

Peace of Mind Healthcare Ltd

Barley House

Inspection report

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Somerset
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Barley House is a residential care home providing personal and nursing care to two people. The service is registered to provide care and support to two people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were supported by a caring, knowledgeable and committed staff team. The staff team were well led by a senior team committed to promoting person centred care within a framework of robust monitoring and developments. There were systems in place to monitor standards and plan continual improvements.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for the people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The person's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported by staff who respected them and knew them well. The staff were kind and compassionate. Staff were happy in their jobs and wanted to provide the best care they could. People had built positive relationships with staff and appreciated the familiarity they had. Staff understood how people communicated.

People were relaxed in the company of staff. The staff understood their responsibilities and how to protect people from abuse. Staff understood the risks people faced and the support they needed to reduce these risks.

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. Staff respected people's choices and preferences.

People had access to healthcare when they needed it. Appointments for routine monitoring, such as dental

and optician appointments, had been made. People were supported to eat and drink safely and their preferences were reflected in the food they shopped for.

People were supported to fill their time with things they found enjoyable and/or meaningful. They were supported to maintain important relationships.

Staff felt supported by the management team. All staff shared an ethos of personalised care and support to enable people to live the life they chose to live.

Rating at last inspection

The last rating for this service was good (published August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

For more details, please see the full report which is on the CQC website at 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Barley House

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 one inspector.

Service and service type

Barley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager registered with CQC at Barley House was also the nominated individual for the provider organisation. A manager had been appointed at the service in November 2019 and they were applying to take over this registration.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We looked at the information we have received from, and about, this service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

During the inspection we met both people living in Barley house and spoke with one of them. We also spoke with two members of staff, the deputy manager, the manager and a representative from the provider organisation. When we visited we were able to observe how staff and the people interacted with each other.

The provider also gathered and shared feedback from two relatives and a health care professional with us.

We looked at a selection of records which included;

One person's care and support plans

Quality assurance documents

Medication Administration Records (MARs.)

Compliments and complaints

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed in the company of the member of staff supporting them and sought out contact during our visit. Relatives reflected on the confidence they felt in the safety of the support their loved one received.
- Staff had received safeguarding adults training. They understood their responsibility to report any concerns both within their organisation and with other agencies. They were confident action would be taken if they did so. One member of staff said: "I would ensure the person was safe and then report and record everything."
- Safeguarding concerns had been reported appropriately and staff had worked to ensure the safety of people.

Assessing risk, safety monitoring and management

- Staff knew people well and understood the risks they faced and how to reduce these risks through support and environmental factors. Risks had been considered in ways that were specific to each person individually and reflected how they lived their life.
- Staff had received appropriate training and understood how to support people if they became distressed. Further training was planned as a person's needs changed.
- Emergency plans were in place to ensure appropriate support in an emergency.

Staffing and recruitment

- There had been an emphasis on recruitment in recent months and there were enough staff to support people to live the lives they wanted.
- Recruitment processes had been enhanced since our last inspection with additional recording in place around any risk management decisions.

Using medicines safely

- Medicines were safely managed. Staff administering medicines had received the necessary training to carry out this role safely. Medicines were given in ways that suited each person.
- Staff had liaised with health professionals to review prescriptions to ensure people were taking the right medicines at the right time.
- Medicines were audited regularly with action taken to follow up any areas for improvement.
- The manager told us they were considering ways to enable people to take more control over their medicines.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

- Mental capacity assessments were completed appropriately. Consent to care was checked by staff whenever they supported people with personal care. Changes in documentation were underway that would record this process more clearly within the framework of the MCA.
- When relatives, or friends, had legal powers to make decisions for people this was recognised and respected by the staff team.
- The management team had a clear understanding of their responsibilities in relation to the MCA. They had made appropriate applications for DoLS and continued to liaise with the appropriate authority regarding these applications.
- Staff supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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

- Assessments were comprehensive, and individual care and support needs were regularly reviewed and updated.
- Care records were reviewed regularly to ensure any changes were reflected in the person's care plan.
- Care and support reflected preferences of individuals and was flexible to ensure their choices could be respected. For example, staff rotas could be altered to reflect events that people wanted to attend.

Staff support: induction, training, skills and experience

- Staff said they worked alongside experienced staff as part of their induction. This allowed them to get to know people, and the people able to get to know them. One new member of the team commented on how supported they had been through their induction, identifying that all their colleagues had contributed to this experience.

- Systems to ensure staff had received appropriate training were robust and staff were confident they had the skills and knowledge they needed. Training was arranged in response to requests made by the staff team.
- Staff were positive about the support they received from each other and the management team. They told us they were supported informally and formally and that the senior team were always available.

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

- The home was decorated to reflect people's choices in both their private spaces and the communal rooms. One person had recently decorated furniture for the home.
- Changes were made to reflect people's needs. A door had been added to enhance the privacy of people when visitors to the office arrived at the home.

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

- One person told us the staff were good cooks. They preferred to do baking and were supported to do so.
- People went shopping to buy the ingredients for the meals they had planned with staff. They shopped locally and had established relationships with the staff in the shops.
- There was a system in place to monitor people's weight to ensure action would be taken if they did not eat and drink enough.
- Staff understood the risks associated with eating and drinking and worked closely with a Speech and Language Therapist to ensure plans in place were safe.

