

Coverage Care Services Limited

Barclay Gardens

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Barclay Gardens is a residential care home providing personal care to 37 people at the time of the inspection, some of whom have dementia. The service can support up to 40 older people and younger people.

The care home's premises are purpose built and consist of four individual units, which are all connected. People have access to a lounge, dining room and kitchenette on each unit. All rooms have ensuite facilities and there are additional specialist bathing facilities on each unit.

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

People and relatives described the service as exceptional. Health professionals praised the outstanding working relationship they had with staff and managers at the home. The registered manager worked collaboratively and efficiently with healthcare professionals to implement new healthcare initiatives. These had considerably improved outcomes for people in terms of their health. People's holistic needs were met effectively through community services.

Staff received training to enable them to provide safe and effective care to people. This training had a focus on the values of the service, equality and diversity and respecting human rights. Staff undertook dignity pledges as a commitment to provide care which was respectful.

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.

Systems and processes were in place to help keep people safe and risks associated with their care needs had been assessed. People were supported by staff who had been recruited safely. Medicines were managed safely. The service was clean and staff practice helped to reduce the risk of cross infection.

People were cared for by staff who were kind and considerate. People were involved in decisions about their care and support needs. Staff respected people's privacy and dignity and encouraged their independence.

People had positive relationships with staff and had personalised care delivered. Staff understood people's personalities and their preferences. There were opportunities for people to participate in various activities of their choice. There were arrangements in place for people to raise concerns about the service. People were involved in discussions to identify their wishes for their end-of-life care.

People lived in a care home which had a positive culture. Staff and managers were committed to providing care which centred around the person. Staff were supported in their roles and people and relatives had confidence in the service. The quality of the service and staff practice was monitored and improvements

made as required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 October 2016)

Why we inspected

This was a planned inspection based on the previous rating.

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 exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

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 ●

Barclay Gardens

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 and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Barclay Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. 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 unannounced.

What we did before the 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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with 12 people who used the service and four relatives about their experience of the care provided. We spoke with 10 members of staff including care staff, the deputy manager, administrator and the registered manager. We also spoke with two visiting healthcare professionals.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 continued to be protected from the risk of abuse and felt safe at the home. One person said, "I am very content to live here. It is a very safe place and I have no worries in that direction."
- Staff had received training in and understood how to recognise and respond to suspected abuse.
- The registered manager understood their responsibility for keeping people safe and liaised with the local authority if they had concerns about people's safety.

Assessing risk, safety monitoring and management

- The risks to people's safety were identified and monitored. One person told us they had recently slipped out of their bed. They said, "They (staff) were with me in a flash. They are doing extra checks on me now and if I want it, they will put a side on my bed so that I am more secure. They are extremely vigilant."
- Staff were aware of the risks associated with people's care and knew how to support people safely. Staff reminded people to use their mobility aids and used safe moving and handling practice.
- The registered manager told us they had oversight of the call bell system. This enabled the registered manager to monitor staff response time and ensure people's requests for assistance were met in a timely way. This helped to ensure people's needs were safely met and reduced the risk of excess falls for those at risk.

Staffing and recruitment

- People were supported by enough staff to safely meet their needs. There was a staff presence in all areas of the home throughout the day of our inspection.
- The provider continued to have a safe recruitment procedure. This helped to ensure staff were suitable to work with people before they started working at the home.

Using medicines safely

- People continued to receive their medicines when they needed them. One person told us, "I have to take a few tablets, and the (staff) make sure I take them."
- People who required time sensitive medicines, such as Parkinson's medicine, antibiotics or pain relief received these on time. The system in place recorded the time these medicines were given.

Preventing and controlling infection

- The provider's cleaning arrangements at the home helped to keep people protected from the risk of

infection. Housekeeping and care staff followed good practice standards and guidance to ensure the environment, including people's rooms were clean and hygienic.

- Senior care staff completed spot checks on staff practice. This was to ensure they used safe and appropriate infection control procedures.

