

Barnsley Disability Services Limited

# Barnsley Disability Services Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 11 September and 4 October 2018. The registered provider was given short notice of the visit to the office in line with our current methodology for inspecting community services.

At our last inspection in May 2017 the service was given an overall rating of 'Requires Improvement'. Areas needing attention included risk assessments, staff recruitment and staff supervision. We asked the registered provider to submit an action plan outlining how they were going to address the shortfalls we found, which they did. At this inspection we found improvements had been made in the areas previously highlighted and the governance of the service was more robust.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Barnsley Disability Services Limited' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Barnsley Disability Services is a domiciliary care agency which provides care services, including personal care, to people with a range of disabilities who are living in their own houses and flats in the community. At the time of the inspection it was supporting 15 people who needed assistance with their personal care, such as their personal hygiene.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they received the care and support they needed from staff who were caring, friendly, helpful and compassionate.

People were supported safely. Potential risks to individual people, and the environment they lived in, had been assessed and these were reviewed as needed. There were robust systems in place to reduce the risk of abuse.

Where people needed support taking their medication this was managed safely by staff who had been trained to carry out this role.

Recruitment processes had been improved to make sure essential checks were made prior to new staff commencing work. This helped to ensure only staff suitable to work with vulnerable people were employed. Staff had undertaken a range of training that aimed to meet people's needs, while developing staffs' knowledge and skills. Staff took part in periodic meetings with the management team to provide them with the support they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

People's privacy and wishes were respected and they were treated with dignity.

Where needed people were supported to maintain a balanced diet, and their dietary needs and choices were met.

People were supported to maintain relationships with people who were important to them and to participate in social activities within the community and at home.

People's needs had been assessed before their care package started and involvement in planning care had been encouraged. Plans were person-centred and gave clear guidance to staff on supporting each individual person. Staff worked closely with other social and healthcare professionals to ensure people received a service that met all their needs.

People knew how to raise any concerns and felt comfortable doing so. No complaints had been raised since the last inspection, but a system was in place to record, investigate and resolve any complaints received.

People were consulted about their satisfaction in the service provision and systems were in place to make sure company policies were followed. All the people we spoke with told us they were very happy with the way the service was run. People spoke positively about the registered manager and how staff delivered care.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Systems were in place to keep people safe from the risk of harm and abuse. Where potential risks had been identified plans were in place to reduce these.

Recruitment procedures had been improved to make sure staff were of suitable character to work with people who may be vulnerable.

People received the right medicines at the right time.

### Is the service effective?

Good 

The service was effective.

People had given their consent to care and treatment, and this was sought in line with legislation and guidance.

People's health and nutritional needs were met.

Staff had access to on-going training, annual appraisal and periodic support sessions to enable them to feel confident and skilled in their role

### Is the service caring?

Good 

The service was caring.

People received care and support from staff who were helpful, compassionate, kind and caring.

People were involved in their care and staff respected people's wishes.

People were treated with dignity and respect.

### Is the service responsive?

Good 

The service was responsive

Care and support was person-centred and tailored to people's individual needs.

The company's complaints policy enabled people to raise complaints or concerns in the knowledge they would be addressed. People were encouraged to express their views on the service provided.

**Is the service well-led?**

**Good** ●

The service was well led.

There was an open and transparent culture in the service where people were supported to voice their opinions.

People told us the service was well managed.

The registered provider had systems in place to monitor and improve the quality of care the service provided.

# Barnsley Disability Services Limited

## **Detailed findings**

### Background to this inspection

The inspection included visits to the agency's office on 11 September and 4 October 2018. The registered provider was given short notice of the visits in line with our current methodology for inspecting community services. An adult social care inspector conducted the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

We looked at all the information we held on the service and requested the views of other agencies and health care professional who worked with the service, such as service commissioners and the speech and language therapy team. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of the inspection there were 15 people using the service who required help with their personal care. We visited two people who used the service and spoke with one person on the telephone. We also spoke with three relatives on the telephone to gain their views. We spoke with the registered manager, the office manager and two care workers who supported people.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing four people's care files, medication records, staff recruitment, training and support files, minutes of meetings, quality audits and records demonstrating how the registered provider had gained people's views about the service provision.

# Is the service safe?

## Our findings

At our last inspection in May 2017 we found two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a breach of Regulation 17 as we found that although risk assessments were in place, there were shortfalls in the way financial transactions were managed and some risk assessments contained conflicting information. We also found there was a breach of Regulation 19 with regards to staff being recruited robustly. At this inspection we found the registered provider had improved these systems, so was meeting the Regulations.

Everyone we spoke with told us they felt people were supported safely both in their home and in the community. One person told us how staff used manual handling aids correctly and made sure their house was secure before leaving. A relative described how staff competently assisted their family member to use a specialist chair.

