

Robert Owen Communities

# Robert Owen Communities - Barnfield

## Inspection report

Barnfield Farm  
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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection took place on 27 November and 2 December 2015 and was unannounced. The home had been previously inspected in November 2013 and had been found compliant with all the outcomes inspected.

Barnfield provides accommodation with personal care for up to 11 people over the age of 18 who have a diagnosis of a learning disability. The home is a farm located on the outskirts of Luppitt; a small village located about six miles from the East Devon town of Honiton. Barnfield Farm is an old thatched and cob house which is home to three people. Eight other people live in two adjacent buildings to the farmhouse, called Shippon and Little Shippon. The home is staffed 24 hours a day. At the time of the inspection, eleven people had lived at the home for a number of years. People had a range of needs and some had communication difficulties associated with their learning disability.

The home had a manager who had been registered in the role with the Care Quality Commission since 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers and nominated individuals, 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 supported in their role by a team leader as well as senior managers in the organisation. Senior managers visited the home from time to time, offering guidance and advice and undertaking quality assurance checks.

The registered manager had a clear vision for the home and the people who lived there. They described how they and the staff were committed to ensuring people were supported to live as independently as possible. Staff described how they "were visitors" who were there to support people in "their home". Throughout the inspection we saw staff following these principles, treating people with kindness, friendliness and compassion. Staff made sure people had time to decide what they wanted to do and were then supported to do this.

People were happy and excited about what they were doing throughout the two inspection days. People were involved in lots of activities, including helping a person in the village, Christmas shopping, going to a dance session in the local village hall and going out with family. People chatted to staff about these activities, showing real enthusiasm.

People did activities of their choice and were encouraged to try new things. Staff supported people to achieve their ambitions and potential despite their abilities. They undertook activities on their own and in groups. These included college courses, sports, art, hobbies and social events. One person rang the bells at the local church, while another person had chosen to help clean the church every six weeks. Staff had developed two weekly 'clubs' in the local village hall as people had wanted to get more involved in cooking and some people had expressed an interest in dancing. Some people went Christmas shopping during the inspection and were clearly delighted with the success of their trip.

People had worked with staff, local musicians and a choir to stage a variety night in the summer of 2015. Tickets for the variety night were sold to family, friends and villagers. A video of the variety night clearly showed how much everyone, both performers and audience enjoyed the event. People from Barnfield had achieved personal ambitions including singing in a girl band and playing a musical instrument in public. Everyone from the home had sung a number of songs with a local choir. The funds raised were used to support improvements in the home including a multi-media room. The registered manager and staff also worked with people to engage with the local community by hosting an annual open day, visiting and contributing to the local weekly market, hiring the village hall for activities, delivering some of the village newsletters to households and cleaning the village church with other villagers.

People were encouraged to be independent and make decisions wherever possible. One person had been supported to collect and administer their own medicines. The person described how they had had training to enable them to do this safely. Other people had been assessed as requiring their medicines to be administered by staff.

The registered manager and team leader were committed to using innovative systems including new technology to enhance people's lives. We saw evidence of how this had been achieved in a number of areas including care plan reviews and helping people become independent by the use of training materials. Videos had also been developed to support staff understanding of how to provide people's care, for example swimming exercises for one person.

People were consulted about how the home was run through regular meetings. Staff had worked with people to make these meetings more inclusive by using a computer presentation each month to make the agenda more visual. Meetings were used to support people to choose the menus for the coming days as well as agree any group activities, for example where to go for the Christmas meal out. People and staff were also involved in the recruitment of new staff. One person had been chosen as the representative of Barnfield at provider meetings, called locality forums, which provided an opportunity to feedback to the provider and share experiences with other provider services. They described how they attended meetings and felt able to talk about what was good about Barnfield Farm.

The home had undertaken a survey of people in the Summer 2015. An ex-member of staff had conducted interviews which were recorded on video. A compilation of the recorded interviews was available for people, their relatives and care managers and staff. An action plan was developed to support improvements based upon the feedback. These included both individual issues such as someone wanting more support with their teeth cleaning as well as general issues about activities people enjoyed doing together. A copy of the compilation video was made available to the inspector.

People living at Barnfield Farm were evidently happy and felt well-supported in a safe, comfortable and well-maintained environment. We saw people being treated with respect and dignity, with staff supporting them to have as much independence as possible doing activities they clearly enjoyed. We observed people laughing and joking with staff who responded in a friendly, caring manner whilst maintaining professionalism. One person said "I like everybody"; another person said "all staff are ok" whilst another described two members of staff in particular who they liked. People had a key worker to support them, one person said their key worker "helps me with everything!"

Relatives were very complimentary about how their family member was supported and cared for. They described the home as "fantastic" and said staff were "always supporting [my relative] to get the most out of life." People were encouraged to keep in touch with their family by phone and through the use of modern technology such as video links, which enabled even those at a distance to see and speak to each other.

People's privacy when in contact with families was respected by staff. Families were also welcomed into the home at any time. Where relatives were unable to visit, staff took people to visit them.

Health and social care professionals praised the home, the manager and staff for supporting people to meet their physical, health, social and domestic needs. They described how staff asked for and accepted their help and advice when needed. They also commented that staff were proactive in preparing for meetings with them and would feedback and give suggestions for changes to care. People described how they were involved in care reviews. They said they took photos of things they were proud of they showed to people at the meeting.

Staff were recruited safely and were provided a comprehensive induction before they started working with people on their own. Staff were supported, through supervision and appraisal, to reflect on their work with a manager. Staff were trained to deliver the care to each person and received regular updates and opportunities to develop their skills further. All the staff were very positive about working at Barnfield and were able to describe how they worked to the organisation's objective "to help as many people as possible, throughout the UK, who have learning or similar disabilities to be who they want to be."

