Peace of Mind Healthcare Ltd

The Barn

Inspection report

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Date of inspection visit: 9 December 2015
Date of publication: 19/01/2016

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

Overall summary

This inspection took place on 9 December 2015 and was unannounced. This was the first inspection of the service since it was registered with the Care Quality Commission in October 2014.

The service provides accommodation and support for a maximum of three people with a learning disability or autistic spectrum condition. At the time of the inspection there were three people living in the home with mild learning disabilities or autistic spectrum conditions. People had a range of verbal communication skills and one person communicated through signs rather than speech. People were relatively independent and able to carry out most of their own personal care with prompting from staff. People needed staff support to go out into the community to help keep them safe from harm or abuse.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was on leave on the day of the inspection. We met a registered manager from one of the

Summary of findings

provider's other homes who visited the home in their absence. The manager told us the service philosophy was about identifying each person's individual needs and responding to each person's needs effectively. Their aim was to improve and develop people's life skills and to enable them to become as independent as they wanted to be.

There was a calm and friendly atmosphere in the home and people and staff all got on well together. Staff received service specific training and they were regularly assessed by management to ensure they supported people safely and competently. People were also supported to access external healthcare professionals when needed.

There were sufficient numbers of staff to meet people's needs and to keep them safe. One person who lived in the home said "Yes, I'm treated well and feel safe". Staff had a good understanding of each person's support needs, behaviours and preferences. A relative said "In every way, I'm extremely pleased with the care [person's name] receives".

People had choice and control over their daily routines and staff respected and acted on the decisions people made. Where people lacked the mental capacity to make certain decisions about their care and welfare the provider knew how to protect people's rights.

People were supported to be as independent as they wanted to be. They helped with daily living tasks such as meal preparation, laundry and cleaning. People were supported to visit relatives, access the community and participate in social or leisure activities of their choice on a regular basis.

The home was located in a rural setting and had spacious and secure accommodation and grounds. People were free to go out into the field at the rear of the home for outside leisure activities or to feed the home's farm animals. People's rooms were large and were furnished and decorated to suit each individual's tastes and choices.

People, relatives and staff all commented on how approachable and supportive the provider's management team were. They said they could approach any of the managers for help or advice whenever needed.

The provider had an effective quality assurance system which ensured the service maintained good standards of care and promoted continuing improvements.

Summary of findings

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.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead more fulfilling lives and to remain safe.

Good

Is the service effective?
The service was effective.

People received effective care and support from staff who were trained to meet people's individual needs.

People were supported to maintain good health and to access healthcare services as needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care.

Good

Is the service caring?
The service was caring.

People were supported by caring staff who were committed to promoting people's wellbeing and independence.

People were treated with understanding, dignity and respect.

People were supported to maintain their family relationships.

Good

Is the service responsive?
The service was responsive.

People's individual needs and preferences were known and acted on.

People and their relatives were involved in decisions about their care and support, as far as they were able to be.

People, relatives, staff and other professionals were able to express their views and the service responded to feedback.

Good

Is the service well-led?
The service was well led.

People were supported by good management and a motivated staff team.

The service had an inclusive and supportive culture focused on promoting people's independence and quality of life.

Good

Summary of findings

The provider's quality assurance systems ensured a good standard of service provision and improvement.	

The Barn

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 December 2015 and was unannounced. It was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), and other enquiries received from or about the service. This was the first inspection of the service since it was registered with the Care Quality Commission in October 2014.

During the inspection we spoke with the three people who lived in the home, a registered manager from one of the provider's other homes who visited on the day of inspection and two other members of staff. We observed staff practices and their interactions with the people they were supporting. We reviewed three care plans and other records relevant to the running of the home. This included staff training records, medication records, complaints and incident files. We also telephoned relatives of the three people who lived in the home to obtain their views on the service.

Good

Is the service safe?