Care and support was planned and delivered in a way that aimed to ensure people's safety and welfare. Risk assessments had been carried out to assess if there were any potential risks associated with the individual person or the environment they lived in. Where risks had been identified plans to manage the risk were in place to minimise them, while allowing people as much freedom and independence as possible. All risk assessments had been regularly reviewed to ensure they continued to reflect people's changing needs.

In one person's care record we checked we found the person used a hoist to move from their bed to a chair and care records told staff how to do this safely. There was detailed information about the best way to move them, the type of hoist and the size of the sling used. However, we noted the loop configurations for positioning the sling were not included in the guidance. This had not had a negative impact on the person as they were supported by the same team of staff consistently, and they had received training on the topic. When we visited the service on the second day of the inspection this information had been added.

Since the last inspection new financial transaction sheets had been introduced to record staff's involvement if people needed support involving money. The company policies had also been reviewed and amended regarding this topic.

People were safeguarded from abuse because the registered provider had policies and procedures in place to guide staff on how to recognise and report any concerns they might have. The registered manager was aware of the local authority's safeguarding adults' procedure, which aimed to make sure incidents were reported and investigated appropriately. Staff had received training in relation to safeguarding people, and those we spoke with demonstrated a good awareness of their role in protecting people.

The recruitment and selection process had been improved since the last inspection. Staff files showed new employees had been subject to appropriate pre-employment checks, such as making sure they did not have any criminal convictions and obtaining satisfactory written references. This helped to make sure unsuitable people were not employed. New staff had completed an induction, which included essential training. They were provided with a kit that included hand sanitiser, sun screen, a panic alarm and a basic first aid kit. They

had also received an employee's handbook, which covered general employment guidance, key principles of care and health and safety information.

Where people needed assistance to take their medication this was administered safely. People we spoke with who had assistance with medication said they were happy with the way staff supported them to take their medicines. They said they received medication on time and in an appropriate manner. Medication administration records [MAR] sampled had been completed correctly to indicate what medicines had been administered by staff or reasons for omitting a medicine.

On the first day we visited the office we saw when people were prescribed 'as and when required' medicines and creams [also known as PRN] these were recorded on the MAR, but PRN protocols were not in place. These aim to provide staff with detailed information about what the medication was prescribed for, how the person presented when they needed it or what to monitor for after it had been taken, to make sure it was effective. This information is particularly important if the person is unable to verbally tell staff when they need a specific medicine. We discussed this with the registered manager who told us the people currently taking PRN medication could tell staff when they wanted it, but they would add this information as soon as possible. On the second day we visited the service we saw these had been put in place.

There were enough staff employed, who had the correct knowledge and skills to meet people's needs. We saw contracted hours were always provided and everyone we spoke with was happy with staffing arrangements.

Suitable measures were in place to prevent and control infection. For instance, staff had completed infection control and prevention training and were supplied with the personal protective equipment (PPE) they required. They had also received food hygiene training.

The registered manager told us there had been no accidents or incidents over the last year, but there was a system in place to monitor and analyse any that happened. This would allow the service to learn lessons from past events and make changes where necessary. The registered manager described how they had monitored one person regarding the safe use of equipment, and involved external healthcare professionals as needed.



# Is the service effective?

## Our findings

At the last inspection this key question was rated as 'Requires Improvement' at this inspection we found improvements had been made.

All the people we spoke with said they were confident staff had the training and knowledge to meet their individual needs. They said they were very happy with the way care was delivered. One person told us, "There is always training coming up. The carers tell us about it."

Staff had access to a varied training programme that enabled them to meet people's individual needs. People we spoke with said they felt staff were well trained to meet their, or their family member's needs. One person using the service described how staff helped them to use aids to mobilise and to manage their continence in a professional and competent way. A relative told us, "Oh yes, they understand how to feed [family member], as there could be problems due to swallowing difficulties."

Staff had undertaken a structured induction programme when they began working for the company. This included completing essential training and shadowing an experienced care worker until they were assessed as competent and confident in their role. Where applicable new staff had completed, or were completing, the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

All staff had completed courses in topics such as equality and diversity, epilepsy, communication, basic life support and health and safety. We saw staff who supported people with specific needs had also been trained in subjects such as catheter care, use of convenes, and Percutaneous Endoscopic Gastrostomy [PEG]. The latter is when someone has a tube into their stomach through the abdominal wall, this is most commonly to provide a means of feeding them when they cannot take food orally. We also saw staff had been encouraged to undertake nationally recognised care courses, such as a diploma in care.

All the staff we spoke with felt the training and support provided met their needs, and the needs of the people they visited. They described how managers carried out observational supervision on a regular basis to assess their work performance. Staff were also given the opportunity to discuss areas they needed support with. The registered manager worked closely with staff, which enabled them to offer guidance and support as and when needed. Staff had also received an annual appraisal of their work performance.