People risks, needs and aspirations were assessed and recorded and care plans were developed to address these. People's capacity to make decisions about specific aspects of their care, for example their capacity to go out on their own, was assessed. Where they were deemed not to have capacity to make a particular decision the registered manager had recorded this and taken steps to ensure they worked within the Mental Capacity Act 2005. This included applying for Deprivation of Liberty Safeguards Authorisations.

## 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.

People were relaxed and happy with staff who ensured they were protected from avoidable harm.

People's risks had been assessed and plans been put in place to address these risks. People were supported to remain independent both in the home and outside.

There were sufficient staff who had been recruited safely to meet people's needs.

People had their medicines administered safely. Where people self-medicated, risk assessments had been carried out and staff supported people to do this safely. Staff ensured medicines were received, stored, administered safely. This was documented and audited appropriately. Where errors occurred, actions had taken place to reduce the risk of recurrence.

Good 

### Is the service effective?

The service was effective.

Staff were supported through training, supervision and appraisals to be confident working with people. Staff described how they were able to develop new ideas with people on how they could be supported in activities they wanted to do. Staff said managers listened to and responded positively to their ideas.

The registered manager had ensured that people's capacity to make certain decisions had been assessed and, where necessary, had applied for Deprivation of Liberty Safeguards authorisations.

People were supported to be involved in the preparation and cooking of meals they enjoyed. People's preferences had been identified by staff which enabled people to have a healthy balanced diet of their choice.

Staff worked with people using a range of communication

Outstanding 

methods to ensure that people were able to be supported effectively.

Relatives and visiting professionals described staff as knowing people at Barnfield well, working jointly with them to ensure people had effective care.

### **Is the service caring?**

The service was caring.

Staff had formed positive, caring relationships with people. People said they were happy and demonstrated, throughout the inspection, how much they liked the staff.

Family members described the home as really good, saying the staff went the "extra mile" to give people enjoyment. Relatives said they could visit at any time and were kept in touch about what was going on.

People were able to express their views through regular resident meetings as well as through surveys. These meetings and surveys had been designed to accommodate the different communication skills of people, which made them more inclusive.

People were treated with dignity and respect. People's right to privacy was recognised by staff.

**Outstanding** 

### **Is the service responsive?**

The service was responsive.

People were actively involved in care planning and care reviews. People were supported to record things they had done using photos they were proud of. They used these to take part in care reviews with relatives and health and social care professionals.

People's individuality was respected and staff responded to their needs on an individual basis. People were encouraged to try new activities by staff who were always looking at what the person needed. Staff were able to describe people's aspirations and wants and how they supported them to meet these.

People's care plans were personalised and people did activities which they had chosen.

People were put at the centre of their care plans and families were involved where people wished them to be.

**Good** 

Where a person had a concern, issue or complaint this was listened to, investigated and responded to in a reasonable time.

A survey of people living at Barnfield had been undertaken to see what they thought of the service. The registered manager was working with staff to develop a plan of action based on the results.

### **Is the service well-led?**

The service was well-led

The registered manager and a team leader were proactive in working with people and their families to deliver care according to the aims and objectives of the provider.

The registered manager had developed strong links with the local community which had led to people being involved in attending and organising local events including a concert, an open day and a weekly market.

The registered manager was supported by senior managers who provided supervision as well as quality assurance checks. The registered manager undertook regular audits of the service to ensure it maintained and improved the quality and safety of the care provided.

**Outstanding** 

# Robert Owen Communities - Barnfield

## **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 was undertaken by one inspector on 27 November and 2 December 2015 and was unannounced.

Before the inspection, we reviewed information we held on our systems. This included the statutory notifications submitted to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR) which had been submitted to the Care Quality Commission in October 2015.

At the time of this inspection there were eleven people living at the home. We met seven of the eleven people who lived at Barnfield. Most people were able to have conversations with us. We also spent time observing how staff interacted with people.

We talked with the registered manager, a team leader, a senior manager, and three care staff. We also met two relatives. Prior to the inspection, we were given feedback by two relatives through the 'Share your experience' online form.

After the inspection we contacted five health and social care professionals who worked with people at Barnfield and received responses from four of them

We looked at a sample of records relating to the running of the home and to the care of people. This



included two people's care records including their risk assessments and care plan and we reviewed two people's medicine records. We were shown video footage of guidance instructions for staff when supporting people. We also reviewed two staff records, one of whom had started working at the home in the last twelve months. We were shown records which related to the running of the home, including staff rotas, supervision and training records, incidents and accident records, complaints and compliments received by the home and quality monitoring audits. We viewed video footage of interviews held with people as part of a quality audit and also were shown electronic presentations relating to events that people living in the home had chosen to describe recent activities.

## Is the service safe?

### Our findings

People looked relaxed and happy throughout the inspection days, interacting with staff in a friendly, warm manner. All the people we met at Barnfield said they felt safe and cared by staff who knew them well. Relatives described how they felt "really confident" about their family member's care. They described how "staff know everyone" and "really keep us informed". Staff described how they "trusted the registered manager with my life" and felt really confident that she and other senior staff supported the people at Barnfield and staff to work together safely and in the least restrictive way possible. A social care professional commented "Overall the service appears to do a very good job."

