

# Lifeways Community Care Limited

# Barleycombe

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Barleycombe is a residential care home providing accommodation and personal care support up to 11 people in one adapted building, with a separate flat that can accommodate 2 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 11 people using the service, 1 of these people were in hospital and due to return to Barleycombe the week after our visit.

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

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.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support:

Staff knew how people preferred to take their medicines to achieve best possible health outcomes. People were supported with their medicines and received them as required.

Staff supported people to take part in activities and participate in the community they lived in.

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.

### Right Care:

Staff promoted people's individuality and diversity and their views about how they wanted to receive support were valued and listened to. People received kind and compassionate care from staff who were knowledgeable about people's individual needs.

People's care records provided guidance to staff on the level of support they wanted and how to keep people safe from abuse and avoidable harm.

### Right Culture:

The management team had worked to make improvements since our last inspection, this included monitoring and oversight and improvements being undertaken in the environment, which were ongoing. This provided a positive impact on people's wellbeing. The service was empowering and inclusive, with regard to people's preferences and choice.

People were supported by enough staff who were recruited safely. Staff told us they enjoyed their work, received training relevant to their role and felt supported by the management team. People were relaxed around the staff and their independence was promoted and respected.

The service was visibly clean, and people's relatives could visit when they wanted to.

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 and update

The last rating for this service was requires improvement (published 13 January 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider assess the intensity and level of responsibility of hours worked by staff to ensure the safety and well-being of staff and people. At this inspection we found the provider had made improvements.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 30 November 2021. Breaches of legal requirements were found in relation to safeguarding, safe care and treatment, governance and person-centred care. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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 and focused inspection, by selecting the 'all reports' link for Barleycombe on our website at [www.cqc.org.uk](http://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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Barleycombe

## 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 undertaken by 1 inspector.

#### Service and service type

Barleycombe 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. Barleycombe 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service under 2 hours' notice of the inspection. This was because people are often out, and we wanted to be sure there would be people at home to speak with us.

### 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 and professionals who work with the service. 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 used all this information to plan our inspection.

### During the inspection

We met 7 people who used the service and spoke with 5 people. We spent time in the shared areas of the service and observed staff interactions with people. We spoke with the registered manager, deputy manager, property manager and area manager. We also spoke briefly with staff who were supporting people during our inspection visit. We undertook a tour of the building with the registered manager. We reviewed a range of records including the care records and medicine records of 4 people, staff recruitment records of 2 staff and records relating to health and safety and governance.

Following our visit, spoke with 5 people's relatives on the telephone and received electronic feedback from 4 members of care staff and 1 person's relative.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to consistently ensure people were safeguarded from abuse and improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff received training in safeguarding and understood their role and responsibilities in identifying and reporting abuse, in line with the provider's policies and procedures. A staff member said, "Training on all the different forms of abuse was given when I initially started at Barleycombe... and continues to be refreshed through the Lifeways online training programme."
- The staff, including the registered manager, had raised safeguarding concerns to the professionals responsible for investigating concerns of abuse, as required.
- People told us they felt safe, and this was confirmed in how engaged they were and relaxed around staff. Without exception, relatives told us they felt their family members were safe living in the service. A relative said, "If anything happened to me, I know [family member] is safe and cared for."

Preventing and controlling infection

At our last inspection the provider had failed to consistently prevent and control the spread of infection. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- People told us their relatives visited them, which was confirmed by relatives.
- The provider supported unrestricted visits to the service in line with current best practice guidance.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to consistently ensure that people were protected from the risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection, we identified people had restricted access areas in the service, such as the kitchen and laundry, which was not the least restrictive options available to keep people safe.
- At this inspection, we found people had access to the kitchen and laundry which promoted independence and choice. The registered manager told us sharp knives were being locked away in the short term to ensure safety of everyone in the service. A person came into the kitchen and helped themselves to their personal box of snacks, which they said they could get at any time they wanted. They laughed and put their box away when we showed an interest in it.
- Since our last inspection, there had been a new water heater installed and plans were in place to replace the boiler during the summer months. Following our last inspection, the use of portable heaters which had trailing leads had not been used and alternative ways of heating the service were in place to reduce risks to people.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. This helped form a positive approach to risk management which encouraged independence.
- Care records showed a person-centred approach to risk management. This included supporting people to take positive risk without taking away their independence. Risks were assessed and guidance provided to staff in how to support people to reduce them.
- Feedback received from staff demonstrated they know the people they supported well and how risks to their safety were being minimised.
- Environmental risk assessments and checks on equipment and the environment helped to minimise risks to people.
- During our visit we saw work being undertaken to include an entrance ramp and handrails, to ensure the service was accessible and safe for a person with increased mobility needs. We spoke with 2 people about this, and they showed us the entrance which would be used when the work was completed, and they were fully aware of what was happening in their home and the estimated time for the work to be complete in readiness of the person returning home.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- 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.
- Staff had been trained in positive behaviour support and they could recognise signs when people experienced emotional distress and knew how to support them to minimise any restrictions on their freedom to keep them safe.
- We saw a staff was mindful of a person's personal space when interacting with them and asked for the person's consent to sit next to them or if they preferred the staff member to stand.

### Staffing and recruitment

At our last inspection we recommended that the provider assess the intensity and level of responsibility of hours worked by staff to ensure the safety and well-being of staff and people. At this inspection we found the provider had made improvements.

