

Godfrey Barnes Care SL Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Godfrey Barnes Care SL Limited is a supported living service providing personal care. The service provides support to people with a learning disability and autistic people. At the time of our inspection, seven people were using the service.

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

Right Support

- Staff had not always been recruited safely to ensure they were suitable to support people using the service. The registered manager took immediate action to address this.
- People were supported to make decisions for themselves. Staff respected people's choices and ensured they had information they needed.
- People were supported by staff to pursue their individual hobbies and interests.
- Staff supported people to maintain their health and wellbeing by accessing healthcare services and activities which positively supported their physical and mental health.

Right Care

- Staff treated people well and promoted their dignity and independence.
- People's communication needs were identified, people's care plan's provided detailed information on their individual communication systems.
- Medicines were safely managed by trained staff who administered people's medicines in line with the prescriber's instructions.
- The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture

- People and those important to them, including advocates, were involved in planning their care.
- Staff knew and understood people well, staff were well matched to their support workers.
- People were supported to identify individual goals and care plans were in place for staff to follow.
- People and their relatives had regular opportunities to provide feedback on the service. The registered manager took appropriate action to resolve any concerns promptly.

We have made a recommendation about the provider's oversight of recruitment systems.

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

Rating at last inspection

This service was first registered with us on 18 February 2021 and this is their first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Enforcement and Recommendations

We have identified breaches in relation to fit and proper persons employed, and we have made a recommendation about the provider's oversight of recruitment systems.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective..

Details are in our effective findings below

Good ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Godfrey Barnes Care SL Limited

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 Health and Social Care Act 2008.

Inspection team

Two inspectors carried out the inspection.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

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

Inspection activity started on 9 June 2022 and ended on 20 June 2022. We visited the office location on 9 and 17 June 2022.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority commissioning team and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and support workers. We reviewed a range of records. This included three people's care records and two people's medication records. We looked at two staff files in relation to recruitment and staff supervision. 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff had not always been recruited safely to ensure they were suitable to work with people using the service.
- We reviewed two staff recruitment files and found one file did not include the staff members employment history as required in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014.
- References had not been obtained in line with the provider's recruitment and selection policy. For example, the reference for a member of staff had been provided by their relative and only one reference was held on file for another staff member.

The failure to ensure staff were recruited safely is a breach of Regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager took immediate action to address these issues.

- The service had undertaken appropriate checks with the Disclosure and Baring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff deployed to support people.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- The registered manager had systems in place to monitor safeguarding incidents. We reviewed this information and found that appropriate actions and referrals had been made to reduce the risk of reoccurrence.
- Staff understood the provider's whistleblowing procedures. Whistleblowing is when staff report suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone is neglecting their duties, including if anyone's health and safety is in danger.

Assessing risk, safety monitoring and management

- People had individual care plans in place which provided staff with information on risks that had been assessed and the measures put in place to ensure people received support in a safe and consistent way.
- Positive risk taking was supported by staff, this encouraged people's choice and independence. Risk

assessments had been completed and were regularly reviewed.

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.

Using medicines safely

- Medicines were managed safely. Regular checks were completed on the medication stock and records. We reviewed these records and we found people had their medication administered safely and in line with the prescribing instructions.
- Medicines were administered by trained staff. Staff received regular observations of their practice to ensure medicines were administered safely.
- The service was following STOMP principles (Stop the over medication of people with a learning disability). Staff had ensured people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- The provider ensured that infection, prevention control measures were in place to protect people, visitors and staff from the risk of infection.
- The provider had an infection control policy in place which was up to date and provided direction to staff on reducing the risk of COVID-19.

Learning lessons when things go wrong

- The registered manager held debriefs with people and staff following accidents and incidents, information from the debriefs was analysed and learning was shared with the wider staff team.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed prior to using the service. This ensured the staff team had information on a person's likes, dislikes, needs and known risks.
- People using the service had different interests and their care plans and activities reflected this. Risk assessments had been carried out for staff to follow to ensure risks were reduced, and the activity could be safely facilitated.
- Care plans had been regularly reviewed and updated to reflect any changes in people's needs.
- People told us about their day to day lives, we also found this information recorded in people's care plans. Care plans provided guidance for staff to follow to ensure people's needs and choices were met.

Staff support: induction, training, skills and experience

- Staff completed an induction when joining the service. This comprised of a combination of face to face training, e-learning and shadowing experienced support workers.
- Staff were provided with specific training to meet the needs of the people using the service.
- Training was regularly reviewed, and the registered manager had identified and planned additional training to further support staff in their roles.

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

- People's support plans clearly detailed their eating and drinking needs and included their likes and dislikes.
- People told us how they planned and prepared their meals. One person told us, "I cook my meals, staff help me with some bits but I do most of it myself" and another person told us, "Staff help me with a shopping list and healthy eating."
- Where risks had been identified in relation to a person choking, we found risk assessments and guidance from external professionals had been included in the person's care plan for staff to follow.

