

# Chartwell Care Services Limited

# Barclay Services

## Inspection report

Chartwell Resource Centre  
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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

This inspection took place on the 25 April 2016 and was announced.

Barclay Services is registered to provide personal care and support for people living in their own homes. At the time of our inspection there were two people using the service. People's packages of care varied dependent upon their needs.

This is the first inspection of the service since it was registered in November 2015.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were trained, understood their responsibility to protect people from avoidable harm and provide safe and responsive care to people. Risks were managed so that people were protected from avoidable harm whilst promoting their choices and independence. Sufficient numbers of staff were on duty to meet people's needs. Each person had a dedicated staff team that promoted safety and supported them both at home and whilst accessing the wider community were managed.

People were supported by trained staff in all aspects related to their medicines. People had enough to eat and drink and were involved in meal preparations. Staff supported people to access relevant health care support and services to meet their health needs.

People's care plans were personalised and provided staff with clear information to ensure their care and support needs were met. People's care needs and care plans were regularly reviewed to ensure the support provided remained appropriate. Staff had a good awareness of people's needs, their health conditions and how to support them if they became upset or anxious. People's preferences, interests and hobbies and choice of lifestyle were documented and known to staff. This meant people could be assured their care was personalised to their needs and their choices were respected.

Staff had undergone a robust recruitment process that ensured staff were suitable to work at the service. Staff were supported, trained and had their competency and practice checked to ensure they were safe to meet people's needs effectively.

People's rights were protected and respected. Staff worked with each other and collaboratively with people, their relatives and health care professionals to ensure decisions made were in people's best interests. Advocacy support was made available to people.

People maintained contact with family and friends. Staff had developed positive support relationships with

people and their relatives. Staff respected people's privacy and dignity and promoted their independence. Staff used the knowledge gained from supporting people to continually review and update people's care plans so that they were able to respond to people's changing needs.

People and their relatives were involved or had opportunities to be involved in the development of the service. Information about how to make a complaint was available in a format that people could understand. A complaint process was in place and staff knew how to respond to complaints.

The provider was meeting their regulatory responsibilities. The management team provided good leadership and direction. The provider's quality assurance systems in place monitored the quality of service and were used to develop the quality of the care provided.

## 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.

Staff knew how to keep people safe and understood their responsibility to protect people from the risk of abuse. Staff were recruited safely. A core staff team worked with people to promote their safety and ensured that risks were managed whilst their choices and independence was promoted. People were supported by staff in all aspects related to their medicines and health needs.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training and support. Staff sought people's consent. Staff were proactive in promoting people's rights and choice and respected their wishes. People's nutritional needs were met. People were supported by a range of healthcare professionals and services to meet all aspects of their ongoing health needs.

### Is the service caring?

Good ●

The service was caring.

Staff had developed positive, professional relationships with people, their relatives and representatives. Staff were caring and kind to people. People, their relatives and representatives were involved in decisions about their care. People had access to advocacy support when required. People received care that respected their privacy and dignity and promoted their independence.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed. They received personalised care that was responsive to their needs. Staff liaised with relatives and health and social care professionals to monitor and promote continuity of care. People maintained contact with

family and friends, and participated in activities of interest to them. Care plans provided information to staff on how to meet people's needs and were reviewed regularly. People could complain or were supported by staff, relatives and advocacy to complain. A complaints process was in place and staff knew how to respond to complaints.

**Is the service well-led?**

**Good** ●

The service was well led.

People, their relatives and representatives views were sought and they had opportunities to develop the service. Staff told us they would be confident to raise any concerns with the management team and appropriate action would be taken. The registered provider and the registered manager provided clear leadership and met their regulatory responsibilities. There were effective systems in place to monitor quality and to look at ways to improve the service.

# Barclay Services

## **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 took place on 25 April 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and supported living service to adults living in their own home and we needed to be sure that someone would be at the office.

The inspection was carried out by an inspector.

Before the inspection we looked at the information we held about the service, which included the provider's statement of purpose and notifications sent to us by the service. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We used this information to plan our inspection.