People's risks and needs had been individually assessed and details of these assessments were held in each person's care record. There was evidence that these were reviewed regularly and updated where changes were identified. People were supported to remain as independent as possible. For example, one person was taken to a local bus stop so that they could travel independently by public transport. Risk assessments had been completed to ensure the person understood what they needed to do. Staff had supported and encouraged them in this over time. This meant the person now felt confident, not only to visit the neighbouring town to do shopping and attend a day opportunities service, but also travel to a town over 20 miles away to attend college. The person described how they loved being able to go to college each week to attend a catering course. They spoke with pride about how they "did things on my own."

Another person had been encouraged by staff to use the computer independently to video link with their family. Staff had developed a step by step instruction guide on video for the person so that they understood how to access the media room on their own. This had included turning on the computer, setting up the software and then closing down the computer and locking the room at the end. Staff had supported the person to work through the instruction video a number of times before it was assessed that he was confident enough to carry it out on his own. Staff described how, the first few times, they had checked to see the person was safe, but were confident now that he always followed the guidance.

Staff had received training in how to safeguard vulnerable adults. Staff were able to describe how to protect people from harm and knew the procedures to follow if they had a concern. This included informing senior staff and the local authority. Staff were aware of the need to maintain confidentiality in respect of people's records. The registered manager explained that everyone living at Barnfield had access to their care record. They described how one person liked to have a paper copy but was prone to leaving it lying around which could lead to a breach of the person's confidentiality. The registered manager explained a best interest assessment had been completed, which meant that the person was given only certain pages from their care plan, although they could access their file at any time. During the inspection, this person showed the inspector their care plan and described what was in it that they felt was important.

Staff responded to individual worries and concerns raised by people. For example, where one person expressed concerns about sitting in a particular room on their own, staff made sure they discussed with the person whether they wanted to have company in which case staff would sit with them.

There were sufficient staff to meet people's needs. The registered manager said they were able to utilise staff hours flexibly. This meant that people could have one to one support for longer periods on occasions where they wanted to do a particular activity. The registered manager described how they worked with people to identify what activities they wanted to do and then assessed how many staff they would require for particular shifts. The registered manager said, wherever possible, people were also able to choose which worker they did particular activities with. During the inspection, people were being supported to do their Christmas shopping. Each person was supported to do this on a one to one basis with a member of staff. During the inspection, other activities including a regular dance session in the village hall were well attended and enjoyed by some of the people.

The provider had robust recruitment procedures that helped to ensure people were cared for by suitable staff.

Pre-employment checks were completed prior to the new member of staff starting work. These included references from previous employers and Disclosure Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed safely. Most people had been assessed as needing support with medicines administration. However, one person was supported to maintain their independence by collecting and administering their own medicines. This had been risk assessed and there were systems in place to check that the person had collected and taken their medicines each week.

Records for people, who had their medicines administered by staff, included a picture of the person as well as an easy-read document. This document was called 'My Meds' and helped people to be able to understand what each of their medicines looked like and what they were for. One person explained to the inspector what a particular medicine they took was for.

There were protocols in place to ensure staff were aware of when people may need medicines which were prescribed on an 'as required' basis. There were also protocols in place for each person so that staff knew what they needed to do if the person refused their medicine. Medicines were stored safely and medicine administration records had been completed accurately.

Where there had been a medicines administration error, the registered manager had investigated and identified how the medicine administration system could be improved. This had included discussing the issues at a staff meeting, revising the layout of the medicines administration room and repeating medicine administration training. The registered manager was also introducing medicine cabinets into some people's rooms where it had been assessed that this was safe. A health professional commented about the medication errors; "these events have been taken extremely seriously by the management team and change has been implemented.

Barnfield Farm was well maintained, tidy and clean throughout. There were cleaning rotas for communal areas and staff supported people to keep their bedrooms clean. Throughout the inspection staff were observed maintaining the home and its contents to ensure that it remained clean, hygienic and infection free. One relative described the home as "very clean". There were cleaning rotas on the wall in the kitchens so that people could get involved in general household chores. These were colour coded and included pictures and photos so people knew what they were going to do. Staff said they worked with people on tasks and most people enjoyed their 'jobs'. Staff had supported one person with a video on doing their laundry so they were able to check what they were supposed to do to remain safe when doing their washing.



## Is the service effective?

### Our findings

People were supported to have fulfilling and happy lives by staff at Barnfield. Every person we spoke with, was enthusiastic about what they were going to do that day and what they were looking forward to in the future. One person said "I'm going out for a coffee" while another person said they were going to college. Another person who was waiting for family to arrive, was reassured by staff frequently that they were on their way. Four people were going Christmas shopping and explained to us what they wanted to buy as presents for people. Staff helped one person write a list of what they wanted to buy and explained to them what things would cost. At the end of the day, people returned having achieved what they wanted to do and described how it had gone.

People received care from staff who were supported and trained to have the knowledge and skills needed to do their role effectively. Staff knew people very well and were able to describe their needs and preferences. Family described how they felt their relative had been able to remain physically healthy "beyond our expectations" because of the care provided by the staff.

People were supported to maintain good health and had access to healthcare services, including their GP, dentist and specialist services. Staff said the GP visited each year to do an annual health check. One person told us this check had been carried out recently and they were "alright".

Staff had developed close links with a local dentist who was able to provide longer appointments for each person. This meant that people were able to have procedures explained clearly to them during appointments. Staff had also worked with the dental nurse to produce individualised videos which demonstrated how each person should have their oral hygiene maintained. Records showed that staff supported people with their oral hygiene.

Staff worked with health professionals following the advice they were given. A video had also been produced which showed how exercises for one person with a physical disability should be carried out in their bedroom and in a hydrotherapy pool. These videos had involved the health professional and the person themselves, so provided detailed guidance to staff. The videos were shown to staff before they undertook any of these activities and were also available for reference if staff needed reminding of how to do particular exercises.

