

# SCC Adult Social Care Barnfield

## Inspection report

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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

Barnfield is a residential care home providing accommodation and personal care to up to a maximum of 63 people. The service provides support to people with varying health conditions or who are living with dementia. The service had people living in five separate living areas, each with their own dining and lounge space. At the time of our inspection there were 25 people using the service.

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

People told us they were cared for by a sufficient number of staff and our observations on the day confirmed this. Risks to people had been identified by staff and action taken to reduce the risk, either through staff knowledge and training, or through equipment.

People said staff treated them with kindness and respect and they were happy living at Barnfield. People said they were involved in decisions around their care and could choose how they spent their time. People were supported to remain as independent as possible.

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.

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.

People lived in an environment that was adapted to meet their needs and checked for its safety. People were provided with sufficient food and drink as well as the medicines they were prescribed. People were cared for by staff who received appropriate training and staff who supported people to maintain a good standard of health.

People's care plans contained sufficient information to support staff to provide person-centred, responsive care to people. Staff recognised people's individual communication needs and provided relevant activities and outings for people to help ensure they did not become isolated.

The registered manager was hands on and visible during our visit and people, relatives and staff spoke highly of them. Management recognised the need to be open and transparent when things went wrong and they carried out regular checks on the care provider to help ensure it was of a good quality.

Staff felt involved in the service and were encouraged to express their views and external professionals were engaged when appropriate so people's care was holistic and all-inclusive.

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

This service was registered with us on 3 April 2019 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 4 July 2017.

#### Why we inspected

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

#### 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.

# 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 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 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.

#### Service and service type

Barnfield 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. [Care home name] is a care home [with/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

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We also reviewed all of the information we held internally about the service. This included any notifications of incidents or accidents as well as safeguarding concerns.

We used all this information to plan our inspection.

#### During the inspection

On our inspection, we spoke with seven people and two relatives to obtain their feedback about the care being provided. We also spoke with 10 staff, which included the registered manager, deputy manager and three members of the provider's senior management team.

We reviewed the information held in six people's care plans, four recruitment files, medication records and other paperwork related to the running of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training and supervision information, quality processes and audits, newsletters and minutes from meetings held with people, relatives and staff.

# 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

- People told us they felt safe living at Barnfield. One person told us, "I feel safe with the carers, it's secure."
- Staff received safeguarding training in how to recognise potential abuse which they applied in their daily practice. A staff member said, "Someone could have bruising – I would report it to the council." A second told us, "Safeguarding and whistleblowing means reporting something that you observe that is wrong."

Assessing risk, safety monitoring and management

- Staff did all they could to help ensure people were kept free from harm. A staff member told us, "We make sure they are walking with appropriate equipment. You have to make sure that there are two carers."
- Where people were at risk of damage to their skin, staff told us, "We make sure the equipment is working and sheets are clean with no creases." Pressure relieving equipment was provided to help reduce the risk of pressure sores where people may be unable to reposition themselves in bed.
- Other equipment was also available to help people stay safe. One person found the chairs too low to get up from independently and we saw that chair risers had been put under their chair to help with this. These helped reduce the risk of them falling.
- Checks were made on fire equipment and regular fire drills were carried out in order to help ensure people were kept safe in the event of an emergency. Personal evacuation plans were in place for people, which gave important information should the fire service need to visit the service.

Staffing and recruitment

- The service had enough staff on duty each day. This included staff to provide activities to people as well as housekeeping, kitchen and laundry staff.
- People and relatives felt there were sufficient staff. One person told us, "You just have to ring your bell and staff are around," and a relative said, "There are always staff around."
- Staff felt there were sufficient staff on duty each day and our observations confirmed this. One staff member said, "We've got two people on each unit and we've got somebody floating. There's more than enough staff." A second told us, "We have enough staff." A third said, "Plenty of staff and we get a good break, so it means you are not working feeling tired."
- Staff were recruited through a robust process. Prospective staff provided a past work history, references and evidence of their right to work in the UK. They also underwent a Disclosure and Barring Service (DBS) check prior to starting at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Medicines trollies were neat and tidy, and staff checked the temperature each day to help ensure the medicines were stored in line with the manufacturer's guidance.
- Staff undertook medicines training and had their competency was checked annually to help ensure they put their training into practice. A staff member told us, "They do watch you, when you've learned."
- Each person had a medicines administration record which held a recent photograph, GP details, any allergies and how they liked to take their medicines. For example, 'likes her medicines put in her hand and given a glass of water'.
- Where people were prescribed pain patches (medicines in a patch form) records were completed to show where staff had applied the patch. This helped ensure a patch was not applied to the same area of a person's body.

### 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.

Visitors were welcomed into the home to see their relatives and we observed people receiving visits during the day.

### Learning lessons when things go wrong

- The service managed incidents to people well. For example, where people had falls, staff carried out post-fall monitoring for a 24-hour period to check there were no ill-effects from the fall. One person had a history of falls and the staff had contacted external professionals for advice.
- Incidents and accidents were recorded and analysed and themes and trends were addressed. For example, the registered manager had noticed people were falling as a result of tripping over a sensor mat in their room. Sensor mats were removed and sensors fitted to people's doors which could be activated if a person was at risk of falling.



