Mr & Mrs Steve McGillicuddy

Barnfield House Liskeard

Inspection report

Barnfield House
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Liskeard
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Tel: 01579347617

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Barnfield House provides care for up to 13 people who have mental health needs. On the day of the inspection 11 people were living at the service. We carried out this unannounced inspection of Barnfield House on the 10 December 2016

The service is required to have a registered manager and at the time of our inspection there was no registered manager in post. A registered manager is a person who has registered with the 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. The provider had appointed a new manager in the last two months and they had contacted the commission to commence the registered manager application.

There had been four changes in manager over the last two years at the service and this has caused some instability in the service. This has meant that people and staff have felt insecure and some systems and processes were not robust.

The manager was aware that some records and procedures needed to be amended to ensure compliance with the regulations. The manager had identified that the service needed to review care documentation to ensure that people's care needs were accurately identified.

The manager also identified that there were gaps in recruitment and training records for staff. For example in the areas of staff induction process, supervision, training and recruitment. The manager had also identified that the service's policies and procedures needed to be updated and had started to review some of these, for example the recruitment process. As the manager recognised the shortfalls of the service she appointed an administrator to assist her to put more robust systems in place, for example in the area of recruitment and training. This then allowed the manager time to get to know people, staff and to review care documentation. It is acknowledged that the manager has been in post for a short time and it is to her credit that she has identified these issues quickly and is actively trying to address the issues raised.

People told us they were pleased with the appointment of the new manager and were complimentary about her approach and the changes that had already occurred at the service. People were complimentary about the manager saying she was "brilliant", "fantastic "she really cares and listens" and "we want her to stay." We received positive comments about the staff team from people, saying they are "Caring" and "Kind." One person said "I am happy here, the staff are kind and have time to listen to me." People were invited to attend residents' meetings so that their views on the service could be heard.

Staff echoed this view and said they were pleased with the changes that the new manager had already made to the service, for example reviewing care plans, training and supervision. One member of staff said "I enjoy coming to work now". Staff were pleased that induction, supervision and training were being looked at and that their views were being sought on the running of the service.

People told us they felt safe living in the service. The majority of people we spoke with said they got on with each other well. Some people had lived at Barnfield House for many years and had developed firm friendships with others in the service. People told us they were completely satisfied with the care provided and the manner in which it was given.

We saw staff providing care to people in a calm and sensitive manner and at the person's pace. When staff talked with us about individuals in the service they spoke about them in a caring and compassionate manner. Staff demonstrated a good knowledge of the people they supported. People's privacy, dignity and independence were respected by staff. We saw many examples of kindness, patience and empathy from staff to people who lived at the service.

The majority of people who used the service who we spoke with told us they did not want to participate in any activities. People said they were happy to organise their own time and gave examples of going out for a walk or getting a taxi into the town centre.

The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves, had their legal rights protected. Where people did not have the capacity to make certain decisions the service involved family and relevant professionals to ensure decisions were made in the person's best interests.

Staff felt there was enough staff on duty. The manager reviewed people's dependency levels regularly and told us of an occasion when staffing levels were increased so that people received the support they needed. The manager had undertaken some shifts at the service which helped her get to know people, staff and how the service was run.

We saw the service's complaints procedure which provided people with information on how to make a complaint. People told us they had no concerns at the time of the inspection and if they had any issues they felt able to address them with the manager or staff team.

We found three Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the end of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe in that processes about staff recruitment and medicines were not robust.

People felt safe living in the home.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

Is the service effective?

Requires Improvement

The service was not effective. Staff had not received appropriate induction, supervision or training so they had the up to date skills and knowledge to provide effective care.

The manager and staff had a general understanding of the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with their wishes.

Positive and supportive relationships had been formed between people and staff.

Is the service responsive?

Requires Improvement

The service was not responsive. Some people's care documentation did not inform, direct or guide staff in how they should provide care to meet people's particular needs. This meant people did not always receive support in the way they needed it.

People had the opportunity to access activities.

People told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Is the service well-led?

Requires Improvement

The service was not well-led. The manager was new to the service and had identified areas of the service that required improvement to ensure the care provided met people's individual needs. However there has not been sufficient time to analyse if the actions taken had been effective.

Staff said they were supported by manager and worked together as a team.