Our findings

People who lived in the home and their relatives said they felt safe and secure. One person said "Yes, I'm treated well and feel safe". Another person's relative told us "[Person's name] is definitely safe and well cared for". We observed people were very relaxed and at ease with each other and with the staff supporting them.

Due to their learning disabilities, people sometimes had difficulty interacting with others and were potentially vulnerable to abuse. The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they had no concerns about any of their colleagues' behaviours but they would not hesitate to report something if they had any worries. Staff said they were confident that if any concerns were raised the provider would deal with them and make sure people were protected.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

Care plans contained risk assessments with measures to ensure people received safe care and support. Risk assessments covered issues such as: support for people when they went into the community, participation in social and leisure activities, and environmental risks. There were risk assessments and plans for supporting people when they became anxious or distressed. Episodes of anxiety were recorded to help staff identify possible causes or trends. Circumstances that may trigger anxiety were identified with ways of avoiding or reducing the likelihood of these events. Staff received training in positive non-physical intervention to de-escalate situations and keep people and themselves safe.

All incidents were investigated and action plans were put in place to minimise the risk of recurrence. There had been just one significant incident over the last 12 months involving an incident between two of the people living in the home. The provider had notified the local authority safeguarding team and the Care Quality Commission and had initiated an internal complaints process. Since people had become settled into their new home, no similar incidents had occurred. Staff completed an incident report when an incident occurred. This had to be signed off by the manager with any comments or learning from the incident. Incident reports were reviewed by the provider to see if any changes or improvements to practice were required.

Staff knew what to do in emergency situations. For example, there were protocols for responding when people experienced epileptic seizures. Staff received training in providing the required medicines and knew when and who to notify if the seizures were prolonged. Staff said they would call the relevant emergency services or speak with the person's GP, or other medical professionals, if they had concerns about a person's health and welfare.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. An external consultant carried out an annual health and safety risk assessment of the home. The service had a comprehensive range of health and safety policies and procedures for staff to follow in order to keep people safe. Management also carried out routine health and safety checks on a weekly and monthly basis.

There were sufficient numbers of staff to meet people's needs and to keep them safe. The service employed a small permanent team of staff who were knowledgeable about people's preferences and behaviours. There were always at least two care staff on duty, and three staff on some days, depending on the planned activities. At night, there was one waking and one sleep-in member of staff. There was a 24 hour manager on-call rota to provide further advice or support. Staff told us they considered there were sufficient staff numbers to meet people's needs and they were able to take people out virtually every day. They said the provider also ensured extra staffing was available whenever additional assistance was needed. Staff said the management team was very hands-on and happy to cover shifts as needed, for example to cover short notice absences.

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. Medicine

Good

Is the service safe?

administration rounds were periodically observed by the managers to ensure staff practices continued to be safe. These checks helped to ensure the correct medicines were administered to the right people at the right time.

All medicines were prescribed by the individual's GP. Medicines were kept in secure and suitable storage facilities and medicine administration records were accurate and up to date. Staff said they always checked to ensure the correct medicines had been taken at the right times.

Good

Is the service effective?

Our findings

Feedback from people's relatives indicated the service was effective in meeting people's needs. One person's relative said "[Person's name] has come a long way since moving to The Barn. They talk more and their behaviours have improved. I think it's brilliant". Another person's relative said "There will always be problems with [person's name] but they are a lot calmer since moving to The Barn".

Staff were knowledgeable about each person's needs and preferences and provided support in line with people's agreed plans of care. Staff received training to ensure they had the necessary knowledge and skills to provide effective care and support. This included generic training, such as: safeguarding, first aid, infection control and administration of medicines. Service specific training was also provided including: person centred approaches and planning, epilepsy, non-physical interventions and de-escalation techniques, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The provider used a range of different training resources to ensure people received effective care based on current best practices.

Staff were also supported with continuing training and development, this included vocational qualifications in health and social care. A member of staff told us the provider was supporting them to complete a Degree in social work.