Learning lessons when things go wrong

- The registered manager continued to monitor falls, accidents and incidents at the home. Where trends were identified, people were referred to appropriate agencies such as the local falls team, community physiotherapists and their GPs.
- Any learning from incidents was discussed at provider and home level. This was so staff practice could be improved or procedures reviewed to ensure people remained safe.

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 improved and was outstanding.

This meant people's outcomes were consistently better than expected compared to similar services.

Staff working with other agencies to provide consistent, effective, timely care;

- People's health needs were met because of outstanding working relationships between the registered manager and other health professionals. One person told us, "Everything is thought of. We do not have to worry about our health and all of our needs are well catered for. The staff are always there for us, to help us, chat with us and entertain us and they know us so well. So for us, this place is perfect."
- The registered manager and staff worked collaboratively with Shropshire Community Health Care Home multi-disciplinary team. They were supported by a senior nurse from the team who supports care homes with hospital admission avoidance.
- People's care had been improved as a result of this partnership working because they had successfully implemented new pathways of care. One health professional confirmed staff had reduced the number of hospital admissions and reduced the instance of urinary tract infections at the home. Staff had used the care pathway to enable the early identification of and intervention when people were at risk of infection.
- People also benefitted in the improvements to the monitoring of their fluid intake. The registered manager told us senior staff on each shift now had the role of monitoring what people drank. If people were not getting enough fluids this was highlighted during, rather than at the end of the day. Throughout our inspection, staff encouraged people to drink enough. The registered manager confirmed this new protocol had been reviewed and there was an increase in people's fluid intake. They told us this new practice allowed staff to be better informed on a daily basis and be aware of which people may need more encouragement to drink on a particular day.
- The home was part of the Care to Smile initiative. This is run by Shropshire Community Health and aims to improve oral health for people living in care homes, through staff training and increased access to dental services. We saw there had been an increase in people receiving dental screening at the home, which had improved oral health.
- The home was part of the pilot scheme for and now implements the red bag scheme, which is recommended best practice. This is an NHS for England initiative aimed at improving hospital transfers. The registered manager told us in the event of a person being transferred to hospital from the home, communication was improved because the hospital received more personalised information about the person. This in turn, benefitted people through a significant reduction in the time taken for transferring and assessing a person. It also reduced the amount of time people spent in hospital because discharge back to the home was improved.
- Representatives from the local Clinical Commissioning Group and pharmacy had recently completed quality checks on the medicine's management at the home. The registered manager was in the process of

implementing a new NHS medicine pathway for people who took 'as needed' medicine. This would enable medicine reviews looking at the effectiveness of and the need for these medicines.

Supporting people to live healthier lives, access healthcare services and support

- People told us the GP came to the home on a regular basis and staff would call them sooner if there was a problem. They also told us the district nurses came in to change some people's dressings.
- Staff worked closely with external healthcare professionals, such as district nurses, GPs and community teams to ensure people's holistic health needs could be met. One person said, "I do keep well and do not need the doctor, but if I do, they will be called for me. I am given my tablets when needed, I get my hair cut and my feet are attended to. I am well, presentable and comfortable."
- The registered manager attended meetings with the local GP, district nurses, the local pharmacist and physiotherapists. This was to look at people's care and identify community health resources which could benefit them. The registered manager told us this had improved working relationships with health professionals, which in turn enabled people to receive quicker and more effective services.
- Healthcare professionals we spoke with told us staff followed their guidance and worked in collaboration with them to provide effective care. One healthcare professional told us staff and the registered manager were committed to improving the effectiveness of the care they delivered. They considered they had an excellent working relationship with the home and staff provided them with clear information about people's changing needs every time they visited.

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

- People's needs were assessed before they started to use the service. People's care plans reflected and took account of people's holistic needs, including their health and emotional well-being. One person told us they had equipment fitted to their exact height so they were effective for them. They said, "I have had special grab rails fitted to my height, which is a great help and keeps me steady and confident."
- People's care plan was reviewed 72 hours after admission to ensure it was effective in meeting their needs. People were involved in and contributed to these reviews.
- The assessment and planning of people's care was completed using up to date care pathways and best practice guidance. This included people's oral care and skin integrity.
- People's diverse needs were identified to ensure their needs were met. The registered manager told us, "We ensure residents care plans are individual and make sure their likes, wishes and preferences are upheld. We support people to live their life the way they want to live."