We spoke with the registered provider, registered manager, deputy manager, a team leader and a member of care staff. The registered provider told us that the people the service supported had complex needs and would not be able to share their views about the service or have the necessary skills to converse with someone they were unfamiliar with. To gain an insight into the quality of service that people received we spoke with three relatives of people who used the service. We also gained views from health and social care professionals who were involved in the care and support provided to the people who used the service.

During the inspection visit we looked at the care records for two people who used the service. These records included care plans, risk assessments, medicine records and daily records. We looked at recruitment and training records for five members of staff. We looked at some policies, procedures, complaints and compliments, and other records that showed how the provider monitored the quality of the service.

# Is the service safe?

## Our findings

All the relatives we spoke with told us that their family member was supported by staff to stay safe. They said, "[Person's name] is safe. Staff are aware of people's complex needs such as autism and the importance of routine and familiarity and they focus on [the person] and [their] needs" and "[Person's name] feels safe with the staff, both at home and when they go out." Another relative told us their family member was supported to access the wider community and carry out household chores safely. They added that their family member's wellbeing and independence had been promoted as a result of the support they received.

Staff were trained, aware of safeguarding (designed to protect people from abuse) procedures and knew what potential signs of abuse to look for. Staff were confident that they would raise concerns with the management team and were aware of the role of external agencies such as the Police and the local authority. That meant people were assured staff would act in order to ensure their safety.

Staff we spoke with had a good insight of people's needs and how their health conditions affected their ability to assess risks and manage their own safety. Staff understood their role to support people to stay safe. A staff member said, "We spent time with people before we started to support them so that we could understand their needs and the support they required. We always encourage positive risk taking and always focus on the person, make sure the staff are trained to understand how to support [person's name] and communicate well."

Another staff member said, "I will explain everything to [person's name] including the risks so they understand and together we agree what's the safest option." This showed people and their safety was always at the centre of support provided. Staff told us that people needed support to manage their finance in relation to day to day spending. Records we viewed showed all transactions were documented which protected people from financial abuse. The registered manager or the deputy manager audited the financial records regularly. This meant people could be assured of their safety, wellbeing and that their money was safe.

Records showed that incidents affecting people's health and safety were documented including the actions staff took to keep people safe. These incidents had been reported to the local authority safeguarding team but not always been reported to ourselves which they must do. When we brought this to the attention of the registered manager and the registered provider they assured us that notifications would be submitted promptly. Following our inspection visit we received the notifications retrospectively.

Risk assessments were completed to assess risks to people's health and safety. These included the support people required with their personal hygiene, their medicine, meals and road safety when accessing the wider community, amongst others. Risk assessments were reflective of people's individual needs and took account of people's health conditions such as epilepsy and the use of prescribed medicines. Care plans provided staff with clear information and the actions they should take to support people and to minimise risks. For example, the possible triggers that may cause someone to become anxious and the strategies staff should use in order help the person to feel safe and to reduce their anxiety.

Staff we spoke with understood risks to people and described how they supported people whose behaviours may be challenging. This was consistent with the information documented in people's care plans. Records showed that risks to people's safety were reviewed regularly and care plans were amended as the support people required changed. Where required staff sought advice from relevant healthcare professionals and relatives to ensure the support to be provided was appropriate and safe. This meant people could be confident that their safety and wellbeing was assured.

Each person had a plan in place for an unexpected emergency. This provided clear guidance for staff to follow to ensure risks were minimised along with details of people's medical information and the communication needs. This information was important in the event of a medical emergency whereby the emergency personnel would have the relevant information should treatment be required.

The service promoted positive risk taking whereby people's rights to make informed decisions about their lifestyle choices were promoted. Each person who used the service had a dedicated team of staff to provide the care and support they needed. This ensured people received continuity of support on an individual basis by one, two or sometimes three members of staff over 24 hours or at different times dependent on their need and the activities they took part in.

Relatives and healthcare professionals told us that there were sufficient numbers of staff to support people. Staff rotas detailed people had a dedicated team of staff to support people with their care and support needs and to keep them safe. The team leader told us that a consistent staff team and their approach enabled people to make decisions in all aspects of their life and to manage situations in a positive way. The deputy manager told us that they had flexibility in the staffing to increase staff numbers when required for instance, to maintain people's safety and promote their independence. For example, if people needed support to attend medical appointments or to access the wider community using public transport.