Arrangements were in place to assess people's needs and preferences. This meant that support was tailored to people's individual needs, which led to effective outcomes for people. Initial assessments had considered any additional provision that might need to be made to ensure people did not experience any discrimination. An example of this was establishing if people had any preference about the gender of staff providing their care.

People received the support they required to access health professionals. We saw people's health

conditions were recorded in their care records and information around input from health professionals was updated as required. This included input from neurologists, physiotherapist and the speech and language therapy [SALT] team.

A member of the SALT team told us, "They [the service] are very good. They have been really useful to me especially in supporting a service user who had no close family. They have liaised regarding visits and will be there if needed. If they feel there is a problem they will ring me straightaway. With complex cases they have managed really well. The manager knows who you are talking about, their needs and changes."

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. We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff had received MCA training and information on the topic was provided, for instance posters and information was displayed in the agency's office. They demonstrated a satisfactory understanding of gaining consent from people routinely as part of care provision and acting in a person's best interest. A member of staff told us, "Everyone has the right to make decisions [at the level they can]."

At our first visit we found people had not always signed their care plan to acknowledge they were happy with the planned care. However, at the second day of the inspection this had been addressed. All the people we spoke with said they had discussed and agreed their plans of care and were happy with how care was delivered. One person using the service told us, "They take notice of what I say." A relative told us, "They always ask [family member] what [they] want to do. They don't do anything [family member] doesn't want to do."

Where people required help with their meals this information was built into their care plan. Information included any special dietary needs and the level of assistance they needed to maintain a satisfactory diet and fluid intake. Visit records showed staff were acting in accordance with people's care plans and meeting their individual needs. Staff had completed training in meeting people's nutritional and hydration needs.

# Is the service caring?

## Our findings

At the last inspection this key question was rated as 'Good'.

Everyone we spoke with told us staff were kind, caring, helpful, compassionate and friendly. One person using the service said, "I have three regular carers, they are good. They do what I ask, are polite and I have a good relationship with them all, we have a laugh."

Relatives we spoke with were also complimentary about the staff who supported their family member. One relative described how the management team always tried to match staff to the people they were supporting adding, "There have been changes, but staff are matched well [with the person using the service] and have always fit with [their] and our needs." Another relative told us, "They are brilliant with [family member] and we have a regular team of carers."

When we asked people if care staff respected their privacy and dignity they told us they did. One person said, "Yes, they do, like they always shut the bedroom door and they knock before coming in." A relative commented, "They [staff] understand [family member] is to be treated like everyone else. They respect what [family member] wants to eat and drink."

Staff demonstrated a commitment to promoting people's independence and maintained their dignity, by considering their abilities and wishes. One member of staff told us, "I treat people how I want to be treated. Everyone has a right to be treated with dignity."

People's choices and preferences were respected. People were involved in planning their care. An initial assessment of need had been completed with each person and then developed into a person-centred care plan. The care plan showed what was important to the person and how best to support them. They also outlined people's abilities, so staff could promote their independence. People we spoke with confirmed the service was meeting their, or their family member's needs.

Senior staff had undertaken observational 'spot checks' where they had assessed staffs' competency in supporting people. These also gave them the opportunity to gain people's views about their care provision. People confirmed staff communicated with them as and when necessary.

The registered manager told us the company had an equality and diversity policy. Equality and diversity was also included in the staff training programme. For instance, people's religious beliefs, cultural needs and any communication difficulties were included in the care planning process. The registered manager had a good understanding of promoting equality and diversity within the staff team and gave an example of how this had been taken into consideration when recruiting new staff.

People continued to be provided with information that explained the standard of care and support they could expect from care staff working for the agency.

# Is the service responsive?

## Our findings

At the last inspection this key question was rated as 'Good'.

Everyone we spoke with told us the service was responsive to their needs and staff provided good care and support. One person said, "They [managers] are very good when I need extra support." A relative commented, "They [staff] are very flexible. They change plans and visit times when needed [to meet the person's changing needs]."

The service had assessed the care and support people needed, and delivered this in line with their individual plans of care. People were assessed prior to care being provided to make sure the service could meet their needs. Information gathered during the assessment process had been used to develop people's care plans.

Each person's care records provided detailed information about the care and support they required, their preferences, and any religious or culture needs they might have. Plans were person-centred and provided step by step guidance for staff, to help them provide individualised care. The plans also highlighted people's abilities, so staff knew what they could do for themselves and where assistance was needed, which helped them to promote people's independence. Care plans and risk assessments had been periodically reviewed and updated either every six months or as things changed. The people we spoke with confirmed they, and their relatives if applicable, had been involved in planning and reviewing the care provision. One person showed us their care plan, which they said they had been involved in developing, they added, "It's spot on."

All the staff we spoke with demonstrated a good knowledge of the person they supported. A relative told us, "The carers understand [family members] needs and let [them] be as independent as able."

