

# Godfrey Barnes Care Limited

## Field House

### 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

We inspected this service on 31 January 2017. This was an unannounced inspection. This was the first inspection since the provider's registration on the 15 July 2016.

The service was registered to provide accommodation for up to six people with a learning disability. At the time of our inspection there were two people using the service.

The service had a registered manager 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.

People were protected from the risk of harm because identified risks were managed safely, the recruitment practices were thorough, and the staff understood what constituted abuse or poor practice and people were supported to take their medicines as needed. Staff received training to support the people they worked with and supervision, to support and develop their skills. Staff felt listened to and were happy to raise concerns.

People were supported by a consistent staff team that knew them well and promoted their independence. Staff understood people's preferred communication method and the support they needed to make their own decisions. When people were unable to consent they were supported in their best interest.

People's needs were assessed and support plans were developed with people to enable them to be supported in their preferred way. People were supported to maintain a diet that met their dietary requirements and preferences and were supported to use healthcare services. The delivery of care was tailored to meet people's individual needs and preferences. People were enabled to develop and maintain interests at home and within the local community to promote equality and integration.

People knew how to complain and information was provided to them in an accessible format to support their understanding. There were processes in place for people to raise concerns and complaints and express their views and opinions about the service provided. The provider had systems in place to monitor the quality of the service to enable them to drive improvements.

## 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 understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded in people's care plans and implemented. People were supported to take their medicines as prescribed. There were enough staff available to meet people's needs and preferences. Recruitment procedures were in place to ensure the staff employed were suitable to support people.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff in their best interests when they were unable to make decisions independently. People were supported by staff that were skilled, confident and equipped to fulfil their role, because they received the right training and support. People were supported to eat and drink enough to maintain their health and their health was monitored to ensure any changing needs were met.

### Is the service caring?

Good ●

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. Staff knew people well and understood their likes, dislikes and preferences. People were supported in their preferred way and their independence was promoted. People were supported to maintain their privacy and dignity and to maintain relationships with people that were important to them.

### Is the service responsive?

Good ●

The service was responsive

People's individual needs and preferences were central to the planning and delivery of the support they received. Staff worked in partnership with people to ensure they were involved in discussions about how they were supported. The complaints policy was accessible to people and their representatives.

**Is the service well-led?**

**Good** ●

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify and make improvements where needed. The staff team understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality and safety of the service provided.

# Field House

## **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 unannounced inspection visit took place on 31 January 2017 and was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also spoke with the local authority that provided us with current monitoring information.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with one person who used the service, two people's relatives and three members of care staff. We also spoke with the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

# Is the service safe?

## Our findings

We saw that people were comfortable with the staff that supported them. One person told us, "The staff are nice, I like them." Relatives we spoke with confirmed that staff supported their relations to maintain their safety. One relative said, "The staff are very nice and [Name] tells me they that they like the staff. There are staff there 24 hours a day to support [Name] and keep them safe." Another relative said "The staff look after [Name] well."

Staff confirmed they had received training to support their knowledge and understanding on how to keep people safe and recognise abuse. One member of staff told us, "Safeguarding was included in my induction training and it covered types of abuse and reporting concerns." Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "I would report back to the manager but there is information on the noticeboard about reporting any concerns and it includes the local authority safeguarding number."

People were supported to take responsible risks and staff helped them with living skills. The staff had considered any risk and had measures in place to ensure their welfare. For example, both people were enabled to use the kitchen, whenever they wished to prepare food and drinks. The manager told us, "With the right staff support and supervision there is no reason for the kitchen to be inaccessible."