People's safety was supported by the provider's recruitment processes. Staff recruitment records showed that the relevant background checks had been carried out before staff commenced work at the service. This meant people could be assured that staff had undergone a robust recruitment process to ensure that staff were suitable to work with them.

The provider's medicine policy and procedure was up to date and reflective of current guidance. Staff that supported people with aspects of their medicine were trained and had their competency assessed. Relatives and health care professionals were satisfied with the arrangements that were in place to support people with their medicines in order to maintain their health.

Where people required support with their medicines risks had been assessed. Care plans detailed the role of staff as to the support required and how the person preferred to take their medicines. Protocols were in place for each person who required medicines to be administered as required such as to manage pain or when a person became anxious. The medicine administration records we viewed confirmed that people received their medicines as prescribed. This meant that people could be assured staff supported them to take their medicines in a safe way and at the right time.



## Is the service effective?

### Our findings

Relatives and healthcare professionals told us that the management and staff team had the skills and knowledge required to support people. Comments received from relatives included, "The staff have been tested by [person's name]. They [staff] are patient and supportive in their approach so [person's name] has responded well. " And "[Person's name] is happy with the staff. They [staff] understand [them] and involve [them] in making decisions about what [they] want." A health care professional told us that staff had a good awareness of people's complex needs and felt the support had had a positive impact on their lives.

Staff spoke positively about the induction training which had prepared them for their role. The training covered the provider's policies and procedures and shadowing an experienced member of staff. A new staff member told us that they had read the care plan before they were introduced to the person. They worked alongside an experienced member of staff to see how the person preferred to be supported.

The team leader told us that they had received a range of training to enhance their skills and knowledge to keep themselves up to date in their role. This included autism awareness training so that staff understood the importance of following a set routine in order to promote a person's wellbeing. Training records showed that staff attended training which included supporting people with learning disabilities, complex needs and equality and diversity training. Most staff had attained professional qualifications in health and social care

The registered provider told us that new staff would be required to complete the 'care certificate', which is a set of standards that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide quality care and support.

Staff told us they felt supported and had their competency assessed. This ensured that staff provided the standard of care and support that was expected by the management team. Comments received from staff included, "We have a good mix of staff who are motivated and want to make a difference to people's lives" and "The support and training in this organisation is really good because it can be demanding. It's not a job for anyone; you have to be committed to the people who use the service." Staff told us that they had regular staff meetings. These were informative and they were encouraged to share ideas and promote people's wellbeing. Appraisal meetings provided staff with an opportunity to review their performance and identify any additional support and training required to enhance their knowledge and skills. This showed the provider was committed to staff development.

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 and applications must be made to the Court of Protection.

The provider's MCA policy set out how staff were to meet legal requirements. The registered manager and the deputy manager understood their responsibilities and need to make application where required.

Staff member told us they gained consent from people they provided care to and said, "Even though [person's name] will take their medicine, we still have to gain consent by asking them." A staff member told us that risk assessment and best interest decisions were made where any restrictions were put in place such as to maintain someone's safety in their own home.

Records showed mental capacity assessments were completed and best interest decisions documented when people were unable to make some decisions for themselves. Where appropriate people's relative or representative had been consulted and the decisions made were documented. We found the care plans for one person was reflective of the arrangement within the Court of Protection, which meant the correct procedure had been followed.

Relatives told us that their family member had sufficient to eat and drink. Staff told us that they supported people to make decisions about what they wanted to eat and drink. They encouraged people to help to prepare meals reflective of their abilities and wish to be involved. Staff were knowledgeable about people's dietary needs including the support they required and any known food intolerances.

Information within people's care plans identified the support people required and risks such as swallowing difficulties and appetite, which for some was an indication of deterioration in their health. Records we viewed showed that people's nutritional needs were met and any concerns about people's dietary needs were shared with the relevant healthcare professional. This helped to ensure people's health was maintained and the support provided remained effective.