- There were enough staff to meet people's needs and we saw staff were available when people requested support. The registered manager told us the service was fully staffed, however, there was some use of regular agency staff to support a person's increased needs. Permanent and bank staff could work additional hours if they wanted to, this was kept under review to ensure they were not working excessive hours and were safe to work with people.
- The registered manager told us how staffing levels were constantly kept under review and were organised to ensure appointments, social activity and changes in people's needs and preferences were accommodated. A person told us they chose what they wanted to do and if they needed the support of staff, they were available.
- We saw people were undertaking their chosen activities, work and education throughout the day and the staffing levels had been managed to ensure staff were available to provide the required support. For example, 2 people had been out for a pub meal and a person told us how they had been out to visit a friend, which they had enjoyed.
- Recruitment records demonstrated the appropriate checks were made before staff started working in the service, including Disclosure and Barring Service (DBS) checks. 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

- Medicines were stored securely, and people received their medicines as prescribed.
- Staff were trained in the safe management of medicines and their competency was checked.
- Regular monitoring of medicines supported the management team to identify any discrepancies and address them to reduce the risks to people.

### Learning lessons when things go wrong

- There were systems in place to learn lessons when incidents happened to reduce future risks. This included reviewing the systems in place to keep people safe and disciplinary action, where required.
- Any updates to staff were provided to staff directly and on an electronic system which allowed the registered manager to check these had been read.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

At our last inspection the provider had failed to do everything practical to deliver person centred care to each person at Barleycombe. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At this inspection we found 'Right support, right care, right culture' was being used and reflected in practice. We saw a notices board in the service dedicated to 'Right support, right care, right culture', which provided guidance to staff and also accessible to the people using the service.
- Our observations, discussions with people using the service and relatives and care records demonstrated a positive and inclusive culture where support was provided to meet people's goals and aspirations. Records provided information on how they were going to be achieved, and progress was checked during review meetings.
- Staff provided person-centred support with self-care and everyday living skills to people. People told us what they liked to do, when they liked to do it and their choices were listened to and supported by staff.
- Staff knew the people they supported well and were able to describe how they supported people in a person-centred way. This was confirmed by relatives. A relative said, "[Staff] know and understand [family member]," they explained how the staff could notice when their family member needed support, and this was provided.
- Staff received training relevant to their role and in people's diverse needs. This was kept under review to ensure they were up to date in how people's needs were met and best practice. Staff were positive about the range of training they received, including their induction, which prepared them for working at Barleycombe.
- Without exception, we received positive feedback from people and relatives about the service. A relative said, "Everyone who needs care could have a place like Barleycombe." Other relatives described the service and staff as, "Brilliant," "Wonderful," and "Cannot fault it or say a bad word against them."

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

At our last inspection the provider had failed to have effective governance, including assurance and auditing systems or processes. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection we found audits and monitoring was not always effective, for example despite shortfalls being identified in the environment, they had not been addressed. There had been a lot of work undertaken in the environment and the planned scheduled improvements were ongoing. This included work on the hot water and heating system and refurbishments of bathrooms.
- The properties manager explained the work being done and provided a plan with timescales for completion. There was still some work to be completed but we were assured this was scheduled.
- The quality of the service provided was assessed and monitored by the registered manager and the provider, for example in audits. Where shortfalls were identified, these were included in the action plan with timescales for completion and this was kept under review.
- The registered manager understood their roles and responsibilities in managing the service and making continuous improvements. This included formally informing us of notifiable incidents, as required.
- Prior to our inspection, the provider had identified they did not have the service user band 'learning disability and autism' on their registration, they had taken action, and this was being processed by Care Quality Commission.
- Our observations and feedback from staff demonstrated they were compassionate and committed to providing good quality care. Staff told us the service was well-led. A staff member said, "The management were amazing and really supported staff through this. I am proud to say I work for such a great company." Another staff member commented, [registered manager and deputy manager] go out on the floor and check on what is happening in the house they don't just sit in an office. Both genuinely care about the people we support and staff." Another staff member said, "It's a truly magical place to work."
- Staff were able to describe the procedures for reporting bad practice, known as whistleblowing.

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

- People had the opportunity to share their views of the service in meetings and care reviews. Minutes of house meetings demonstrated their views were listened to and valued and used to drive improvement.
- Relatives told us they felt listened to and attended their family member's care reviews where they could share their views. They also said they were kept updated about their family member's wellbeing.
- There were several notice boards in the service which advised of topics such as oral hygiene and diets. These had been co-produced by people using the service and staff, for example, there were boards with ideas presented by people for the development of the grounds. A person told us about their ideas and how plans were in place to make them happen.
- A person told us how they visited other provider's services to speak with people about their experiences and make suggestions for improvements, we saw them planning a visit with the area manager. During our visit, another person said they were interested in doing this, when previously they had refused. This demonstrated people's views were valued and heard.
- Staff told us they felt supported and attended staff meetings and 1 to 1 supervision meetings. A staff member said, "I recently had a supervision and felt like information I passed on was well listened to and taken on board." Another staff member commented, "I attend staff meetings but if I was to miss one then I know that the meeting notes are always available for me to read afterwards or refer to if I need to."

### Working in partnership with others

- The registered manager told us how they maintained relationships and joined up working with other professionals and had advocated on people's behalf when they felt they were not receiving the service they needed.
- The service worked well with the local authority and had taken up the offers of the provision of workshops, including safeguarding, dignity, dementia and sessions on how a person may experience dementia.
- People told us about some activities they participated in which demonstrated they were supported to be a part of the community where they lived.
- A person told us about an event at Barleycombe know as 'Barleyfest' which included music, stalls and a barbecue on the service's grounds to which the local community and people's family and friends were invited to. The person was sorting out their music discs which they did not want, to sell on one of the stalls. We saw photographs of previous Barleyfest events displayed in 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

- There was a duty of candour policy and procedure in place, and this was understood by the registered manager.
- The registered manager was able to explain the duty of candour and the requirements to be open and apologise when things went wrong.