People who used the service were protected against the risk of unlawful or excessive control or restraint. Staff told us they were provided with behaviour management training to support people when they demonstrated behaviours that put themselves or others at risk of harm. A Non Abusive Psychological and Physical Intervention (NAPPI) method was used. Staff we spoke with had a good understanding of how to support people to manage their behaviours and protect them and others from harm. We saw that behaviour management plans were in place to guide staff on the behaviours the person may demonstrate and how to support them in a safe way. Records demonstrated that staff supported people in a safe way when they demonstrated behaviours that put themselves or others at risk of harm

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to the person's individual needs. We saw that checks were undertaken on a weekly basis on the fire alarm system, emergency lighting and checks on the fire exits to ensure they were kept free from obstruction. A grab bag was in place that contained essential items that may be needed in the event of emergency evacuation. We saw that this was checked weekly. This showed us the provider had proactive measures in place to minimise risks to people's safety.

We saw that people's needs were being met by the staff. The numbers of staff that supported both people

was determined by their assessed needs. This support was flexible and took into account planned activities. For example one person was celebrating their birthday and they told us they were going out for a meal that evening with staff support. We saw that the provider had recruited a bank of staff to provide additional cover when needed. We spoke with one of the bank staff who told us, "I have been employed since the home opened so I know both people really well. There is a lovely team of staff and everyone works really well together."

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

We saw that medicines were managed safely as the provider had processes in place to receive, store, administer, and dispose of medicines safely. We saw that people were supported by staff trained to administer medicines. A medicines administration record was kept and we saw that staff signed when medicine had been given or if not, the reason why. Staff checked and recorded the balance of medicine remaining after each administering. One member of staff said, "It's a good way of checking and means if there were any errors we could pick them up quickly." This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines. We saw that there was a protocol in place for staff to administer medicines that were taken 'as required'. This provided staff with clear guidance on when 'as required' medicines should be given.

## Is the service effective?

### Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence. People we spoke with confirmed that they were happy with the support they received from staff. One person told us, "The staff help me every day we go out and do cooking." One relative told us, "The staff support [Name] well, I am happy with the support they get and they seem happy too." Staff told us they received the training they needed to support people. One member of staff told us, "The training is good, I've had all the mandatory training, some here, some in Derby." Another member of staff who was completing their induction told us, "I love the job, so far I have spent the day shadowing an experienced member of staff and I've done the mandatory training in Derby and the NAPPI training with the manager as she is a NAPPI trainer. Today I'm shadowing again getting to know people and tomorrow there is more training on policies and procedures."

Staff confirmed that they received support from the manager. One member of staff told us, "I have supervision every month with the manager and we have team meetings every month but you can go to the manager anytime, she is very supportive." Another member of staff said, "I feel very well supported, I'm not full time but I get supervisions and the manager and all the team are very supportive."

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 people 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 saw that mental capacity assessments were in place where needed and were decision specific. The information in people's assessments and care plans reflected people's capacity when they needed support to make decisions. Staff confirmed they were provided with training to support their understanding around the Act. We saw that staff explained what they were doing and sought people's consent before they provided them with support. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. For example, one person liked to spend some of their time in their room and the staff respected their decision to do this.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Both people had restrictions placed on them as they needed support to keep safe. An application to lawfully restrict their liberty had been made and approved. Staff understood their role in relation to the restriction and we saw people were still able to have as much choice and control as they were able in all other areas of their daily life.

People were supported by staff to purchase and plan their meals. One person said, "I like going shopping to buy the food." Information in people's support plans showed us that staff supported and encouraged people to maintain a healthy balanced diet. The support plans we looked at included an assessment of



people's nutritional requirements and their preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with their support plans.

We saw that people accessed health services and all appointments were recorded. One person told us, "I go to the doctors for my leg, which is sore." We saw that this person was supported by the district nursing team and received regular health checks.

We saw that people had a health action plan which provided support staff and health care professionals with information about their health needs. This included information on the level of support the person needed with healthcare appointments and their preferred communication method. This was to ensure people could be supported in an individualised way when accessing health care services.

## Is the service caring?

### Our findings

We observed a positive and caring relationship between people and the staff supporting them. People were comfortable with the staff and the staff demonstrated a good understanding of their needs and the level of support they required. For example, one person was provided with one to one support when in the communal areas of the home. We saw this was provided in a discreet way that didn't impact on their ability to move around their home freely

People's daily routines varied and they were supported to participate in interests and hobbies outside of the home and relax at home in their preferred way. We saw that people's right to privacy was observed when they wanted to spend time alone in their room. For example, we saw that one person liked to spend time listening to their music.

