

SCA Care

# Barfields Court

## Inspection report

Emsworth Road  
Lymington  
Hampshire  
SO41 9GN

Date of inspection visit:  
14 November 2019  
21 November 2019

Date of publication:  
24 December 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

Barfields Court consists of 52 individual flats within an extra care housing scheme. The service provides personal care for older people and adults under 65 years who require assistance with personal care. At the time of the inspection the service was supporting 30 people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People spoke highly of the service and the positive difference it had made to their lives. People felt safe and well cared for. Individual risks associated with people's health and care needs had been assessed and measures had been put in place to reduce the risks. Where people required assistance with their medicines, this was well managed. The provider had robust recruitment processes in place which ensured only staff suitable to work in social care were employed and there were enough staff to support people safely. Staff understood how to identify and report any concerns appropriately.

People's needs were assessed before they started to receive a care package to ensure their needs could be met by the service. People were involved in developing their care plans in line with their wishes and preferences ensuring them maximum choice and control over their care. Staff asked people for their consent for day to day care and supported people with their nutritional needs where required. Staff received supervision, appraisals and regular training which enabled them to deliver effective care in line with best practice.

People told us they were very happy with the care they received. Staff treated people with dignity and respect, involved them in decisions about their care and promoted their independence. People received person centred support which met their needs, preferences and choices. People had no complaints but knew who to speak to if they did. People felt confident they would be listened to and issues would be resolved promptly.

The registered manager had encouraged an open and transparent culture which enabled people and staff to contribute their views about the service and drive improvement. Staff consistently told us they felt well supported and valued by the management team who were hands on and approachable. The registered manager had developed excellent links with local community groups and commissioners to promote joined up working.

### Why we inspected

This service was registered with us on 13 December 2018 and this is the first inspection.

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

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# Barfields Court

## 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.

#### Inspection team

The inspection was carried out by an inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager 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.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 14 November 2019 and ended on 21 November 2019. We visited the office location on both days and visited people in their own homes on the second day.

### What we did before inspection

We reviewed information we had received about the service including notifications which the provider is required by law to send us about certain events that happen within the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We visited six people in their own homes and a relative and spoke with them about their experiences of their care. We spoke with the registered manager, the scheme manager, the Nominated Individual and six members of care staff.

We reviewed a range of records including policies and procedures, and records relating to the management and monitoring of the quality of the service such as audits and surveys. We reviewed three people's care records and pathway tracked one person's care. This means we checked to ensure people had received all the care they required. We looked at three staff files in relation to staff recruitment, supervision and training.

### After the inspection

The registered manager sent us further information we had requested. We contacted three health and social care professionals who were involved with the service for their views.

# 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 for 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

- Robust systems were in place and followed by staff to keep people safe. People told us they felt safe. One person told us, "I feel safe with every single one of them [staff]." Another person said, "The best part of being looked after is knowing there is someone here at night. It makes a big difference." A third person told us, "We're in good hands here. If you pull the cord [alarm bell] someone comes running. It's reassuring for me."
- Staff had received training in safeguarding people and understood how to identify abuse. They knew how to report any concerns and told us they now had access to the provider's safeguarding policies and guidance on their mobile phones. The registered manager and Nominated Individual were about to complete training in order to qualify them to deliver safeguarding training in-house.
- The registered manager had made appropriate referrals to the local authority safeguarding team and to the commission when required.

Assessing risk, safety monitoring and management

- The provider had put an electronic care recording system in place and this was a work in progress. People had been assessed for individual risks and guidance was in place for staff in how to manage these, such as the risk of slips and scalding. Staff were reviewing and improving the risk assessments to ensure they were complete and robust. One person had gone out and hadn't returned when expected. The staff team acted appropriately and informed relevant agencies. We discussed this with the registered manager who told us the person had not considered themselves to be missing. They would, however, complete a risk assessment and guidance for staff in the event of a recurrence.
- Environmental risk assessments were completed in each person's home and for each activity, such as using the hoist or lap belt, to ensure people's safety. One person told us, "I feel safe living here. They make sure my lap belt is done up on my wheelchair."
- A care professional told us, "Generally, I have observed that Barfields refer residents appropriately to my team when they feel that there are risks which they are not able to manage at Barfields, or risks around which they need our support in, e.g. someone for whom there are increased risks when they drink alcohol."

Staffing and recruitment

- Robust recruitment procedures were in place which ensured all staff were suitable to work in a social care setting. The provider checked each staff member had a full employment history, proof of identity and employment references, and received a criminal record check from the Disclosure and Barring Service (DBS) before they were allowed to commence employment. A DBS check helps employers to make safer recruitment decisions.
- There were enough staff deployed to meet people's needs and keep them safe. The provider had a recruitment action plan which ensured recruitment was pro-active and staffing was planned to meet

people's needs. The scheme manager completed weekly rotas for staff in advance and ensured all visits were covered. Agency staff were sometimes used at weekends. Where agency staff were employed the scheme manager tried to ensure they were regular staff to ensure continuity for people.