# 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.

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

- People received a comprehensive assessment of their needs prior to moving into Barnfield. People had care plans which were personalised and reflected their needs.
- Where people had specific health conditions such as epilepsy or diabetes, staff had developed detailed care plans with guidance for staff. This included an explanation of the type of seizure a person may have, or how their diabetes was managed.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and appropriate training and management checked staff competency to help ensure they had understood their training.
- Staff told us they felt supported and valued. One staff member said, "I definitely feel supported. I've had my supervisions. There's definitely more training; safeguarding and everything." A second told us, "They have supported me so much with the [national exam]." A third said, "We have regular fire training, medication and observations."
- Staff had the opportunity to meet with their line manager on a one to one basis to discuss their role and performance. A staff member told us, "I have supervisions with the team leaders and I get advice and support from [registered manager]." A second said, "We have an appraisal once a year."

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

- People were supported to eat and drink enough to maintain their health. A person told us, "I am offered lots of food during the day and different options."
- People were given choices in what they ate and drank. People were asked if they would like more food at lunch time and what they would like for their desert. One person had a jacket potato instead of an option from the menu and a second person was heard asking for some fruit during the morning.
- A relative told us, "[Person's name] wanted some fruit brought in. She is not restricted to what they give her. She has a sense of more control over her food." One staff member told us, "You let people eat for themselves, even if it's slow."

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

- People lived in an environment that was colourful and appropriate for people's needs. There were paintings on the walls and people's bedroom doors were painted like front doors. People's rooms were personalised, with one person telling us, "I love my room." A second person's room was at the end of the corridor and they told us, "It's perfect as I can watch what's going on and see who is coming down the corridor."

- Equipment was available for people who needed it and bathrooms were accessible by wheelchair and hoist chairs were in place in the bathroom.
- People had access to a level, open garden area. We saw people using the garden throughout the day, with one person telling us, "I had a lovely walk around the garden."

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

- Staff worked with external professionals to address any health concerns. A staff member told us, "When the GP asks us to, we do the observations of people."
- Where people were at risk of losing weight, staff took appropriate action. One person's weight loss has been flagged to the GP and staff were monitoring their food intake and a second person was referred to the dietician as they had started to lose weight.
- Records demonstrated people were supported to see health professionals such as the doctor, chiropodist, dentist and dietician.

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.

- The service applied the MCA when appropriate. For example, where people were on covert medicines (medicines given to them without their knowledge) staff had followed the principles of the MCA to ensure that this was the least restrictive option. The GP and pharmacist were also involved in the decision.
- Staff were also able to recognise where people had capacity and as such enabled them to make their own decisions. For example, where people had capacity, they had signed their consent to live at the service.
- Staff received training in the MCA and had a good understanding of its codes. A staff member said, "You have to give the resident the choice. You have to assume that a person has capacity until it's proven they don't. They have the right to make an unwise decision."

# 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

- People were treated with kindness and respect. Staff were seen interacting with people in a kind way, offering them drinks and snacks and making general conversation. One person told us, "I am happy. I like living at Barnfield." A second said, "The staff are lovely." A third told us, "I like having someone to talk to."
- Interactions between staff and people were kind and staff appeared to know people well. Staff communicated with people at eye level and were sitting chatting to people. We heard a staff member say to one person, "Hello my sweet" when they came into the room. The person was looking for something and the staff member offered to help them find it. As they went down the corridor, we heard the staff member say, "I saw you outside earlier. It's a bit cold today," and they chatted as they walked.
- People and their relatives told us relationships with staff were positive. One person told us, "I love it here. Staff will do anything for you." A relative told us, "Mum is like a different person since being here."

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

- People were supported to express their views and make decisions about their care. People said they could ask for help when they needed it and felt in control of their own care. One person said, "I like the carers, they help me when I need it." A staff member told us, "They (people) choose their outfits. They look at the menus, to choose the food."
- We heard one person tell staff, "I want to feed the birds" and saw a staff member give the person a bowl of bird food and go to the garden with the staff member to feed the birds.
- People were being asked by staff how they would like to spend their time. A staff member asked one person if they would like to watch one of their videos. The person declined and the staff member acknowledged the person's decision. One person told us, "I prefer to stay in my room. I have a good room and sit and watch the world go by."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. One staff member told us, "It's important for them. I ask them if they want to do it for themselves, or if they need some help." A second said, "We have to monitor what they can and can't do. We have to find out what they want to do and we have to help them achieve that."
- People looked well cared for. Their hair and clothes were clean and we saw some people were wearing makeup. One person said, "I feel respected by the staff that look after me." We observed staff knocking on people's doors before entering.