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

- People were supported to have regular health checks, including an annual health check. An annual health check-up is where a person's health is discussed so problems can be identified early, and care and treatment can be provided
- The service worked with external professionals to create individual health action plans for people, the plans identified people's health needs and the level of support each person required.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People had individualised mental capacity assessments in place, it was clear what decisions people could make for themselves. Where people were unable to make a specific decision, we saw evidence that best interest decisions had been made with the involvement of relevant people.
- People were supported to make decisions for themselves. For example, one person's care plan detailed how staff can use objects of reference to support a person's decision making. The person's care records confirmed staff followed this.
- Staff had received training in MCA and understood how to support people in line with the act.
- People were supported to access advocacy services. Advocates are independent of the service and support people to decide what they want and communicate their wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had received training in equality and diversity and understood how to promote this. One staff member told us, "I respect everyone, their choices and decisions."
- People and their relatives were happy with how staff treated people. One person told us, "Staff are good at supporting me, they know what to do and are helpful." A relative told us, "The staff do their very best to support [person]".
- People were well matched to their support workers and felt staff knew them well. Staff told us they enjoyed supporting people. One staff member told us, "I regularly support [person] to the gym, I have really got to know them, we have a great time."

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

- People and their relatives had contributed to their care planning, where appropriate. Care plans provided staff with information on the person's views, preferences and decisions.
- People were given the opportunity to be involved in their care planning and how they wished to be supported. People also had the opportunity to regularly review their care plan to see if any changes needed to be made.
- People were supported to identify individual goals they would like to achieve, staff referred people to external agencies to source support when required and the advice provided was included in people's care plans were for staff to follow.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and promoted their independence. One person told us, "Staff always knock on my bedroom door; they don't just walk in." Another person told us, "I am working towards becoming more independent, staff are helping me with this, we are working on me travelling alone on the bus."
- Staff had received training in dignity and told us how they promoted this. One staff member told us, "I always think about this when supporting people. It's important to put yourself in the person's shoes."
- The registered manager had undertaken additional training to become a dignity champion for the service. A dignity champion is passionate about promoting people's human rights, treating people with dignity and respect, they will take actions within a service to ensure this is promoted and achieved.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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, and those important to them, took part in making decisions and planning of their care and risk assessments.
- People received planned and personalised care and support that was individual to their needs and preferences. One person's care plan detailed the importance of staff responding promptly to a person when they indicated they would like to go out. We reviewed the person's care records and could see staff ensured this happened.
- People's needs were regularly reviewed, and support was adjusted as required. Staff documented people's achievements, which meant progress towards identified goals was monitored and evaluated.

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 communication needs were identified and detailed within initial assessments. This information was used to develop their care plans.
- Staff ensured people had access to information in formats they could understand. We found key information about the service was available in people's preferred formats.
- Care plans detailed information about people's own communication systems. For example, one person's communication included the use of actions and gestures; their care plan provided explanations on each action and gesture.

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 access their chosen hobbies and interests. Staff supported people to plan their day to day activities and seek information on local groups and activities that could be of interest to them.
- People were supported to maintain relationships that were important to them. Relatives told us staff kept them up to date with relevant information.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed complaints the service had received and found

these had been investigated and resolved promptly.

- People and their relatives told us they knew how to complain and were given the opportunity to raise concerns or queries.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection.
- We discussed end of life care with the registered manager, who told us they would ensure additional training would be provided for the staff team to support people if this need was identified.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Recruitment auditing systems and processes were not robust. Audits had failed to identify that staff had not always been recruited safely.

We recommend the provider considers using a recruitment checklist to ensure that all areas are addressed for every applicant in line with Regulations.

The registered manager took immediate action to address this issue.

- Staff were clear about their role and responsibilities. Staff had received training which ensured they provided care and support to the required standard.
- Effective systems and processes were in place to monitor accidents, incidents and safeguarding concerns. The registered manager regularly analysed these and shared lessons learnt with the wider staff team.

Working in partnership with others

- The service attended professional meetings with other agencies to ensure care and support was reviewed and monitored, however external professionals told us they had to make numerous requests for information and found it difficult to obtain.
- The service worked in partnership with other professionals such as Learning Disabilities services and speech and language therapists to support people to access healthcare when they needed it which had improved people's outcomes.

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

- People were supported to maximise their independence and to pursue hobbies of interest to them. We saw evidence that people were supported to attend college and to further their everyday living skills.
- Staff felt valued and supported by the management of the service. Staff told us, "[Registered manager] is open and approachable." Another told us, "It's a good place to work."
- As part of the inspection, we asked a range of stakeholders to feedback on their experience of the service. Professionals told us how the provider had taken steps to find relevant care staff to meet people's needs and they people's day to days lives had improved as the provider regularly reviewed people's care.

Continuous learning and improving care; 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 service had a quality action plan in place which detailed the areas they had identified for improvement, this included providing staff with additional training.
- The registered manager understood their responsibility to keep people informed when incidents happened in line with the duty of candour. People's records evidenced that relatives had been informed when incidents had occurred.

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

- People told us they could feedback to staff about the care they received. One person told us, "They [staff] listen to us". Another person told us how they had shared a concern with staff, who provided appropriate support and resolution to their concern.
- Relatives told us they had opportunities to suggest improvements to the service. One relative told us, "I have mentioned improvements to the staff, and they have adapted things to suit."
- Staff meetings took place regularly. We reviewed the minutes of these meetings and could see key topics such as care plan updates and COVID-19 had been discussed.
- The registered manager told us how they were developing feedback tools to be able to gather information from people in their preferred format.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff had not always been recruited safely to ensure they were suitable to work with people using the service.