Where people's plan of care included helping them follow their hobbies and interests, staff supported them to do this at home or in the community. For instance, one relative described how staff supported their family member to go bowling and shopping. They said, "[Family member] always enjoys [themselves]."

At the time of our inspection no-one was receiving end of life care, however, the registered manager described how they had supported someone in the past. This had included organising equipment such as a specialist bed and manual handling equipment. She also explained how they had worked with the GP and district nurses to fulfil the persons last wishes regarding remaining at home. End of life care training had not been provided to all staff, but information was given in the staff handbook and the registered manger was in the process of accessing training.

The service aimed to ensure people had access to information in a format they could understand. For example, we saw one person had been provided with a large print version of their care plan, so they could read it easily.

People were enabled to raise concerns and complaints with the reassurance that they would be taken seriously and acted upon. There was a complaints and compliments policy in place. The registered manager

told us no complaints had been received since our last inspection. However, she demonstrated a sound understanding of the process she would follow should any concerns be raised. None of the people we spoke with raised any complaints or concerns with us. They spoke positively about the service and said they felt staff would address any concerns appropriately, if they arose.

## Is the service well-led?

### Our findings

At our last inspection this key question was rated as 'Requires Improvement' as there were breaches of regulation found in one key question and areas for improvement in others, which indicated the service was not being managed as well as it could be. At this inspection we found improvements had been made and the provider could demonstrate the service was managed well.

The service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. They were supported by a management team that included an office manager and a senior care worker. The registered manager had an excellent knowledge of the people being supported, staff and how the service was operating. She worked alongside staff and provided care to people when needed.

Regular checks had been carried out to make sure the correct procedures were being followed. Areas covered included care records, medication and staff records. For instance, we saw each person's care plan, medication form, visit records and any equipment used had been checked regularly to make sure staff were completing them correctly and people's changing needs were accurately reflected. These enabled the registered manager to monitor how the service was operating, as well as staffs' performance. Where shortfalls had been found action had been taken to address them in a timely manner. For example, one audit identified that a shower chair was split. This had been reported and subsequent audits showed a replacement had been obtained.

People we spoke with said the registered manager was approachable and friendly, and the service was centred on meeting people's care needs. A relative told us, "The first thing out of the managers mouth [when they called her] is 'What can we do to help'." We observed the registered manager talking with people during our visits. People obviously knew her well and we observed friendly banter between both parties.

People's views were sought to ensure the service was meeting their needs and to promote improvement. We saw questionnaires, visits and care reviews had been used to gain people's views. The summary of the annual survey undertaken in 2017 showed an overall satisfaction with the care provision. Comments included, "BDS [Barnsley Disability Services] have helped me to be a confident person and make decisions for myself. I feel able to contact the office at any time," "I have been with BDS for several years and have had very few problems. The carers are great and make me feel comfortable" and "I would recommend my carers and the company to anyone who is interested. All my carers can be trusted and are very helpful."

People we spoke with told us the service was well led and they felt able to speak with the registered manager and senior staff openly. When we asked them if there was anything they felt the service could improve no-one could think of anything they would change. A relative told us, "No, we're happy with everything." Another relative commented, "No, if anything we are getting better support than before."

Staff also spoke positively about how the service was run. They told us the registered manager was approachable and provided support and guidance as and when needed. Staff comments included, "They

[management team] do a really good job. The manager is approachable and listens. There is always someone there to support you, no matter what time it is" and "I love my job. You can speak to [registered manager] about anything. She has encouraged me to do more training and take on more challenges and development."

Staff had a clear understanding of their roles and responsibilities and felt well supported. They confirmed they had attended periodic staff meetings, annual appraisals, competency checks and support meetings, where they could voice their opinions. Staff also told us the registered manager had an open-door policy, so they could call in to talk to her at any time they wanted to. None of the staff we spoke with could think of anything they would change to make the service better.

The service worked effectively in partnership with other agencies. In the Provider Information Return [PIR] the registered manager told us, "We do on occasion work closely with other professionals to provide a continuity of care and enablement. This involves sharing information, risk management and good communication from each service provider. We obtain handling assessments from occupational therapists if there are handling constraints i.e. walking up and down stairs and fall management. We have worked in the past with the SALT [Speech and Language Therapy] team for [some] of our service users, enabling them to manage their nutritional needs. We work closely with an organisation called 'Butterflies' which enables some of our services users to participate in community activities and day trips. Many of our service users are assisted to access community activities, we use the local bowling alley, local library and local art gallery to access sessions on expressive art by singing and poetry writing."

The registered manager understood their responsibilities for sharing information with CQC and submitting notifications in a timely manner. A notification is the action the provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

The service had kept abreast of changes in ensuring people's personal details were held securely and they had told people exactly how they would store and use their personal information.