Staff were trained to communicate effectively in ways people could understand. Communication aids were available, but the people who currently lived in the home understood verbal communications and expressed their choices clearly through speech or sign language. Two of the people had reasonable verbal communication skills but the third person did not use speech. There was a communication plan in the person's care plan and records of speech and language therapist assessments. The person had developed their own personalised sign language and staff had been trained to understand their individual signs. Pictures and symbols were sometimes used to aid understanding, but we were told the person did not relate to these particularly well.

New staff received a comprehensive induction programme and then shadowed experienced staff until they get to know people's individual support needs well. The competency, knowledge and skills of new staff were assessed over a probationary period by the provider to ensure they were able to care for people effectively.

Staff received a minimum of six individual supervision sessions a year. Additional supervision sessions often took place, either at the request of staff, or if management wanted to discuss specific care practices with the member of staff. Staff had annual performance and development appraisal meetings with the registered manager. This was to review their performance and identify any further training and development needs.

Staff said everyone pulled together as an extremely supportive and motivated team to ensure people received effective care and support. They said management were always very approachable and accessible and they could turn to them if they needed advice or assistance with anything. They said people's individual care and support needs were discussed regularly at shift hand-overs, staff supervision sessions and monthly team meetings. This helped to ensure people continued to receive appropriate and effective care.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We observed when people lacked the mental capacity to make certain decisions the service followed a best interest decision making process. Staff had also received training and had an understanding of the requirements of the MCA and the DoLS.

The service had a current DoLS authorisation for one of the people who lived in the home. This was needed because certain restrictions were necessary to help keep them safe from harm. The original DoLS application had been

Good

Is the service effective?

resubmitted and authorised for a further 12 months. This showed the service followed the requirements in the DoLS. There were related risk assessments and best interest decisions in the person's care plan. The service regularly reviewed restrictive practices with a view to reducing the number and impact of any restrictions on people's freedom, rights and choices.

People had sufficient to eat and drink and were encouraged by staff to have a balanced diet. The menu choices were agreed with people each week, prior to doing the weekly food shopping. If people decided they did not want the menu choice on the day, staff prepared an alternative meal and people could choose from any other food available in the kitchen. Staff said they tried to encourage a good variety of meals. They were knowledgeable about people's individual dietary tastes and preferences. People who currently lived in the home had no special dietary needs. Staff said they always offered a choice of vegetables although people did not always eat them. We observed there was a fruit bowl in the kitchen and one person helped themselves to an apple.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. The visiting manager said the service received good support from the local NHS and social care teams. People had their own individual social workers and people were supported by a range of local healthcare practitioners, including the local GP practice. More specialist medical advice was sought, as required, from the local hospital and mental health NHS trusts.

The home was located in a rural setting and had spacious and secure accommodation and outside grounds. People were free and safe to use a field at the rear of the home for outside leisure activities or to feed the home's farm animals. People were free to access all of the communal areas of the home, as they wished. Staff said the incidence of challenging behaviours had significantly reduced and this was due, in part, to the environment which allowed people plenty of space and freedom.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were very caring and were dedicated to meeting people's needs. One person said "I'm pleased I moved here it's better than [name of previous home]". A relative said "In every way, I'm extremely pleased with the care [person's name] receives". Another person's relative said "Staff are so caring and easy to talk to. They are a similar generation to [person's name] and it's lovely for [their relative] to be with people of their own age".

People appeared to get on really well with the staff supporting them. We observed people and staff chatting and interacting with one another in a friendly, caring and relaxed way. One person in particular enjoyed a bit of friendly banter with members of staff who were happy to reciprocate. The conversations were always appropriate and respectful.

We observed staff spoke to people in a polite and considerate manner and respected their decisions. We heard staff consulting people about their daily routines and activities and no one was made to do anything they did not want to. People told us they decided when to get up and go to bed, when to eat their meals and whether they wished to spend time on their own. A member of staff said "We are always looking for ways of progressing. For example, we no longer have a set rolling menu. People now decide each week what meal choices they want". We observed people were allowed their own private space but staff were on hand when people wanted their assistance or company.

