

Voyage 1 Limited

Barn Rise

Inspection report

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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

Barn Rise is a residential home for seven people with learning disabilities and challenging needs. The home is part of a larger national provider for people with learning disabilities. During the day of our inspection the home had no vacancies.

At the last inspection on 29 October 2015, the service was rated Good.

At this inspection we found the service remained Good.

Staff demonstrated clear understanding of the actions they would take if they suspected or witnessed abuse and told us that they were confident that the registered manager would deal with any allegations of abuse immediately. Risks were managed and planned appropriately. Risks were assessed and management plans were in place to minimise the risk. Medicines were managed safely and sufficient staff were deployed to ensure people's needs were met.

Staff told us that they had access to a wide range of training, which was provided electronically or face to face. Staff felt that the training helped them to gain better understanding of how to meet people's needs and improved the way they worked with people. Regular support was also provided in form of regularly planned supervisions and appraisals. People were supported 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 support this practice. People were provided with a healthy and well balanced diet and were encouraged to take part in the preparation of meals.

During the inspection we observed people were treated with kindness and compassion. It was evident that positive caring relationships had developed between people who used the service and care staff. Relatives spoke positively about staff and the care provided at the home.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were clearly documented. People were supported to raise concerns. The service did not receive any complaints since our last inspection.

Staff spoke positively about the registered manager and the support they received from her. Staff told us that the registered manager was approachable and would listen to suggestions made in how to improve the quality of care provided. Regular review and monitoring of care ensured that the quality of care was not compromised.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Barn Rise

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 checked 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 comprehensive inspection took place on 5 October 2017 and was unannounced.

One inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

During our inspection we spoke with the registered manager, three care workers, one relative and observed interactions between people and staff.

We looked at three care records, three staff and training records, medicines records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

A relative told us that they believe that people were safe and protected from abuse at Barn Rise. The relative said, "I don't visit very often, but whenever I come [person's name] is content and happy and I have no concerns that he would not be safe." Care workers also confirmed that people are safe. One care worker said, "We do everything that people we support are safe, everybody has a risk assessment, which the key workers regularly review."

Training records showed that all staff had received safeguarding training. Care workers told us that they would always report any allegations of abuse to the registered manager, but could also contact the police, local authority or Care Quality Commission (CQC). One care workers said, [Managers name] is very good, I am confident that she deals with everything as soon as possible, she makes sure all people here are safe."

Risk assessments form part of peoples care plans. The provider used a traffic light system, which codes the risk rating according to severity. If people were at high risk additional support was sought from outside agencies. These included speech and language therapy (SALT) or a behaviours specialist to provide guidance for staff to minimise the risk, but at the same time enable people to do as much as possible on their own. This, for example, had led to a big decrease in people presenting behaviours that challenge the service. We also saw that the service worked proactively with the community psychiatrist to reduce and discontinue medicines which had been prescribed to manage behaviours that challenge the service. Once they no longer required due to the positive work staff had done in manage behaviours that challenge the service.

We saw that there was sufficient staff available to enable people to reach their full potential. Staff had sufficient time to spend with people and engage people in the community. During the day of our visit people were very busy and went for walks, to the pub or to the local shop to purchase personal items. The rota confirmed that staff were provided according to people's needs and additional staff were provided if people needed to go for health appointments or wanted to do specific activities. Staff told us, "We always have enough staff; we work very well as team." The provider followed safe recruitment procedures and appropriate checks were obtained to ensure staff was suitable to work with vulnerable people. We checked recruitment records for three members of staff to verify this.

Safe medicines management practice was followed. Medicines were stored in a lockable medicines cupboard in the office. Medicines administration records (MARS) were of good standard and stock levels of medicines were counted during each shift. This ensured that people received their medicines as prescribed and any discrepancies could be dealt with immediately. Staff had received training in the administration of medicines and regular competency assessments ensured their training as always current and staff had the appropriate skill and knowledge to safely administer medicines.