A health professional described staff at Barnfield saying; "They welcome updates and changes in therapy and equipment implementing this safely and in line with recommendations. They know their clients well and we are able to work jointly to ensure effective programmes are put into place."

One health professional said "The managers I spoke to worked with me to understand the assessment I did and its outcomes, and discussed the recommendations with me. They implemented recommendations and came back to me with feedback about how things were going so I could re-evaluate. We worked together with the resident to find things he liked to do and ways to do them with him."

During their probationary period, new staff completed a local induction programme as well as a corporate induction which covered in the 15 fundamental standards of care in line with the Care Certificate. Induction activities were signed off by a senior member of staff once the new member of staff had completed them. New staff also work-shadowed existing staff to introduce them to the people in the home. The registered manager explained that work-shadowing was personalised to the member of staff and was dependent upon their skills and previous experience. Staff records showed induction training had been completed and signed off by senior staff.

All staff received supervision and appraisals from a senior member of staff. In addition, staff described how the registered manager had a "real open door policy" explaining how they could always approach her, or other senior staff, for support and guidance if they needed to. Staff meetings were held regularly at Barnfield Farm and the minutes of these meetings demonstrated that managers and staff used these to effectively address issues that had arisen, for example issues with medicine administration.

Staff were also expected to complete other training from time to time and were supported to gain nationally recognised qualifications in health and social care.

Staff actively sought new ways to support people. Where additional skills were needed, staff were supported to develop these skills. Two staff described how they had identified that they would find training in the use of Makaton (a sign language) useful as some people were able to use some of the signs. The manager had therefore arranged for all staff to complete this training. Both members of staff both commented how much they were looking forward to this.

Another member of staff was being supported by a senior carer to develop communication materials on the computer to support people, using simple pictures. Other staff had also developed skills in using a range of computer systems to support people. For example staff had installed face recognition software so that people were able to log on to the computer system independently without having to type. Staff had developed 'step ladders' which provided simple pictorial instructions for example, a 'step ladder' had been developed which allowed one person to make toast independently. This person said they now had the confidence to make toast without having to refer to the instructions.

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.

Staff supported people to have as much freedom as possible and considered ways to keep restrictions to a minimum. People were free to move in and out of doors between the different buildings on the farm including the three houses where people slept and a multi-media room. One person had been supported to develop the confidence to catch buses and attend activities on their own. They explained to us the route they took each time and knew what to do if there was a problem.

Staff were able to describe how they supported people's independence and involved them in decision making. For example they described two people, who both lacked capacity to make certain decisions. Both were supported by staff, who helped them come to a decision about having a mammogram. This was achieved by staff talking through the process with each person and discussing why they had been invited for a scan. They also involved the nurse so that the people could get to know them. They spent time explaining what would happen and how long the scan would take. Staff said that one person had decided they wanted

to proceed with a mammogram, but the other person decided not to. Staff said they had carried out a capacity assessment to ensure that the person understood the decision, which they assessed she did. They therefore respected her right to refuse.

People's consent was sought before any care was given and staff respected people's wishes if they did not want to receive care at a particular time. Staff knocked on people's bedroom doors before entering the room and spent time asking them what they wanted to do before helping them to do it. Throughout the inspection, we observed staff explaining to people about what they were planning and making sure the person understood and had given their consent before undertaking the action.

All the relatives commented on how they felt they were involved in decisions about their family members care and they had confidence in the staff who worked with them.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff understood the legal framework that needed to be put in place if a person is deprived of their liberty.

There was information in people's care records that assessments of their capacity to make a particular decision had been undertaken. Where it was considered they did not have capacity, their best interests had been assessed and best interest decisions were recorded. The registered manager had submitted DoLS authorisation applications for all the people living at Barnfield. At the time of inspection five of these had been authorised. There was evidence that staff were following the specific requirements of the DoLS authorisations in place, whilst still ensuring that people were supported to be independent in other aspects of their care.

People had sufficient to eat and drink throughout the day. People who required support were helped by staff to select breakfast items such as cereal and toast. Other people were able to help themselves. Meals were served in two of the houses. Menu cards were on display in each kitchen. These showed both a picture and a description of what the choice of meals for lunch and dinner were. On the daily menu cards there was a small photo of each person with a speech bubble saying if the person liked the meal or whether they preferred a different option for all or part of the meal. Meals were prepared by staff helped by people living in the house using fresh ingredients. Each menu card had the recipe for the meal printed on the back so people and staff could prepare the meal easily. Because some of the people preferred spicier food to the others, staff cooked different versions of the meals in each house.

Staff described how in the past they had found some people had rejected a meal for a particular reason, such as not liking the vegetables which were served with it. Staff had worked with each person over a period of time to establish what vegetables they liked or didn't like. For example one person would only eat broccoli. To ensure that people got the vegetables they had expressed a preference for, there was a grid on each kitchen wall which identified each person and put a large red cross or green tick against a list of vegetables. One person showed us the chart and described what their preferences were. This meant that staff were able to ensure that everyone got the vegetables they preferred.

The weekly menus were changed from time to time. One person described how the menus were chosen at house meetings with people being able to each choose a favourite dish. They said they were going "to choose corned beef hash" at the next meeting to be put on the menu.

People were supported to help themselves to hot and cold drinks in the kitchens and bowls of fruit in each house. One person clearly enjoyed eating fruit and, on several occasions during the inspection, helped themselves to fruit from the bowl.