Each person had an assigned key worker. The key worker had particular responsibility for ensuring the person's current needs and preferences were correctly identified and acted on by all staff. Relatives told us staff had a very good understanding of their relatives individual support needs. Where appropriate, people were supported to access independent external advice and support if they needed help with making important decisions. Care records showed people had regular meetings and assessments with their social workers and with other relevant care professionals.

Staff and relatives told us people had become much more independent since moving to the home. Staff provided examples of how people had developed. People could now carry out many of their own personal care and daily living tasks with just a little prompting from staff. This included cleaning their rooms, doing their laundry and helping with the preparation of meals. For example, one person was unable to eat their meals independently when they moved to the home but was now able to do so without any staff support. A member of staff said "People have come on leaps and bounds in terms of using their own initiative".

Relatives and staff told us people's anxieties had reduced significantly and people were much calmer since moving to the home. This was confirmed by the reduction in incident reports recorded. During our inspection, we observed everyone was very calm and relaxed in each other's company and with the staff.

Staff respected people's privacy and dignity. Personal care was only provided in the privacy of people's bedrooms or bathrooms. Staff ensured doors were closed and curtains or blinds drawn when personal care was in progress. We observed when one person needed the bathroom staff assisted them to the toilet in a discrete and respectful manner.

Staff spoke respectfully about the people they supported and were careful not to make any comments of a personal or confidential nature when other people were present. Staff understood the need to respect people's confidentiality and to develop trusting relationships. For example, when staff needed to look at a person's care plan they made sure it was not left unattended for other people to read. Care plans were kept in a secure office when not in use.

People were supported to maintain relationships with their families and friends. Relatives told us they could visit or call the home as often as they wished without any undue restrictions. Staff also supported people to visit their families if this was agreeable to all concerned. This helped people to maintain relationships with the people who cared most about them.

Care plans included information about people's end of life preferences and any spiritual or religious beliefs. Staff were aware of people's beliefs and preferences and respected their views and choices.

Good

Is the service responsive?

Our findings

People's needs and preferences were understood by staff and the staff acted on people's choices. For example, people engaged in a range of different activities both within and outside of the home. One person said "I can do what I want to. I can play football in the garden or staff will take me into town in the car to go shopping or swimming if I want". Another person's relative said "Staff are really good and are aware of [their relative's] needs, they cope extremely well".

People were supported by staff to spend time in the local community on most days of the week. People had varying levels of independence but all needed staff support for transport purposes and to keep them safe from potential harm or abuse. People participated in a range of activities to suit their interests. Activities included attending school, trips into town, fitness and leisure activities, holidays and other trips out. People were free to refuse or choose different activities if they wished, although generally they kept to a fairly structured routine.

There was plenty of space within the home and the grounds for people to participate in group or individual indoor and outdoor games and activities. There was a five-a-side goal post in the field for football, space for athletic pursuits, a trampoline, arts and crafts, kittens, chickens and pigs. One relative commented on how peaceful the grounds were and how the animals and space had helped to make their relative much calmer. The person also received a sensory head massage which they found very calming.

People's rooms were large, well-furnished and decorated to suit each individual's tastes and choices. The home was spacious and people were free to use all of the communal areas, or to return to their rooms, if they wanted some time on their own. Each room contained people's personal belongings, such as pictures, paintings and toys, which made the rooms more homely.

Each person had a comprehensive care and support plan based on their assessed needs. These provided clear guidance for staff on how to support people's individual needs. People contributed to the assessment and planning of their care. People routinely discussed their needs and preferences with staff and this was recorded in people's care plans under the daily notes. Each person had monthly one to one review session with their key worker and care plans were updated to reflect any changes in people's needs or preferences. The provider reviewed care plans every two months to ensure they remained person centred. Person centred means plans are tailored to each individual's personal needs and preferences.