# 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; End of life care and support

- People's care plans included sufficient information for staff to help staff provide appropriate and responsive care. Information included detail around their mobility, sleep, continence, nutrition, risks and communication.
- People's background history was included in their care plan. This gave staff a starting point for conversation and provided information to enable staff to know people as an individual. A relative told us, "They have really encouraged her to progress and they treated a recent loss very sympathetically, by planting a pink rose in the garden for her."
- Staff kept daily notes on people to record how they had spent their day. Daily notes included details as to what the person had to eat, and the amount they had, their day to day choices and decisions made.
- People's individuality and choices were reflected in their care plans. For example, one person's care plan instructed staff not to move their items without asking as they did not like this. A second person did not like a bath and requested a body wash. Their daily bath records demonstrated this was what staff provided them with.
- A summary of each person was available as a quick way for new or agency staff getting to know people. This included information such as a person's key health, continence and nutritional needs.
- People's thoughts and wishes about their end of their life care had been considered. One person wished their 'good friend' to be with them and had recorded their choice of a hymn. A person told us, "My husband was here and the staff were so good to him."

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.

- People's individual ways of communicating was recognised and recorded by staff. People had communication care plans which detailed information such as whether the person was hard of hearing, or took time to process and answer what was being asked of them.
- One person was very hard of hearing and struggled with understanding staff when they wore their masks. As a result, staff wrote things down for this person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop friendships and take part in activities relevant to them. One person was being supported by staff to rearrange photographs of their husband which they had in an album. A staff member said, "We have some people who we support to go to the shops."
- Staff engaged with people. We saw a staff member sit with one person doing a jigsaw and another doing some word puzzles. Staff and people were laughing and enjoying each other's company. One person told us, "We've got a couple of carers who are great at doing quizzes." A relative said, "Music is very important to her and through staff encouragement she now sits in the lounge and joins in."
- Staff supported people by arranging appropriate outings or purchasing items that meant something to people. Pictures showed two gentlemen visiting a local car museum and staff had purchased an old typewriter for one person who used to be a typist.
- People were invited to go to the local supermarket by minibus once a week and one person was taken into town to do their banking. A staff member said, "[Staff name] takes the residents shopping to Tesco's. We took several residents to Bognor Regis to a bungalow with hoists and wheelchair access. We did it two years running. We take the mini-bus."
- Other events included a Jubilee party, day trip to Brighton and an outing to the Derby.

Improving care quality in response to complaints or concerns

- The service had an in-house complaints policy which detailed what a complainant could expect in response to a complaint. The registered manager told us they had not received any complaints since our last inspection.
- People told us they did not have a reason to complain and we read of compliments received by the service. These included, 'many thanks for the care and attention you gave to [person's name] and for keeping me up to date with her wellbeing' and, 'thank you for looking after me and being such great company'.

# 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

- Management were visible in the service and it was clear people knew who they were. They took a genuine interest in people, working directly with people and leading by example. The registered manager had a good knowledge of people's needs and provided guidance to staff as needed.
- People and relatives spoke highly of the service and the registered manager. People knew the manager and told us they were treated with kindness and care by staff. One person told us, "I know the home manager. She pops in and out." Another said, "I do talk to her. She is visible in the home." A third said, "[Manager's name] is nice. I like her. There are no ups and downs to her. You can speak to her about anything and she will sort it." A relative told us, "Management are lovely."
- Staff enjoyed working at the service. One told us, "I love it here. I know the residents and they all know me." A second said, "The atmosphere is good because of the manager." A third, "[Registered manager] is the best manager I've had." Another, "We're quite united. We are a team. It's a happy atmosphere."

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 gave honest information and applied duty of candour where appropriate.
- The registered manager had notified CQC of accidents, incidents and safeguarding concerns that had occurred, in line with their requirements of registration.

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

- Management had the necessary skills, knowledge and experience to perform their role and a clear oversight of the service they managed.
- Governance processes were effective and helped keep people safe and to enable staff to provide good quality care. A range of audits and spot checks were carried out and shortfalls recorded and actioned. As a result of an unannounced night visit, the registered manager discovered some external doors were alarmed, but not locked. They immediately corrected this and had meetings with night staff to remind them of their responsibilities.
- Quarterly reviews of the service were carried out by senior management (these covered all aspects of the running of the service) and quality assurance and safeguarding newsletters were shared with staff. These recorded learning from incidents and accidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People and relatives were supported to be involved in the service. Meetings were held where suggestions around food or outings were invited and there was a comments book in each living area for people to feedback about the food.
- Staff felt supported, respected and informed by management. One staff member told us, "They keep me up to date. We get regular updates and meetings." A second, "There has to be teamwork here, or it would have fallen apart. We all work well."
- Staff attended regular staff meetings and completed staff surveys. A staff member told us, "Management are open to suggestions. They will always look at whether or not it's the best thing. It's all about the residents to make it nice for them."
- Monthly newsletters were compiled and circulated to people and their family members. These gave information on past activities, events as well as important up and coming information.
- The service worked in partnership with other professionals and agencies. This helped to ensure people's health needs were continually reviewed and people were supported to access services in a timely manner.

Continuous learning and improving care

- We asked the registered manager about future plans, as well as how they felt they had made a difference to the service. They told us, "I want to get them (families) back in. We have got the home looking as best it can. The staff trust me and we have a good team here now."