- Staff had time to support people without rushing. One person told us, "I'm looked after well now. Staff check on me four times a day." Another person said, "They [staff] are not rushed. They are very good."
- Staff told us they thought there were enough staff on shift. One staff member said, "We have enough time. We always try to help each other." Another staff member told us, "We have enough staff, plenty of time, we're not rushed."

#### Using medicines safely

- Where people required support to manage their medicines, this was given in a way that maintained safety but also promoted their independence as much as possible. For example, people stored their medicines in their own rooms and where a risk had been identified for one person, their medicines were locked safely in a box. One person told us staff unscrewed the lid off the bottle, as they found it difficult, but they were able to take the tablets out themselves.
- Staff received training and competency checks which ensured they had the skills and knowledge to administer or prompt with medicines safely.
- Staff maintained records of when people had taken their medicines on the electronic care system, and this was monitored by the scheme manager to ensure all medicines had been taken as prescribed. Any queries would be highlighted and could be easily and quickly investigated. Spot check visits were carried out by the management team to ensure staff were administering medicines safely.

#### Preventing and controlling infection

- Staff understood when to use personal protective equipment (PPE), such as gloves and aprons when delivering care to people. The management team carried out spot checks to ensure staff were maintaining expected standards, including the use of PPE.

#### Learning lessons when things go wrong

- There were robust procedures in place for reporting, recording and investigating incidents and accidents. Any necessary action was taken to reduce the likelihood of reoccurrence. Staff were kept informed of any changes to people's care as a result of incidents or accident investigations.



# Is the service effective?

## Our findings

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

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

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

- The registered manager had established a positive working relationship with the commissioning teams to ensure the initial assessment process was effective. This ensured all relevant information was available to help make a decision about whether a placement would be suitable and meet each person's needs. Assessments included, for example, people's mobility and nutrition needs and medical history.
- This information was used to develop people's care plans which were person centred and included, for example, their life histories and how they would describe a good and bad day. The registered manager told us, "As we get to know people we can add additional information."
- The provider referenced national research and guidance to assist in developing effective care practices. Relevant policies and procedures were available to staff via the electronic care system on their mobile phones so they had ready access if required.

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

- Most people purchased their own food or relatives bought it on their behalf. Where people wished to purchase frozen ready meals to be delivered, the provider helped with this if required. Some people needed assistance from staff to heat their meals up at mealtimes. People told us they were happy with the support they received. One person told us staff would ask, for example, "Have you enough water. Shall I make you a cucumber sandwich?" Another person told us they chose what to eat from their freezer and staff would heat it up for them.
- Staff understood people's eating and drinking needs and ensured people were supported appropriately. One staff member told us about a person who had to go to hospital for the day and said, "[The person] is diabetic and it was going to be a long day. I made a sandwich for her to take."
- Staff recorded when they had supported people with their meals and drinks and this was used to monitor people's food and drink intake to ensure they were not at risk of malnutrition or dehydration.

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

- Most people were supported by their families to manage their health conditions and request advice and treatment, such as GP appointments, when required. However, staff understood the procedures to follow in the event of an emergency or who to contact if there was an urgent health concern. For example, on the day of our inspection, staff were concerned about the health of a person they visited and called the paramedics. The person was taken to hospital for checks before being discharged back home later that day with advice about how to monitor them.
- A care professional confirmed staff were observant and told us about a person they supported. They said,

"Barfield's carers are quick to follow up with the GP regarding any health concerns, and have supported her to attend several medical appointments." A health professional confirmed, "I feel they work in partnership with me and follow recommendations."

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff understood the principles of the MCA. They received MCA training and their knowledge was refreshed through on-going staff briefings.
- People had the capacity to make day to day choices and give their consent for care. People told us the staff always asked for their permission before providing care. This was confirmed by staff who told us people were able to consent when asked, for example, if they wanted to take their medicines or have a wash.

Staff support: induction, training, skills and experience

- Staff felt well supported with on-going training such as safeguarding, nutrition, first aid and medicines administration. Training was monitored by the scheme manager which ensured staff were up to date with their knowledge and skills to enable them to provide safe and effective care. A staff member said, "We have face to face training in moving and handling, medication, safeguarding and fire safety. E-learning, I've done care planning, infection control, dementia, end of life and first aid. It helps us to do the job."
- All new staff received a thorough induction when they started working at Barfields Court. One staff member told us, "I did shadow shifts for two weeks with experienced staff. I could have had longer if I'd wanted. Staff explained everything to me. I did week long training in Southampton and did the Care Certificate. It made it much easier. I can keep the booklet afterwards and go back to it to check things." All new staff completed the Care Certificate as part of their induction. This is a nationally recognised standard of care practice which all care staff should meet.
- Staff received regular supervision which included on-going observed practice sessions. This enabled the management team to monitor staff care practice to ensure it continued to meet the required standards. Staff confirmed this and told us they received regular feedback which enabled them to understand how they were performing. Support and guidance was always available to help staff develop their practice where required.