Although the provider's staff team was relatively small they tried to ensure people had their preferred choice of keyworker. Staff members of the same gender were also available to assist people with personal care, if this was their preference. For example, a female member of staff from one of the provider's other local homes visited The Barn regularly in the capacity of keyworker for a female who expressed a preference for female support. The person was independent with most of their personal care needs but a female member of staff was always arranged if they needed support with a personal matter.

People, relatives and staff told us the registered manager and the provider's senior staff were very accessible and approachable. They said they rarely needed to raise any issues but if they did these were dealt with straight away. One relative said "I would have no hesitation to ring the management at any time. I get on well with [names of the provider's directors] and all the staff. They were very diligent in assessing my relative's needs when they moved from their previous home". Another person's relative said "When I phone there is always someone available to answer my questions. When needed, I go in and I am always made very welcome".

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. Records showed the service had received just one formal complaint in the last 12 months. This was from a neighbour about one of the people who had accessed their property when they initially moved to their new surroundings. The person now understood the home's boundaries. The visiting manager said the neighbours were very accepting and pleasant with the people who lived in the home.

Good

Is the service well-led?

Our findings

Relatives of people who lived in the home were very complimentary about the service. Relatives said “They do exceptionally well”, “I think it’s brilliant”, and “I’ve got no problems at all, I’m happy with everything”.

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. The registered manager was on leave on the day of the inspection. We met a registered manager from one of the provider’s other homes who visited the home in their absence. They told us the service philosophy was about identifying each person’s individual needs and responding to the person’s needs effectively. The aim was to improve and develop people’s life skills and to enable them to become as independent as they wanted to be.

To ensure staff understood and delivered this philosophy, they received training relevant to the needs of the people living in the home. There was a comprehensive induction programme for new staff and continuing training and development for established staff. The service philosophy was reinforced through staff meetings, shift handover meetings and one to one staff supervision sessions. The approach was also supported by the provider’s policies, procedures and operational practices.

People, relatives and staff told us the provider’s management were very approachable and extremely supportive. A member of staff said “The managers are always there on hand to help and you can call them any time. They are all very approachable. Probably the best people I have ever worked for”.

Decisions about people's care and support were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of reporting and accountability from care staff to the manager and the provider. Staff said everyone worked really well together as a happy caring and supportive team.

The provider operated a quality assurance system to ensure they continued to meet people’s needs effectively. The provider’s management team carried out a programme of weekly, monthly and quarterly audits and safety checks. These checks covered all the key aspects of the service and ensured quality standards were maintained and any identified areas for improvement were actioned. For example, to increase choice, the provider had introduced weekly menu discussions with people to replace the previous set rolling menus. Their intention was to move toward individual menus for each person. These quality checks and audits ensured people continued to receive good care in a safe and homely environment.

People and their relatives were encouraged to give their views on the service through routine day to day conversations and through structured care plan review sessions. The service was about to circulate its first annual satisfaction survey to people, relatives and professionals involved with people’s care. The feedback we received from people and their relatives was overwhelmingly positive. Relatives said they were always kept informed about any issues and they could contact staff and management at any time if they wanted to discuss any matters.

The provider participated in forums for exchanging information and ideas and fostering best practice. These included service related training events and conferences and relevant online resources for information and advice, such as The Royal Mencap Society. The provider used an established external consultancy firm to review and update their policies and procedures in line with current legislation and best practice. Monthly management team and monthly staff meetings were held to discuss and disseminate information and new ideas and to keep staff informed about service developments.

The service worked in partnership with other agencies. They had good links with local health and social care professionals. Specialist support and advice was also sought from external professionals when needed. This helped to ensure people’s health and wellbeing needs were met.

The service had developed good links with the local community. People were supported to engage in the local community to the extent they were able to. For example, we were told one of the people had become “quite a celebrity” in the local pub. Staff supported people to go out most days of the week. This included educational programmes, social and leisure activities, trips to places of interest and family visits.