Relative told us that their family member was supported to access a range of healthcare services. A staff member told us that they accompanied people to attend routine appointments with their consent and were actively involved in supporting people to maintain their health.

Care plans had information about people's health needs in regards to their physical and medical conditions and support they required. Health action plans were used to promote people's health. Information was recorded about people's medicines, communication needs and preferences and any decisions made following a review of their health. Emergency grab sheets had information about people's health needs and the professionals involved in their support. This information was a quick reference guide for staff and healthcare professionals in the event the person needed emergency medical treatment.

We received positive feedback from healthcare professionals. They told us they worked closely with staff to support people and were involved in the reviews and the development of people's health action plans where appropriate. This meant people were effectively supported to maintain their health.

# Is the service caring?

## Our findings

Relatives told us that staff had a positive and caring attitude towards their family member. They said, "They [staff] listen. They have a calm and positive approach which lessens the stress for [person's name]", "[Person's name] has developed trust and a good rapport with staff" and "Staff have worked hard to understand [person's name], they are patient and kind."

Healthcare professionals spoke positively about the staff team's attitude and approach towards people they supported. They found staff to be "quite friendly and caring" and provided a service that was "decent and safe".

Staff had developed professional relationships with people which had had a positive impact and change to their wellbeing. For example, building someone's confidence in the support they received to do household chores safely, access the wider community and their interaction with staff and professionals. A relative said, "They [staff] involve [them] in every day decisions and make suggestions to help [them]." Staff member said, "It's important that we communicate with people effectively and in a respectful manner. When we speak it's always in a calm and reassuring manner. It helps them to remain calm and positive."

Staff showed an insight and described how they supported people with their diverse needs and respected their privacy and choice of lifestyle free from prejudice and discrimination. Staff spent time with people to get to know them and had time to read their care plans and risk assessments before the package of care and support started. This helped the person to be assured that they were happy with the staff team who would support them.

Staff told us how people they supported expressed their views about the service which helped to ensure staff were responsive to the support people needed. One person's 'communication passport' described how they expressed themselves and communicated their decisions. For example, sounds made, facial expressions and gestures and what they wanted staff to do to support them. This showed that people could be confident that staff would respond appropriately and meet their needs and requests.

Relative told us that staff treated their family member with respect and valued their opinion. The management team and staff promoted and championed promotion of people's dignity and privacy. Staff described how they provided support and personal space and privacy in a dignified manner, for instance when someone wished to have some privacy.

Staff told they preserved people's dignity. They ensure doors and windows were closed and curtains were drawn in order to ensure their dignity was preserved. Staff member said, "We also help people to understand how to behave respectfully to others when we go out." This approach was positive and an example of meaningful engagement to promote people's wellbeing and integration in the wider community. The information provided by staff about how people's dignity was promoted was consistent with the information in people's care plans.

Records showed the people were supported to stay in contact with family and friends which promoted their wellbeing. People's care records were stored securely. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner. Staff understood the importance of how information was shared with professionals, when required.

## Is the service responsive?

### Our findings

A relative told us that the staff had developed a trusting relationship with their family member and said, "There are about six regular staff so there's some stability and consistency in their approach to the care [person's name] received." Another relative said staff had been responsive and acted on changes to their family member's needs and that a meeting was planned to review their care.

The management team used the commissioners' assessment of people's needs as background information when planning care. A further assessment had been undertaken to ensure that the service had the right staff and support in order to meet people's needs. The deputy manager told us that in order to provide personalised care staff spent time with people in their own environment so that they could understand their complex needs, vulnerabilities and risks. This information was used to develop their care plan and helped to identify staff that the person was comfortable with.

Care plans were detailed and had information that enabled staff to meet people's needs. These contained information about people's life histories, preferences and focused on their individual needs, lifestyle choices and individual goals such as living independently. Records showed that people were supported to take part in meaningful activities such as arts and crafts and theatre shows.

Care plans were reviewed and involved people, their representatives such as relatives and health care professionals. When required care plans were amended to reflect the support people required. Staff were made aware of any changes at handover meetings so that they had the information they needed to know to provide appropriate support.