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

- We received positive feedback about the staff from people we spoke with. One person told us, "The staff are really very good. They always come in and say, 'Hello, how are you today?' They are always around and willing to do anything. They will always say before they go, 'Is there anything else I can do for you?'"
- Other comments from people included, "They [staff] are all lovely. I couldn't wish for anything better," "They're kind, friendly and chatty," "They're all good. I like them all," and "I can't say a bad word, they're always friendly and chat to you. I can have a laugh with them [staff]. They have to be so dedicated to it. It puts your mind at ease."
- Staff understood when people were feeling anxious or upset. One person told us, "I still have my moments. They [staff] will sit with me and help me calm down. Every one of them has given me that empathy and understanding. It's about trusting people. .... I trust them."
- People told us they felt involved with deciding how they wanted to receive their care and support and felt able to speak with staff or the management team if they wanted to discuss any changes. One person told us, "We had our routine and we tried to keep it going [when we moved into Barfield's Court]. It's about balance. We need help but want our independence [where we can]."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "Staff treat this as our home. They always close the curtains when giving me personal care." Another person said, "It's my home and they totally respect it. They ask where things need to be put." When we visited people in their homes, the scheme manager asked our inspector to remain outside while she checked people were ready to receive visitors and their dignity was preserved. For example, "I'll just make sure she's ready and has her little bed jacket on."
- Staff told us they had time to support people at their own pace and have a chat. People appreciated the chats, banter and laughs they had with staff. One person said, "I like a laugh. We get on really well." Another person said, "We talk about programmes, Gogglebox. They're so caring. They're like my family, caring and empathetic."
- People were encouraged to maintain their independence as much as possible. One person told us, "They have given me my independence, they don't take over. [For example] I wash up but they unscrew the [container] lids for me." A care professional confirmed, "I have observed that they support [Name] as needed but at the same time encourage her independence by enabling her to do as much as she can for herself. We encourage people to consider applying for a place at Barfields (as appropriate) as it fulfils its aim of providing a safe environment which reduces social isolation and where people can maintain their independence for longer."

## 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

- Care plans were agreed with people when they moved in to Barfields Court which ensured care was centred around the things that were important to them, such as making choices and having their preferences met. Staff told us how they listened to people and respected their wishes as each day was different for people. For example, one staff member said, "I always offer care in line with their care plans, like a shower, but some might not feel like it on the day." People confirmed their wishes were taken into account at the time of receiving care. One person said, "I'm independent but with appropriate back up. I get tired as the day goes on so help getting to bed is essential." Another person told us, "They [staff] are wonderful. If I can't get out of bed they will give me a bed bath. They are so observant."
- People's care was regularly reviewed with them to check if they were still happy or if they wanted any changes to be made. A care professional told us staff worked proactively if they had concerns about people or their care needs changing. They said, "SCA [The provider] will alert the community teams should they consider a review is necessary or residents are at risk themselves or to others." Another care professional told us they had worked with the service to support a person with dementia and behaviour that challenged others. They said, "I felt that staff persisted in supporting the lady to remain living independently for a lot longer than other providers would have done."
- Staff told us they enjoyed chatting to people and learning about their lives which helped them understand how to deliver more personalised care. One staff member told us, "I'm really enjoying it. I get something back from it. Learning about people's lives, their stories." Another staff member said, "The residents are all lovely. I'm very happy with my work."

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.

- The registered manager ensured information was accessible to people, such as pictures of activities to go hand in hand with the activities programme. Staff ensured people had their communication aids to hand each day, such as hearing aids and glasses, and that they were clean and in working order.

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

- Some people were able to access the community and meet up with friends and family and others had

visitors at home. Staff provided a programme of activities in the communal lounge, such as exercises, film shows and crafts which enabled people to get together and enjoy activities in a social setting. We observed two people having coffee in the lounge one morning and chatting together about things that interested them. They knew the registered manager and had a chat to her as well.

- The registered manager told us they had a pot of support hours for social activities and well-being which they shared with two other local services run by the provider. They sometimes brought people from the other services to join in and meet up with people living at Barfields Court. A care professional told us since the provider had taken over the management of Barfields Court, "I have noticed an improvement in the wellbeing offer to residents, particularly in terms of activities."

