager to support their development. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.
- We saw that the manager was available for support and guidance when required and staff development plans showed how staff were supported with their training and supervision.

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

- We saw the provider had processes in place which involved people in how they received personalised care and support. A person we spoke with told us, "I can do what I like here, I'm staying in today though, it's a bit cold outside". They continued, "They [staff] ask me what I want and what I'd like to do, they're very nice and polite".
- We saw that assessments of people's needs were supported and informed by advice from other professionals.
- From looking at people's care plans we saw their care needs were supported and they were involved in the assessment process.
- Staff could explain people's needs and how they supported them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

- All the people living at Barnford View had fluctuating capacity to make informed decisions about their care and support needs.
- Staff explained, and we observed, how they gained consent from people when supporting their care needs.
- Members of staff we spoke with told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

#### Supporting people to eat and drink enough with choice in a balanced diet

- People told us they were happy with the support they received from care staff with meals and drinks. One person we spoke with told us that the food was nice, but they didn't like certain foods as they brought on digestive issues. They told us, "When everyone else has [food type] I cook myself something else".
- Staff were aware of how to ensure people maintained a healthy weight by eating a nutritious, healthy and balanced diet.
- People were encouraged to eat healthily and took responsibility for developing their own menus.

#### Staff providing consistent, effective, timely care

- The provider supported people with their health care needs. A relative told us, "If [person] needs a doctor, they're [provider] on to it straight away, and they make sure he gets to all his [healthcare] appointments.
- Care staff understood people's health needs and the importance of raising concerns if they noticed any significant changes. A member of staff said, "If there's any changes with their [people's] health, we record it and report to the manager or senior staff as soon as possible".
- We saw people's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.

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

- People's individual needs were met by the adaptation and design of the premises. People had their own rooms which were decorated to their individual tastes. A person we spoke with told us how their room was decorated to reflect the type of film genre they liked and included ornaments and memorabilia relative to the genre.
- A person told us, "I've got everything I want in my room, it's nice".

# Is the service caring?

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and relatives told us staff treated them with kindness and compassion. A relative told us, "It's a really good placement [home] for him [person], the best he's ever had. The staff are better trained, better led than anywhere he's been before, they have real integrity. He's more settled and happier there than anywhere else he's been. He doesn't fret anymore, I don't get the phone calls saying he wants to come home, he's really happy".
- People were encouraged to express their views on how they preferred to receive their care and support. We saw two people watching a film in the lounge, that they had discussed and picked for themselves.
- We saw caring interactions between people and staff throughout our visit. A relative said, -"The staff are lovely, I haven't got a bad word to say about them".

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

- The provider supported people to express their views and they were involved in making decisions on how their care was delivered. There were regular meetings with people using the service and personalised care plans with people's input documented. A person we spoke with said, "I've got a care plan in my room, we [person and staff] talk about what I like".
- We saw people making decisions about their daily lives, for example; when they wanted a drink or snack, if they wanted to go out of the home, or whether they spent time in communal areas or in their own rooms.
- Care plans were reviewed and updated on a regular basis to ensure people's care and support was specific to the person's needs.

Respecting and promoting people's privacy, dignity and independence

- Care staff knew the importance of respecting people's privacy and dignity. A person told us, "I have privacy if I want. I go to my room and 'chill', they [staff] always knock before coming in".
- There were no restrictions on visiting times and people told us that their family members were free to visit at any time.
- People were encouraged to be as independent as practicable. Throughout our inspection we saw people preparing their own snacks and drinks and carrying out domestic chores.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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

### Personalised care

- People received personalised care that was responsive to their needs. A person told us how staff supported them to enjoy their hobbies and interests outside of the home.
- Staff told us how they got to know the people they supported by talking to them, reading their care plans and by taking an interest in their lives. A member of staff told us how they supported a person to participate in their love of music by taking them to a local music studio to take part in 'DJ-ing' sessions.
- People's care plans were designed in line with the Accessible Information Standards (AIS). The standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services.
- We found staff knew people well and were focussed on providing personalised care.
- Staff had received training on equality and diversity and understood the importance of relating this to people they supported.

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

- We found the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service.
- A relative told us, "If I had a complaint I'd call [manager], we talk a lot and she's really helpful".

### End of life care and support

- There were no people living at the location that required this level of support, although there were effective systems in place should this be required.
- Care plans included information about people's plans and wishes should they require end of life care.

# Is the service well-led?

## Our findings

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

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and staff were involved in making decisions about how the service was run. A person we spoke with told us, "They [staff] ask me if I'm happy. They talk to me about things and if I have any problems".
- Copies of meetings with people and staff showed people were consulted on how the service ran.
- There was a positive atmosphere at the home. We saw people and staff interacting with each other throughout the day and enjoying each other's company. A person told us, "The place is lovely and [manager] is great, we chat all the time".
- A relative told us, "Mine and [person's] relationship is the best it's ever been, and that's mainly down to them [provider]. He calls me three or four times a day and we have a good old chat. I can't thank them enough for what they've done".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home. They felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.
- The provider had a history of meeting legal requirements and had notified us about events they were required to by law.
- Staff understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.
- The provider was displaying the rating from our last inspection in the main entrance to the home.

Engaging and involving people using the service, the public and staff

- We saw the provider regularly engaged with people, relatives and staff members for their views on the service. Feedback was collated from meetings, questionnaires and informal discussion and used to develop service provision. A relative told us, "We're in contact with [manager] all the time, we're always talking on the phone and I feel we have a really good, open relationship, I couldn't be more pleased with how things are".

- Staff were confident to make any suggestions for improving people's care through staff meetings and regular meetings with their managers.
- The manager had developed close working relationships with other health and social care professionals, and feedback was used to drive through improvements in the care provided at the home, ensuring people's physical and health needs were promptly met.

#### Continuous learning and improving care

- Quality assurance and audit systems were in place for monitoring service provision. The provider had effective systems in place for reviewing care plans, risk assessments and medicine recording sheets.
- We saw the provider used feedback from people and staff to develop the service.
- The provider had won a number of care related awards recently, including; The Learning Disabilities Award 2017 – CCG and NHS. and The Great British Care Awards, West Midlands Employer of the Year 2018, for which they had been entered into the National final in March 2019. The Great British Care Awards citation read: 'El Marsh Care - Person centred in both the approach to staff and service users. El Marsh Care put their service users wellbeing and happiness at the heart of everything they do'.

#### Working in partnership with others

- The provider informed us they worked closely with partner organisations to develop the service they provide. For example; they were involved in an NHS initiative called STOMP - Stopping over medication of people with a learning disability, autism or both.
- They told us they attended meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future.