Because people had said they wanted to get more involved in cooking meals, the registered manager had arranged to hire the local village hall for a day each week. This had allowed staff to set up a cookery club in a roomier space than the kitchens at Barnfield. Some people from the home chose to get involved and spent one morning each week cooking the lunch and dinner for the home. Everyone from the home would then join the cooking club members to eat lunch in the village hall after the cookery session, before taking the evening meal back to the home. One person described how much they "loved cooking for everyone."

The farm had been adapted to provide support for people with different needs. While the main farmhouse was several hundred years old and retained many period features, the kitchen had been modernised to ensure that it was a suitable space to prepare food for people living there. The other two houses had been adapted to provide space for people with physical disabilities, including ground floor bedrooms.

Each person had chosen the décor in their bedroom and had personalised it to their own taste. Each room was individual and afforded people privacy when they wanted it. People moved freely around the the farm , both indoors and outside. A relative said "They are blessed with a fantastic environment." We observed people choosing to go at times to their room for some privacy and quiet.

Two outbuildings had been converted to provide a media room. Staff were developing a multimedia project, referred to as 'The Hub', which supported people to record and document their lives and needs using a range of multi-media. The room had been equipped with computers and a large wall-mounted screen as well as a comfortable seating area. People living at Barnfield were able to use this space when they wanted to use the computer facilities, for example when using video links to talk to family. The registered manager explained that staff and people in the home had undertaken fund-raising activities to equip the room.

There were plans to convert a second room into a sensory space for people to use. The registered manager said they were also raising funds to make this project possible.

The farm had a large garden area, some of which had vegetable beds. At the time of inspection, the staff who had worked with people who wanted to do the vegetable garden had left. However, there were plans for some other staff to take over this role so that people could do gardening at the farm if they wanted.



## Is the service caring?

### Our findings

Throughout the inspection, people interacted with staff positively. There was genuine affection shown by people towards staff and staff demonstrated really positive, caring attitudes towards people. Staff were also mindful of appropriate behaviour and encouraged people to recognise how to meet and greet people where they did not know them well. Staff discussed with people about what they wanted to do and then helped them do this. Our observations and video evidence from a variety night and from a survey of people living at Barnfield, showed that staff went the 'extra mile' to engage meaningfully with people and support them in activities both in and outside the home.

People frequently told us throughout the inspection how much they liked staff. One person said "I really like [member of staff]", whilst another described staff as "friends". There was genuine affection demonstrated by both people and staff to each other. At a dance club held for people in the village hall, people were laughing and joking with staff whilst having fun. One person who used a wheelchair was supported by staff to join in with the dancing and clearly really enjoyed it.

Staff made sure some people who had been Christmas shopping got back in time to join in the dancing and excitedly discussed what they had done with staff whilst out. One person who was concerned about people getting back in time, was given reassurance by staff, until the shopping party arrived. Staff encouraged the person by talking with them, offering them activities to take their mind off their concern.

A member of staff discussed with the group and other staff, why one person had chosen not to come to the dance club, despite saying in the morning that they had wanted to. The member of staff made an extra journey back to the house to ask the person if they had changed their mind, which they had. The member of staff and person came back to the village hall and then joined in the fun.

Staff showed inspectors a video of a variety night organised and run by staff and people in the home in the summer of 2015 in the local village hall. Villagers, people's family and staff were invited to the event and charged a small entrance fee. The video clearly showed how staff had engaged people and encouraged them to reach for and achieve their potential despite their disabilities. The acts had involved all the people in the home as well as external singers and musicians.

One person had had an ambition to be in a girl band, so staff had worked with them to form a small group comprising the person, one staff member and two friends of staff, who sang a song to the audience. We talked to the person about this event, which they enthused about, showing real pride in achieving their ambition.

Another person from the home, who had learned to play the cello performed at the variety night for the first time in public. Staff described how this was a real "breakthrough" as the person had never performed to anyone before.

A local choir also performed some songs with all the people living at Barnfield singing too. The variety night

had been a sell-out and was still a talking point amongst everyone at Barnfield . There had also been compliments received from people who had been in the audience. The video clearly demonstrated how much staff cared about each person and supported them to achievements. The registered manager said that it had also really helped everyone feel part of the community and they had received a lot of positive feedback following the event. She described how it had also helped the community get to know the people living at Barnfield.

Relatives said they always had confidence and trust in the staff treating or caring their family member and they were always treated with dignity and respect.

One relative commented "When we were seeking a place for [our family member], we searched the length and breadth of the country, visiting 18 homes spread between Middlesbrough to Kent and Norfolk to Devon and the best option was Barnfield." They also said "the home is ideal".

Another relative commented that the home "employs staff of the highest calibre who are prepared to go the "extra mile". They described how they could call in at any time and always receive a welcome. During the inspection, we observed two relatives, who were visiting, being greeted by every member of staff on duty with politeness. This included talking to them about their lives as well as discussing what they wanted to do in terms of going out with their relative. The visiting relatives had brought framed pictures for the person, which they took over to the person's room and helped him put up. A member of staff explained that they supported another person to visit their mother on a regular basis as it was difficult for them to visit Barnfield.

Another relative said "[their family member] has been able to undertake outside activities, of her own choosing, and participate in craft sessions at ROC's Day Centre in Honiton, which she thoroughly enjoys."

A member of staff described working there as "the place is amazing, I smile from the moment I arrive each day, it's not like a job!" The registered manager and two members of staff all said their approach was that they were "visitors into the home" and said that as such, they always considered how to support the person so they felt happy and comfortable with staff around.

People and staff described how they had also got involved in other community activities such as a weekly market and coffee morning. This included making cakes for the market as well as visiting it and mixing with local people in the village. One person described how they "loved going for coffee."