People were supported to be as independent as they could be. For example, one person had just begun to go to school unescorted in a taxi. The manager told us, "A staff member used to escort them but it wasn't needed, there aren't any issues with them travelling to school. It will be good for them to have some independence."

We saw that people's diverse needs were met by staff that had a good understanding of their needs, preferences and methods of communication.

We saw that verbal communication was enhanced with pictures and objects of reference when needed and through the use of Makaton which uses signs and symbols to support spoken language. The manager confirmed that one person's verbal communication had improved through encouraging them to speak as well as use Makaton and objects of reference.

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One person told us they spent Saturdays' with their family and sometimes stayed overnight with them. Relatives confirmed they were supported to maintain contact and be involved in reviews of care.

## Is the service responsive?

### Our findings

We saw there was a positive relationship between people that used the service and the staff. People told us they liked the staff and we saw that staff treated people with respect. Staff worked in partnership with people to ensure they were treated as individuals with their own interests, values and preferences. One person told us about the music they enjoyed listening to and showed us their CDs. They told about their trip, with staff support to a local marina and farm. We saw that information was provided about each person's likes and dislikes and how they preferred to spend their day.

We saw that people's views regarding what they would like to achieve had been sought. One person told us that they wanted to find voluntary work. The manager confirmed they had been in contact with a voluntary gardening group that the person was interested in joining.

Staff understood people's method of communication and this was recorded in their support plans. This enabled people to make decisions and demonstrated that staff worked with them to ensure decisions were sought, included and respected, according to their individual preference and choice. The support provided to people promoted their independence, by supporting them to make choices on a daily basis.

We saw and people confirmed they and their relatives were involved in their reviews of care and any changes in their support. One relative told us, "We are always involved, the manager always keeps us informed of any changes."

People confirmed they would feel comfortable telling the manager or staff if they had any concerns. A complaints procedure was in place and a system was in place to record the complaints received. The manager confirmed that no complaints had been received at the time of this inspection.

## Is the service well-led?

### Our findings

There was a registered manager in post. People and their relatives told us they liked the staff and knew who the manager was and found her approachable and easy to talk to. One person said about the manager, "She is very nice and kind." A relative said, "She has rang me a few times and seems very friendly and [Name] tells me that they like her."

The views of the people living at the home were sought on a regular basis through monthly meetings and during monthly visits from the provider. One member of staff told us, "When we have the meetings we ask them if they are happy with everything and if they have any concerns, it's a good way to check that they are happy with everything." The manager confirmed that they were in the process of developing a satisfaction questionnaire that would be sent out to relatives and professionals involved in people's care. The manager confirmed that these questionnaires would be adapted in to an accessible format for the people that used the service to complete. The manager told us that they had sent out invites to relatives regarding setting up a family forum, to give people's representatives an opportunity to discuss any areas for improvement or make suggestions.

The staff understood their roles and responsibilities and told us the service was managed well. One member of staff said, "We all work so well together and there is a lot of support. I love working here." Staff confirmed that team meetings were provided every month. One member of staff told us, "At the team meetings we have discussions about the people we support and our learning in different areas, like discussing safeguarding procedures." This showed us that the staff were kept up to date with any changes and were given opportunities to develop their knowledge through team discussions.

We saw that the provider had measures in place to monitor the quality of the service and drive improvement. Accidents and incidents were recorded and analysed to enable the manager to identify any patterns and take action as needed. We saw that monthly audits of key records such as people's support records and risk assessments, medicines management, environmental checks and health and safety checks were undertaken. The manager showed us an audit that that had been undertaken by an external professional in January 2017. This had been requested by the provider to ensure that the home were providing a good standard of care. We saw that the outcome of this audit was positive.

The manager and provider understood the responsibilities of their registration with us. They reported significant events to us in accordance with the requirements of their registration.