The home was very clean and free from any offensive odours. Staff told us, "We are proud of providing a clean home and we do our best to keep it like that." Regular cleaning schedules were in place, which showed that day to day as well as deeper cleaning was carried out frequently. For example, while bathrooms

were cleaned after every use, skirting boards were cleaned weekly. Staff had received infection control training and we observed that appropriate hand hygiene was followed to ensure the risk of spreading infections was minimised.

Is the service effective?

Our findings

We looked at feedback received from the annual survey in November 2016, which was found to be positive throughout. Comments made by health care professionals included, "Supportive care to ensure good monitoring of health and well-being." Comments from relatives included, "Care and support has been great" and "I find the staff team very helpful and friendly." Comments from staff included, "Barn Rise is a good place to work" and "We are always improving and learning." Care workers told us, "Training is plenty and very easy to access."

Staff told us that they found it easy to access training and training records confirmed that staff had received training relevant to their role. This included training in manual handling, food hygiene, health and safety, medicines administration and infection control. We saw in the annual training matrix, that new staff receive this training as part of their induction and established staff received annual refreshers. The registered manager told us that the provider recently changed to a new training provider, which provided more variety and breath of training. Training introduced since the new training provider took over was managing stress, lone working and handling Information. Staff told us that they had received regular supervisions, what was confirmed by supervision records and appraisal records viewed in staff files.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where staff suspected that people lacked capacity an assessment had been carried out. Records showed that where previous DoLS authorisations had been expired, new applications and authorisations had been completed.

We saw that people were provided with a well-balanced and nutritious diet. One relative told us, "Whenever I visit [person's name] really enjoys his food that must be a good thing." People's likes and dislikes were taken into consideration, regular menus were planned by using pictures and photos enabling people to choose what they liked. The menu was varied and provided meals from different cultures. We observed during lunch time, that people had certain responsibilities, such as setting the table or clearing the table. We also saw that one of the people did not enjoy his lunch and staff encouraged the person to have a different choice to ensure he had something to eat. Where people required input from dieticians and SALT this had been sought and assessments and guidance was in place to support people appropriately.

The home has excellent links with community health care professionals such as psychiatrists, GP, District Nursing Team and Specialist Behaviour support. We saw various examples of the continued work the home had done in improving people's complex and continued emotional and health care needs. This was demonstrated by examples in how behaviours that challenge the service had reduced. For example a number of people no longer use medicines to control and manage behaviours. As well as the health and wellbeing this had improved for number of people and therefore reduced the number of hospital admissions.

Is the service caring?

Our findings

We observed positive relationships between people who used the service and staff. We saw staff sitting down with people for a chat, laughing and joking with people and demonstrating empathy and reassurance if people were upset. People who used the service had limited verbal communication skills. When we asked people about staff working at the home they indicated their satisfaction with positive gestures such as a smile, a nod and 'thumbs up'. One relative told us, "The staff at Barn Rise really cares for my relative and all the other people, they always try new things and he always looks happy when I visit." A comment made by a health care professional in the most recent survey said, "Barn Rise provides excellent person centred care."

Care plans provided detailed information in regards to people's likes, dislikes, their interests and hobbies. These were regularly reviewed and new activities were offered for people to try out. One care worker told us, "We always suggest new things people we support can try out, but it is always their choice." Comments in the compliments book noted, "I always find Bar Rise very efficient and caring, the staff team works very well together to support complex clients, compliments to the tem." People were supported to gain and maintain their independence; we continuously observed care workers and the registered manager encouraging people to do things on their own instead of relying on staff support. This was always followed with praise when the person had accomplished the task independently.

We saw that people's privacy and dignity was respected. We observed staff closing the door when supporting people in their room and saw care workers knocking on the door prior to entering people's rooms. We observed this even when care staff knew that the person was not in their room. Care workers also told us, "I will always knock and close the door and curtains when I support them."

Peoples were encouraged and supported to maintain close links and relationships with their relatives. One relative told us "Whenever I visit, I will always make me welcome and they regularly contact me and update me with progress." The registered manager was in particularly proud of the work she had done with specialists and the relationship the home had with their GP. The registered manager told us, "We can always ring the GP and they will call back and give advice."