A health care professional commented: "They (staff) are proactive in working to encourage and promote a variety of activities both social and therapeutic. Another health professional said "in my opinion the care that the residents receive at Barnfield Farm is excellent and, not infrequently, over the last years when I have attended I have felt quite inspired by the care that the staff give."

Another health professional said "Staff seem to care very much about the residents they work with and express a fondness for the people in their care. The resident I was involved with was present for at least part of our discussions (as much or as little as he wanted to be)."

Some people did not have many verbal communication skills, so staff used other methods to interact with them. For example using video recordings, pictures, sign language and story boards. These other forms of communication were developed with each person to ensure they were able to understand their alternatives. One example of this involved a person who had expressed that they did not wish to meet someone they had been close to. Staff developed two separate storyboards which explained to the person why the other

person wanted to meet them. Each storyboard consisted of a number of pages of A4 paper, with each page having a short sentence and a photograph or picture illustrating it. One story offered the opportunity for the person to meet the other person for lunch whilst the other offered the person the option to stay at the farm and not meet up. Staff said that after going through each of the stories, the person decided that they would meet with the other person. However to ensure that they understood they could change their mind, staff went through each of the storyboards on more than one occasion, giving the person time to reflect on their decision. They described how the meeting had gone successfully with both people happy that they had met up. Staff said they hoped this might encourage the person to have another meeting as they recognised the importance of remaining in contact.

One member of staff described how one person had felt uncomfortable wearing certain items of clothing. Staff had worked with the person to find ways to address the issue and had been successful in finding a solution that the person felt satisfied with.

People were consulted about how the home was run through regular meetings. Staff had worked with people to make these meetings more inclusive by using a computer presentation each month to make the agenda more visual. Meetings were used to support people to choose the menus for the coming days as well as agree any group activities, for example where to go for the Christmas meal out. Specific meetings were recorded on video which allowed staff and people who were not at the meeting an opportunity to hear about the issues discussed. One person said they "liked the meetings as I can choose my favourite meal." Another person said they liked to discuss their holiday plans.

Staff worked closely with people to develop an understanding of what they wanted. New technology, including a media room and tablet computers had been introduced to support this. For example, when talking about which vegetables they liked to eat, a member of staff had shown the person a picture of the vegetable on the computer and made a note about their response. We observed how this technology had been used to record house meetings which had promoted greater involvement by people living in the home. Videos showed how people took active part in these meetings and were able to express what they felt, which resulted in changes to the care and support delivered by staff.

Staff supported people to remain in contact with their families. A relative said "The Barnfield team are always available to us, as parents, for visits or telephone updates. [Our relative] also calls us, with staff help, if she wants to talk." Staff had helped some people to access communication software such as Skype to allow people to talk face to face with relatives. Staff described how this had been particularly helpful for some people who did not have verbal communication skills such that they were comfortable using a phone to communicate. One person had been supported to use the media room for Skype on their own which allowed them privacy when talking to relatives.

A health professional commented "The staff working at Barnfield are caring, welcoming and open to change." and "Staff maintain good links with the team and with families supporting communication between all parties. They often look to find ways to manage situations and difficulties independently seeking support from the team when necessary. They have often tried a number of different avenues prior to seeking support."

## Is the service responsive?

### Our findings

People received care that was tailored to their needs and supported them to meet their aspirations. One person said "I love going shopping." We asked them if they did this often and they said "yes, every week." Another person who attended a college course said "I like cooking. I like making spaghetti Bolognese."

There were detailed care records which described the care and support each person required. People were actively engaged in developing their care plan, expressing preferences about what they wanted to do and how they wanted support. People were familiar with their care records and accessed them when they wanted. In addition to the written care records, people were encouraged to have information on a personal computer, where they could store photos of activities they enjoyed and other photographic information that was important to them. This provided them with a photographic diary record of things they had done. This meant they could use these to describe their care at care review meetings to relatives and health and social care professionals.

One person was very happy to show us their care plan and took us through the folder, pointing out information that they felt was important to them, including activities they enjoyed doing and pictures of their family.

Another care record had information about the words a person, who had limited vocabulary, was able to say and what these meant, when they said them. It described activities they enjoyed including swimming and horse riding. There were risk assessments describing concerns staff needed to be aware of and how to manage these to ensure that there were positive outcomes for the person.

People did activities that they had chosen. These activities regularly included swimming, horse riding, gardening, pottery, music sessions and walking. People did some activities together, such as an evening social club each week and attending a day opportunities service run by the provider in a nearby town, whilst other activities were done on their own. People were also supported to try new activities, for example one person had attended Pilates lessons. One person used images on their iPod to select what activities they wanted to do, as staff found the person engaged better when not having to discuss things face to face. Staff supported people to take photos so that they could be uploaded and used as part of the discussions when planning activities.

One health professional commented; "The managers I spoke to worked with me to understand the assessment I did and its outcomes, and discussed the recommendations with me. They implemented recommendations and came back to me with feedback about how things were going so I could re-evaluate. We worked together with the resident to find things he liked to do and ways to do them with him." They also said "My work was partly around helping staff to find a balance between the demands of one resident versus the needs of the others, and it was apparent they were thinking in a person-centred way for all concerned. We were thinking specifically about activities that the individual would enjoy and that would enhance both his quality of life and that of the other people who live at Barnfield."

One person had developed a friendship with an older person in the village. They were supported by staff regularly to help this friend, who cleaned the local church and on occasions visit the person in their home for tea. On the first day of inspection, the person was going with a member of staff to clean the church on their own as the friend was unwell. Both the person and the member of staff talked enthusiastically about doing this and were very positive about how this would be of benefit to the friend.