Staff support: induction, training, skills and experience

- Staff continued to receive training to enable them to provide effective care. They told us they were provided with training to meet the specific health needs of the people they supported. One person said, "The staff are fantastic at what they do."
- Relatives told us their family members received the care they needed. One relative said, "I am satisfied the whole place is very safe and secure. As soon as you walk in and see the staff and manager it gives you such a sense of confidence in the place."
- Staff completed a structured induction and training programme, which was continually monitored. Staff were introduced to the company's vision and values and attended a week-long training programme. Staff had opportunities to review their practice and their development with their line managers.
- As part of their training, staff signed a 'dignity pledge'. This is staff's commitment to providing care which is respectful and mindful of maintaining people's dignity at all times. People we spoke with confirmed their dignity was always respected by staff.
- Staff received training in equality and diversity. The registered manager told us spot checks were a way to observe and monitor staff understanding of people's human rights.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had provided consent for their care to be carried out in the way they had agreed. They told us staff asked their permission before they assisted them with anything.
- People's capacity to consent to their care was identified prior to admission to the home. The registered manager told us this was so they could be sure the person knew why they were coming to the home and were happy with the decision.
- People's rights were upheld because the provider followed the requirements of the MCA and DoLS. Where people lacked the capacity to consent, assessments had been completed to ensure decisions were made in people's best interests.

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

- People were supported to have enough to eat and drink. One person, who was sat with another person, said, "We both enjoy the food here it is always excellent with a good choice. The table is always nicely laid. The food is served properly, with the vegetables placed on the table for us to serve ourselves. It is about personal pride and standards. The girls (staff) serve the main and always present it well. Plus, we are lucky we have our friendship and that of others here. We can sit and chat over lunch which we enjoy doing."
- People were involved in decisions regarding what they had to eat and drink and staff ensured people's meal preferences were met. One person did not want what was on the menu. We saw one staff member go out of their way to ensure this person had a meal they would enjoy and eat.

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

- People were able to easily access all areas of the home and the environment met their safety and security needs. One person said, "I love my room with all my bits around me I feel comfortable and safe in here."
- The home was decorated in a dementia friendly way and was currently being improved. Signage around the home was clear which helped with orientation around the home.

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 now 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

- People told us staff were, "amazing", "thoughtful" and "respectful". They told us they never felt rushed and staff were very patient.
- One relative said, "The staff as a whole are excellent and always caring and kind. They have time for everyone as an individual and have patience by the bucket load. They are all, from the top to the bottom, kind and caring."
- All staff were cheerful and helpful at all times and understood the importance of little things being important to people. One person had lost their tooth mug and toothbrush. We saw one staff member hunted high and low for the items, which were eventually found. The person was thrilled these had been found and we could see the staff member was happy they had helped.
- People were treated equally. One person told us they could have a bath or shower whenever they wanted one. They said, "I like that because it is about self-respect and dignity. If you are clean and well-dressed you feel better. The staff are great and it is never too much trouble for them."

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

- People told us they felt staff listened to them and supported them to make decisions. This was clear on the day of our inspection as staff listened to what people wanted and confirmed decisions with them. This ranged from what people wanted to do with their time to where they wanted to sit.
- Staff spoke with people in a manner they understood and supported those who needed it to understand choices available. Staff demonstrated their awareness of people's personalities and communication needs when they interacted with them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. One person said, "When (staff) help you it is a very private affair. You never feel awkward or uncomfortable because they treat us as individuals with feelings, not just old people."
- We saw staff knocked before entering people's rooms, were always polite and did not hurry or rush people. They were very patient as they helped and encouraged them.
- People were supported to maintain their independence. One person said, "I try to maintain my independence as much as possible. I wash and dress myself and get about with my walker. The staff support me to do that."