Staff had a good understanding of the importance of confidentiality. Care records were kept in the office and sensitive confidential records were stored safely in a lockable cabinet in the office. Access to online records was password protected to ensure they can only be accessed by the intended person. Staff were observed to ensure all support plans and care documentation were returned to the designated locked area once they have finished updating paperwork.

Is the service responsive?

Our findings

We discussed with a relative if they had been involved in the care planning process. The relative told us, "I have been contacted by the manager if anything had changed in [person's name] life. I have attended meetings in the past." Feedback in the compliments book was very positive in regards to the responsiveness of the service. For example one comment from a social worker stated, "I visited to complete annual reviews for two people. Barn Rise is busy and yet well managed. The staff are friendly, patient and have a good knowledge and understanding of managing people with learning disabilities."

Care plans were found to be person centred and very well structured. Each care plan we viewed had a one page profile providing staff with headline information about the person. This information included likes, dislikes, ability to community and behaviours. The one page profile is followed by an example of a typical day in the person's life, which provided information about how the person chose to be cared for. The next part of the care plan is the action plans and areas where the person required additional support, which was presented in conjunction with the risk assessment and clear guidance of how to support the person appropriately. Care plans had been reviewed regularly and updated as and when needed. This meant that people received consistent, planned and personalised care.

Staff demonstrated a very good understanding of people's needs. The current staff team had been working together for a number of years which ensured a consistent approach when working with people who used the service. Staff told us that they had sufficient time to complete care records and daily records. This was confirmed by the records we saw, which were judged to be of good standard, informative and easy to understand.

People were observed to be very busy and very active. People went to the shop, day centre, for walks, to the pub and on a day trip during the afternoon of this inspection. Records showed that people had a wide range of planned activities and an activity plan which was in pictorial format was displayed in the communal area of the home. Activities included day centre, swimming, music therapy, aromatherapy, walks, visit to pubs, shops, cafes and relaxing at home. We saw care workers asking people what they wanted to do and giving people options to choose from. One relative told us, "[Persons name] was on holiday, I am impressed with the things he does and he does things he likes to do."

The service had not received any complaints since our last inspection. Care workers told us that they would speak with the registered manager if they had any complaint and confirmed that they were confident that the registered manager would deal with the concern. One relative told us, "I have no complaints or concerns, but if there is anything I need to be dealt with I will talk to [manager's name]."

Is the service well-led?

Our findings

The home has a manager registered with the Care Quality Commission. 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.

Relatives, staff and other feedback viewed during this inspection spoke very positive and highly of the registered manager. One relative said, "[Managers name] is excellent, she keeps me informed and will contact me if anything changes with [person name]." One care worker told us, "Our manager is managing and guiding us well" and another care worker said "[Managers name] cares for the people we support and staff equally."

Staff told us that they received regular supervisions and appraisals and had monthly team meetings. They said that they found these forums very useful and felt that their opinions were valued and suggestions made to improve the service were taken into consideration. For example, one care worker said, "I had an issue with some health needs for my key client, I discussed with [managers name] what we should do and she helped me to deal with his doctor and the issue has no greatly improved." This showed that staff opinions mattered and was used to improve outcomes for people who used the service.

The provider has a legal duty to inform the CQC about changes or events that occur at the home. They do this by sending us notifications. We had received notifications from the provider when required.

We viewed the quality assurance audit carried out in November 2016. Feedback received from staff, relatives, health care professionals and people who used the service was very positive and any comments made to improve the quality of care had been included in the action plan and actions had been taken. The registered provider undertook an annual maintenance survey, which was part of setting the annual maintenance budget, this ensured that repairs had been dealt with swiftly and any work to improve the environment had been carried out in a timely manner. The registered manager completed regular quality audits in monthly and quarterly intervals. All staff had certain responsibilities allocated to monitor various aspects of the service, these included health and safety, fire safety, care planning, medicines and maintenance. We saw that external contractors carried out annual health and safety checks, which ensured that all necessary checks such as gas checks, fire checks and electrical checks were carried out and maintained.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.