Staff were enthusiastic about supporting people to achieve their aims and ambitions. For example, a member of staff described how one person really loved Morris men. They said they were looking at ways it could be arranged for Morris men dance for the person's birthday. A member of staff said that if people had ideas for activities they wanted to try, the registered manager "would listen and see it as an opportunity." The staff member described how they had been supported to develop the weekly dance session at the Village Hall as people had expressed that they wanted to try country dancing.

One relative described how their family member had always enjoyed sailing as a child. Because of this, staff at the home had arranged for the person to go on a short break on a tall ship. There were photos of this which showed the person clearly happy and enjoying the experience. Relatives had put a collage of these photos together in a frame and described how good the experience had been, as they had also been involved in the event.

During the inspection we observed staff treating people with kindness and compassion, spending time discussing with them what they wanted to do and enabling them to do it. One member of staff described how they had been one person's key worker. They said they had found that the person had not always responded to them positively and therefore, after discussion with senior staff and the person, it had been agreed that the person should have a different key worker. They described how the person now had a key worker who shared some of their interests and was able to support them with outdoor activities which the person really enjoyed.

The home had a 'comfortable feel' to it with ornaments and pictures made by people living at the home in communal area and people's bedrooms. These included pottery that people had made at a pottery workshop, which was displayed around the dining room and living room. People were keen to show their craft and describe how they had made them. People were supported to maintain their independence by doing domestic chores such as cleaning their bedroom, helping with laundry, as well as cooking and clearing up after a meal. Staff supported them to be as independent as possible. For example one person was able to use the washing machine on their own after staff had worked with them on instructions on how to use it. We talked with a person being helped by a member of staff to roll out pastry for the evening dinner. The member of staff encouraged them and gave advice about what to do whilst allowing the person time to do it for themselves. It was evident that the person was clearly enjoying the responsibility of the task.

There were monthly house meetings with people to discuss issues that were important to them. These were now run so they were interactive using a presentation tool, which meant that people were better able to understand agenda items as pictures and photos could be incorporated. The most recent meeting had included discussions about where people wanted to have a Christmas meal out, information about a visit that was planned, issues and complaints that people wanted to raise and details about health action plans that were being reviewed by the GP.

There was a complaints policy for the home and procedures which described how people could make a complaint. This included information about who to contact if the complainant was not satisfied with the response from the home. The registered manager said they had not received any complaints from people or their families in the last year. They described how one person had not been happy about some staff not

always leaving their room. This was discussed with the person and with staff to ensure the issue was resolved. The registered manager said they had a very good relationship with people and families and therefore they dealt with any issues informally. During the inspection we observed one person saying their light bulb in their room was not working. This was dealt with in a timely fashion. A family member said they had "no complaints, only praise for the home."

The home undertook surveys from time to time to find out what people thought about the quality of care they received. The registered manager said that they had found that asking people to complete an easy read survey had not worked particularly well as people had needed the support of care workers working in the home. The registered manager had therefore commissioned an ex-member of staff to conduct an opinion survey about the home. They explained how they felt they would get more open and better feedback from people if they were informally interviewed by the ex-member of staff who knew the people but was no longer involved in working with them. The interviews were recorded on video. The interviews were semi-structured with a number of topic areas including what people thought of their room, activities, staff and food. We saw clips from the recording which showed that people were able to give their opinions and did so openly. The registered manager said that actions had been taken to address issues that people had commented on which needed improvement.

## Is the service well-led?

### Our findings

The provider's website described the philosophy of the organisation as "believes all people with a learning disability should have the chance and the support to be able to do what they want to do. ROC will work towards making this happen."

Their values included being supportive and caring, treating people with dignity and respect, being passionate about people and committed to learning and continuous improvement. A senior manager explained they tried to demonstrate those values through working with people and staff.

The provider set high expectations for people and the staff who supported them. The provider worked to empower people to be involved in developing the organisation. For example, a person from the home represented the house at meetings held by the provider. These meetings were aimed at supporting all the homes owned by the provider. They helped to contribute to quality assurance and improvements as well as informing people about what was going on in the organisation. We spoke to the person currently representing Barnfield, who said they enjoyed going to the meetings. They described how they attended meetings and felt able to talk about what was good about Barnfield Farm and improvements they would like.

Staff described a theatrical production "Flashpoint" which had been staged at the Palace Theatre in Paignton in November 2015, which other locations in the Robert Owen Community had been involved in; and people at Barnfield had attended. This had been a major production which was described by the provider as "such is the artistic development of the people we support, it is they who have determined content and direction."

The registered manager described their aim for Barnfield as "to provide the best opportunities for people to live as you or I would, but at the same time keep people safe." Staff were able to explain what they believed this meant for people and described how they delivered care and support which achieved this philosophy and aim. Throughout the inspection we observed people being supported in ways to maximise their independence and pleasure from living at Barnfield Farm. The registered manager described how important it was to her and to staff to deliver care which encouraged people to gain independence and have fulfilled lives achieving their ambitions. Staff described how they were passionate about the support they gave people and felt that the registered manager encouraged and supported them in this. The most recent staff survey results showed staff were very positive about working for the provider, were committed to the people they supported and were proud to work there.

The registered manager encouraged staff to consider new ways to work with people and support their ambitions. The staff team strove to develop innovative ways to support people and improve the service they provided. The innovations had included developing a media room which supported people to utilise electronic media in a number of ways including care planning, recording activities, care reviews and also keeping in touch with people who were important to them. The home had also altered their resident meeting so that these used multi-media. This had resulted in far more involvement from people which we

saw in video clips of the meetings shown to us during the inspection.