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

- The provider had a robust formal complaints policy and people had received information about how to complain. People confirmed they knew who to speak with if they had a complaint and were confident any concerns would be addressed. Complaints were dealt with in a timely way and were monitored by the Registered Manager, the Nominated Individual and the Board to analyse any trends and ensure any learning was shared.

#### End of life care and support

- The service was not currently supporting anyone on end of life care. However, staff told us they had supported people at the end of life in the past. One staff member told us, "I would sit with them and treat them with dignity, respect their wishes and follow their end of life care plan. We would get support from the district nurses or they [the person] would go to hospital [if it was their wish]."

# 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.

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

- The provider had taken over the management of the service in December 2018. There had previously been a lot of changes and numerous managers which had created an unsettled staff team. The provider and management team had worked hard to develop a positive, stable and inclusive working culture and had brought the staff team on board with the organisation's vision, values and objectives.
- Staff felt involved and valued and were extremely happy to be working at Barfields Court. Staff received feedback when compliments were received and thank you cards were given to staff by the management team to acknowledge their contributions to the service. One staff member told us, "I love it here. I know our managers are all there. . . any problems, queries, [Names] always have time to listen. I don't feel on my own." Another staff member said, "[Managers] are really supportive. I can go to them all 100%. The staff get on really well. There are never any conflicts. It's a good company to work for." A third staff member said, "We're a good team. We work well together. Management are always there to help us, they're very supportive." A fourth staff member told us things were much better and said, "I enjoy working with my colleagues and the managers. The atmosphere and staff morale have really improved."
- Surveys were used to obtain feedback from people and staff and help drive improvement. The most recent survey results were very positive and reflected the impact of the positive changes taking place within the service. Comments included, "My care at Barfields is of an exceptionally high standard. I'm extremely happy with my care plan," and "Staff do a professional job and I feel safe here." A care professional told us they undertook their own surveys and said, "A recent survey carried out with the residents suggested people felt safe and cared for." Staff had rated the service good or outstanding in their survey responses.
- People told us, "[Managers] are really good. They always make themselves available if you want to see them" and "It's really well run, so much better than before. It's totally about your care and wellbeing from the managers down to the carers. I can't praise them enough."
- The registered manager worked closely with the scheme manager and Nominated Individual to monitor the quality of the service through a range of audits. The most recent service audit was carried out in November 2019 and covered all aspects of care delivery which linked to the five domains our inspectors checked against. We noted the audit results were marked in green, amber and red. Most areas were green [good] and where amber or red had been identified, there were actions in place to address these.
- The electronic care system ensured more effective monitoring of day to day care delivery and provided staff with immediate access to information and communication through an app on their mobile phones. The registered manager told us they could check to see if staff had delivered people's care at the right times. For example, that there was evidence of drinks being given, consent had been obtained and personal care

given.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had developed a strong, person centred culture within the service. This helped people to achieve good outcomes and improve their quality of life. For example, one person told us about a health condition they had and spoke very highly of the innovative and person centred care the staff gave her. They said one staff member had come up with an idea to help improve the movement in their hand by rolling up a flannel, putting it in their hand and squeezing it. They said, "My OT [Occupational therapist] told me my carers are very inventive! Without it they may not have been able to save my hand. [The staff] massage and dress my hand every night. My consultant told me what fantastic carers I have." A care professional told us about another person and said, "They [staff] support [Name] to maintain a safe and hygienic environment. This had been an issue before she moved to Barfields."
- The provider had involved people and a relative in making an information video to explain about extra care housing and the support they received which was used by the local district council on their web site to promote extra care housing. People were all positive and explained they felt happy and safe.
- Staff meetings and briefings ensured staff were involved, had opportunities to share ideas and were kept informed of, for example, service developments and training.
- The management team worked with other organisations to develop positive relationships and improve outcomes for people. A care professional told us, "I have a good working relationship with [scheme manager] and [deputy manager] and feel that communication is good in terms of them highlighting issues to us or us to them." A second care professional told us, "We have recently held three publicity events in each of the Extra Care Housing Schemes hosted by SCA [The provider] collaboratively working with New Forest District Council and Hampshire County Council. Feedback has been very positive."
- The registered manager met with the Local Authority every month to look at who might be ready to move into Barfields Court. This had improved the assessment and referral process and ensured placements were appropriate and people's needs could be met.

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 under the duty of candour and had robust procedures in place if things went wrong. They had open and honest communication with people and relatives who felt confident in the management team.

Continuous learning and improving care

- The provider had robust procedures in place to identify any learning from incidents and accidents. All incidents were reviewed by the health and safety committee and the Board of SCA to ensure learning across the organisation. Where any learning was identified, this could be shared with staff quickly through the new electronic system.