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 now 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's care was individual to them. Staff adapted their approach from person to person, which showed they knew the person and understood their different personalities.
- People's care plans were detailed and reflected the needs and wishes of the person they related to. Where appropriate, people's relatives had been involved in developing the plans. This helped to ensure important information about the person's life history, preferences and social interests were included.

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.

- People's information and communication needs were identified and recorded in their care records. This was shared with other health professionals, as required, to ensure the information they shared was accessible to the person.
- The provider made information available for people in alternative formats, such as large print, braille, different languages or picture format.

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

- People were supported to maintain important relationships and keep socially active if they wished to. Relatives told us they were able to visit their family members at any time. They found staff welcoming and always willing to have a chat with them.
- People told us they were supported to take part in activities, either as a group or as an individual. People socialised with each other or in small groups in the communal areas of the home. Some read books, papers or magazines or played games and puzzles with and without staff. Staff chatted with people and encouraged conversations. They knew what people liked doing and how they liked to be supported.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise complaints and concerns, although most told us they had not needed to. One relative said, "If you do have any worries, as long as you raise them they will be dealt with."
- The provider had a complaints procedure in place. The registered manager investigated and responded to

complaints in accordance with this policy.

End of life care and support

- Where they wanted to be, people and their families were involved in discussions to identify their wishes for their end-of-life care. This included any wishes they had for receiving future treatment or for being resuscitated.
- One visiting health professional told us staff took time to look at people's final journey and what they needed to do to meet their needs and wishes. Staff worked with the GPs to ensure appropriate medicines were available to people nearing the end of their life. These were to help manage their pain and promote their dignity.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People overwhelmingly gave positive feedback about the staff and managers who supported them. One person said, "I think we are very happy and very fortunate that we now live here in this phase of our long lives. For us it is good."
- People and relatives told us there was a friendly and relaxed atmosphere at the home. Throughout our inspection we saw there was an emphasis on person centred quality care.
- People's and staff's diversity were respected and all were treated as equals. Staff who worked at the home had positive attitudes. They had a diverse range of skills, interests and backgrounds which helped to provide a positive and inclusive culture.
- Relatives told us the home was well run and their family members were happy and content living there.
- Staff and management had a shared value of wanting to deliver the best care possible to the people who lived at the home.

Continuous learning and improving care; Working in partnership with others

- We found the registered manager had a strong emphasis on wanting continuous improvement within the service. The registered manager had a continuous improvement plan in place. This had evidenced the improvements to people's fluid intake and management, reducing the incidence of UTI's. Staff had worked to improve the management of medicines and reduced the amount of extra stock ordered.
- The registered manager worked with health and social care professionals to achieve positive outcomes for the people who lived at the home. One health professional told us the registered manager was clear on what they needed to do and all staff had contributed to improving the quality of care.
- Staff meetings focused on different 'themes' to help improve staff knowledge. Staff discussed themes and were given quizzes on, for example, people's protected characteristics, fluid management or infection control.

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

- Relatives told us they felt engaged with the home and what happened there. One relative said, "[Registered manager's name] is fabulous. They and staff keep us up to date on everything. We feel so involved in the home and in what happens with [person's name]."

- The provider took steps to involve people, relatives and staff in the home, and to invite their ideas and suggestions. As a result of the last survey, people had been involved in deciding new menus when some had expressed a wish to have different foods.
- Staff were and felt positive in their roles and felt involved in developing the service. One staff member had commented on a recent survey, about the provider, "I like the values they have and what they represent."

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 regulatory responsibilities and was aware of the statutory duty of candour. This aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The service had notified us of significant events which had occurred at the home, in line with their legal obligations.

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

- Staff were clear about their roles and responsibilities. They understood their duty to report poor practice and whistleblow. One staff member said, "If I see anything that's not right, I'll report it. I'm here to look after our residents, not the staff."
- Staff told us they felt listened to and supported by their managers. They had regular meetings with their line managers individually and as a team. They had access to training which ensured they provided care and support at the standards required by the provider.