People and staff were involved in the recruitment process and their views were taken into account when selecting a new member of staff. People and staff met with candidates and fed back their opinions to the interview panel. The registered manager explained that recruiting the right candidate was very important as they looked to employ new staff who would fit in with the ethos and was liked by people and staff. They also said it was important that new staff could bring skills and experience which complemented and enhanced the current staffing. The manager described how when she appointed staff she looked for "the right person, someone who will bring skills which will complement the skills our existing staff have to support people with what they want to do". She described how she had appointed a member of staff in the last year who had brought particular skills to the role, which had offered new opportunities for people.

People were encouraged to get involved in making decisions about the home as well as their care. People were asked for their opinion at monthly resident meetings, which were recorded on video. For example, we saw people chose where they were going for a Christmas meal. People also discussed meal choices when menus were planned. During the inspection, one person asked whether they could have a specific member of staff to support them with an activity, which the registered manager agreed to. The registered manager described how staff rotas were adjusted to meet people's needs for support and were frequently adjusted when someone said they wanted to do something different.

The registered manager shaped the culture of the home which contributed to the positive impact on people's lives. People and staff at Barnfield all described the registered manager and her deputy as really supportive and approachable. Throughout the two days of inspection, people came and talked to the registered manager about what they wanted to do. She gave each person time to discuss the issues and helped them achieve what they wanted. One person said "[the registered manager] helps me" whilst another said "I like [the registered manager]."

A relative said they were "always kept informed" and given "the right amount" of information. They went on to say "The Barnfield team are always available to us, as parents, for visits or telephone updates. [Our family member] also calls us, with staff help, if she wants to talk. We visit at least five times a year, including holidays away and our dates are always accommodated. A member of staff commented "this is a brilliant organisation to work for."

Staff described how they were able to talk to the registered manager and their deputy if they had an idea for someone. One member of staff said "Anything the guys want to do is seen as an opportunity" and also "Any ideas I want to do, [the registered manager] will listen and normally I can then do them." This had led to a number of events and activities being arranged, such as the weekly lunch club, the dance session in the village hall and the variety night.

The home had very good links with the local community. People and staff delivered some of the village newsletter to some households, which meant they got to know each other. An open day had been held in the summer and attended by people, their families, staff and villagers. The event had been advertised in the village newsletter, which the registered manager said helped raise awareness of the home as part of the community. Comments from visitors described how much enjoyment and fun the day was.

The home had raised money to develop the media room. Their current fundraising project was to develop a sensory room which they had had support for from various local organisations including receiving a cheque from the local church. Fund raising activities had included an open day arranged during the summer as well as the variety night that people had put on in the village hall. There were plans in place to raise more funds



to develop the sensory room beside the media room for people to use.

The registered manager and her deputy knew people well and spent time talking to people during both days of inspection, stopping to check that people were ok and had what they wanted. They talked to staff about what the plans for the day were and provided support and advice on what needed to be done.

Staff said they received regular supervision. One member of staff described how they found supervision really useful, not only as they got support but also because they were able to discuss suggestions about what they wanted to do with people. They said "I tend to end up with a short list of 'to-dos, whereas [the registered manager] ends up with a long list!" Staff also said they had regular staff meetings where they were able to discuss issues as a group.

The registered manager (in her previous role as co-ordinator) with the previous registered manager had devised a daily planner sheet. This sheet not only recorded what activities people were planning to do, but also which staff were on duty. In addition the planner had a number of daily tasks that staff were expected to complete whilst on duty, for example cleaning tasks, checks on laundry, meals, snacks and drinks preparation and refrigerator checks. In addition, there were specific tasks relating to people's activities and personal needs. Staff were expected to sign off when a task was completed so the registered manager and other staff were able to see at a glance what actions were still needed to be done. The registered manager and other staff all commented how they found this an efficient and effective way of undertaking a daily audit. The registered manager also explained how the planner had evolved over time as staff had contributed ideas about how to improve it.

The registered manager also undertook regular audits to ensure the home's quality and safety. These include audits of medicines, care records, building checks and maintenance issues, fire equipment and other health and safety issues. Where audits identified problems, records showed these were dealt with in a timely manner. For example, the registered manager had had concerns as there had been a number of medicine administration errors in previous months. They had investigated the incidents. She had also analysed the data to see if there were any patterns which might emerge, such as the time of the error or the member of staff who had been responsible.

The registered manager led the changes to the medicine administration processes from the front encouraging staff to contribute ideas for improvements. She had discussed the analysis with staff at a staff meeting to identify whether there were changes needed to the procedures which could support a reduction in errors. Through this, she had led a series of improvements which had included where the medicines were given to people. She had also rearranged the room where some medicines were stored and administered. The registered manager continued to monitor whether the changes had resulted in a reduction in errors. She described how there had been a reduction but she was not complacent. She explained that she believed that scrutiny and attention to issues as they arose was essential to improvement.

The registered manager explained how they kept up to date with best practice. This included visiting other homes and links to other managers within the provider's community They also said they kept up to date with the industry through websites including Skills for Care.

The registered manager explained that they used rotas flexibly not only to support people but also to address the training needs of staff. For example, they explained that some of the people went to stay with relatives over the Christmas period. This meant they could arrange staff group training over this period without causing a shortage of staff to meet people's needs.

During the inspection, we also met a senior manager who supervised the registered manager. They described the assurance processes that were in place to ensure quality and safety issues were addressed. This included having computerised reporting systems for incidents and accidents which kept senior staff informed in a timely way. They also described how senior managers worked with the registered manager to analyse the causes of such events which enabled the design and introduction of systems to reduce the risks of a recurrence.

The registered manager had submitted notifications to the Care Quality Commission when incidents had occurred in line with the statutory requirements.