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

- Staff observed and recorded any changes in people's well-being and referrals were made promptly to external professionals.
- People had access to health care specialists such as speech and language therapists, dentists, opticians, psychologists and psychiatrists. Records were updated to reflect any guidance or treatment. A health professional; had provided feedback identifying that staff were effective in their communication and followed guidance. One person had been overdue appointments to check their sight and teeth. This had been picked up after changes to oversight in the home. We were reassured that the new oversight would ensure these appointments would not be missed in the future.

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. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff all spoke about the people they supported with kindness. They spoke confidently about the sort of support that made each individual secure and happy. The comments made reflected a staff team that respected and valued the individuality of the people they supported. A person spoke warmly about the staff that supported them.
- Staff were attentive to people and interacted in ways that encouraged the person to take the lead.
- People's relatives and friends were able to visit at times that suited the people living there. There were no restrictions imposed by the staff team.
- Relatives reflected positively on the kindness of the staff.

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

- People were encouraged, and supported, to make decisions about their day to day support and routines where possible. Staff described, and we observed, how they took their lead from the people. Plans were made that could be flexible, so each person could influence how their day evolved. People's views about which staff they wanted to support them in specific situations were respected when possible.
- Staff knew people well and could describe their individual likes and dislikes. Staff understood the importance of building trusting relationship. Work was ongoing ensuring that people's individual communication was recorded, and that staff reflected on their understanding of what people may be communicating.
- Communication tools were in place and being developed to enhance people's opportunities to make their own choices and plans.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to use skills they had, and develop skills, to maintain and develop their independence. Staff understood the importance of independence to people and offered support when it was needed.
- People had created personal spaces that they enjoyed and used. This meant people were able to seek our privacy whenever they chose to.
- Relatives were very confident in the way their loved ones were respected and valued and believed their independence was promoted.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People had support that reflected their individual needs and preferences and valued their individuality. Staffing was planned to reflect the way the people preferred to live their lives and people's views were heard in the allocation of staff.
- Staff understood the importance of getting to know people, so they could provide care and support in their preferred way. They were consistent in their description of people's needs and what made them happy.
- Care records contained detailed and appropriate information such as information related to risks, communication, care needs, likes and dislikes, medical history and medicine details. Staff reflected quickly on changing needs and ensured that appropriate support was available. This included guidance and information related to how best to support people if they became distressed. Staff spoke confidently and consistently about the support they provided.

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.

- Communication needs had been assessed and specific needs were recorded in people's care plans. This included information about how people processed information.
- The staff team were committed to ensuring people were able to communicate effectively. There was work underway to make information more accessible. For example, photos were being added to the shopping list to give people more control when out shopping.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in their local community and spent their time doing things they valued or enjoyed.
- Staff reflected on what people may enjoy and considered ways to extend the range of opportunities available. During our visit, they listened to what a person liked and wanted and then found ways for the person to have more of this interest in their life. The person was clearly happy with the plans made. We heard after our visit that this plan had successfully gone ahead.
- People were supported to maintain relationships with people that mattered to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people and visitors.
- Relatives knew how to make complaints. A person told us they could talk to staff. During our visit, they were confident discussing an issue that caused them some distress and told us they spoke with staff about it. The manager told us they were aware of this situation and described the responses they were making and considering.
- Complaints and concerns were addressed robustly and seen as an opportunity to affect positive change. Responses were transparent.

End of life care and support

- Care plans about end of life wishes were being developed to ensure discussions could be had with people and relatives, at a time that was appropriate to them.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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. Continuous learning and improving care. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager, and senior staff, were clear about their functions and responsibilities to ensure good quality care. Staff shared an ethos of striving to provide high quality and personalised care and support with the managers. One member of staff told us: "It is about compassion and care for people and staff. The managers understand the pressures. They are accountable."
- Systems were being developed to monitor standards and address shortfalls. These audits were effective in identifying actions needed such as the need to catch up on staff supervisions, and some improvements to medicines administration. These actions had been taken.
- The manager had started a comprehensive review of systems and paperwork in place. This involved staff who had identified areas they felt improvements or clarification were needed. Staff felt involved in this process and told us they understood the benefit of these changes.
- The manager had ensured that statutory notifications were made appropriately to the care quality commission (CQC). A statutory notification is information about the running of the service and people's experience of care and safety that is legally required to be submitted CQC.
- Staff, and relatives, all reported senior staff were available, approachable and responsive. Comments included: "They come in and find out if there are any problems" and another member of staff described how the on call had come in to provide them with support at a challenging time. .

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

- Relatives reported good communication with the organisation. An approach from a relative with queries about decision making was responded to with candour and led to a change in decision.

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

- The staff team worked in partnership with health and social care professionals to promote people's health and wellbeing. Records indicated liaison between staff and health professionals to ensure appropriate care.
- Relatives were encouraged to feedback informally and through a survey.
- A staff survey had been carried out to ensure the new manager understood the organisation's challenges and strengths. Staff told us they appreciated this opportunity to address important issues. One member of staff told us that management: "Definitely listened to staff on that survey."