Staff showed a good insight and awareness about people's care and health needs and how to support people in a positive and proactive manner without any undue restrictions. Staff used different diversion techniques and intervention and the use of medicines such as mood stabilisers, administered when required had reduced. Another staff member said, "[Person's name] wanted the bedding to be changed at 3am so that's what we did and they fell asleep." In both instances, staff's responses had had a positive impact on the person's health and wellbeing.

Healthcare professionals told us that the management team were very responsive and committed and staff were good at managing people's needs. They found staff made sure people were always at the centre of their care.

Relatives knew how to complain. They said, "I'd speak with [deputy manager] first and if nothing was done I go above them" and "It's early days but so far little issues have been addressed."

Records showed advocacy information and support was available to people as required. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

The management team had an 'open door' policy and encouraged people, their relatives and professionals

to raise concerns or discuss any issues that affected them or the care and support people received. The complaints procedure was given to people when they considered using the service. This was also produced in an easy read format using pictures, for example, so that people who used the service could understand.

The service had not received any complaints. The management team welcomed feedback about the service and assured us that all complaints would be addressed individually in line with the complaint procedure.

# Is the service well-led?

## Our findings

Relatives told us that they were in regular contact with the deputy manager and the staff who provided their family member with care. They found staff to be approachable and were kept up-to-date with their family member's wellbeing and acted on any issues raised. People's representatives and healthcare professionals told us that the service focused on the needs of the people who used the service and found the service to be well managed.

The deputy manager told us that meetings were held to review people's care. Records showed people's views about the quality of support provided and how the support provided had improved people's quality of life as a result had been documented. This information was used to plan people's ongoing care and support. Staff told us that they monitored people's wellbeing on a daily basis and with support, encouraged people to be in control of their lives as much as practicable. This showed the service promoted a positive, open and inclusive culture to improve people's quality of life as a result of the care and support provided by the service.

The service had two registered managers in post with lead areas and responsibilities to manage the service. Prior to this inspection one registered manager had resigned but had not yet cancelled their registration. The registered manager and deputy manager who was being trained in the management responsibilities told us that they felt supported by the registered provider.

We saw the CQC registration certificate was displayed and the conditions of registration were being met and statutory notifications. These relate to events or incidents affecting people's health, safety and wellbeing and the management of the service.

Staff told us they liked working for the service. Staff were confident in their own abilities and motivated to improve people's quality of life. The registered provider was enthusiastic about providing a quality care service. They recognised the importance of investing in staff's training and development in order to provide a quality and consistent service. A clear management structure was in place and staff were aware of this. Staff felt the management team provided support and guidance as required. Staff were confident to use the whistleblowing policy to raise issues if no action was taken by their line manager.

Systems were in place to support staff. Supervisions were used to support and develop staff. Staff meetings provided the management team with an opportunity to share information, identify solutions to issues and share ideas. Action points from those meetings were monitored by the registered provider to ensure they brought about drive improvements to the quality of service provided.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered provider, the registered manager and other staff with specific responsibilities such as building maintenance. Audits and checks were carried out in a range of areas including people's care records, their finances and observations of staff's practice to ensure the delivery of care and support provided was in line with the provider's expectations.

Staff encouraged people to share their views about the care and support they received individually and through formal review meetings. Any comments received from people's relatives, representatives and healthcare professionals had been documented and acted on. For example, aprons had been purchased and used to protect people's clothing when they did arts and crafts.

The registered manager told us they visited the service and provided support to the registered manager and the deputy manager. These visits assured the registered provider that the service was managed effectively. The provider held regular management meetings to monitor the support provided to each person who used the service, the management of staff and the overall quality of service provided. The meeting minutes showed that a range of topics were discussed such as development of the staff training programme, changes to policies and procedures and the plans to develop services within the provider group.

We contacted health and social care professionals, health commissioners and the local authority commissioners responsible for the care of people who used the service. They all made positive comments about the deputy manager and staff, how they had enabled people to live safely in their own homes and supported people with complex needs to remain well and safe. They found the management team and staff were all approachable, knowledgeable about the people in their care and felt people received a quality care service from Barclay Services.