People and staff were confident in the new management arrangements of the service and the changes that were being made. These would ensure that people were being cared for, and staff supported appropriately.

Barnfield House Liskeard

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 10 December 2016. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection team consisted of an inspector.

Before visiting the service we reviewed previous inspection reports, the information we held about the service and notifications of incidents. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with seven people who were able to express their views of living in the service. We looked around the premises and observed care practices. We observed interactions between people and staff throughout the day.

We also spoke with two care staff, the administrator and the manager. The registered person was not available. We looked at three records relating to the care of individuals, staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at Barnfield House. People were complimentary about how staff approached them in a thoughtful and caring manner. We saw throughout our visit people approaching staff freely without hesitation. We saw positive relationships between people and staff had been developed.

The manager had been in post for two months and had identified that particular records needed to be more robust. For example the manager undertook an audit of recruitment records and found that some did not have application forms, others had no interview notes and lacked references. The provider was in the process of changing the legal status of the company and due to this new contracts were to be issued to all staff. A new policy in the recruitment of staff was to be implemented.

The manager had written to all staff asking them to produce their Disclosure and Barring check (DBS) to evidence it had been sought. If this could not be provided then the service was going to apply for a new DBS for relevant staff. In this way the manager could be assured that all staff had a DBS so that they were safe to work with people

In addition since the manager's and the administrator's appointment they had recruited some new staff. People were involved in the recruitment of staff and their view on potential candidates was considered. From reviewing the newly recruited staff records all relevant documents were in place.

People told us they received their medicines on time. Medicines were stored according to suitable procedures. The Medicines Administration Records (MAR), showed that medicines had been administered in accordance with the dispensing instructions. The medicines in stock tallied with those recorded on the MAR.

Some aspects of the medicines systems needed to be more robust. For example some people were prescribed 'as required' medicines. There were no care plans to guide, inform or direct staff in what circumstances the medicine should be administered. Some medicines were packaged in tubes did not have a date of opening. This is important to show that medicines were used within their use by time frame. A person's care record identified that cream was to be applied but did not state where. This meant that staff were not provided with accurate information where cream should be applied. The manager had arranged for staff to attend further medicine training to ensure that staff understood medicine procedures safely.

The manager had recognised that records needed to more robust and had taken action to address this. However there has not been sufficient time to analyse if the actions taken had been effective. Therefore this contributes to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff felt there were enough staff on duty. The rota for the service showed that two care staff were on duty during the day and evening. During the night there was one waking night at the service with an additional member of staff on call. The manager reviewed people's dependency needs to see if additional

staffing was needed to ensure the correct level of support was available to meet people's changing needs. For example a person was in receipt of palliative care and the manager increased the staffing levels to three staff members on duty. Staff confirmed this occurred and said this helped them undertake their roles more effectively.

Staff undertook domestic and cooking duties. People who used the service also assisted with some of these tasks. The manager undertook some shifts and felt that this enabled them to get to know the people they supported.. It also assisted the manager to supervise staff in practice and identify if further amendments to staffing levels were needed.

Staff were aware of the service's safeguarding and whistle blowing policy. This policy encouraged staff to raise any concerns in respect of work practices. Staff said they felt able to use the policy, had received training on safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. The manager was aware of and had followed the local authority reporting procedure in respect of safeguarding. This showed the service worked openly with other professionals to ensure that safeguarding concerns were recognised, addressed and actions taken to improve the future safety and care of people living at the home.

Staff had worked with other professionals to develop different ways of working so appropriate measures could be put in place to minimise risks to people. Risks were identified and assessments of how any risks could be minimised were recorded. For example how staff should support people in the community. From our conversations with staff it was clear they were knowledgeable about the care needs of people living at the service.
If a person requested, the service would hold a small amount of money for them safely. The manager and administrator were the only people who could access the money to help ensure that safe processes were adhered to. The finance manager audited the money monthly to ensure all monies were accounted for. Individual records were kept of all transactions and expenditure so that all monies held were accounted for at all times. We reviewed two people's financial records and found that all income and expenditure was receipted, recorded and tallied correctly with the money held.

Environmental improvements to the service had been made. For example rooms were being redecorated and new carpets had been purchased. An on-going maintenance plan to ensure that all areas of the service were safe was in place.

Requires Improvement

Is the service effective?

Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. Staff responded to their needs promptly and people said staff were "Good at their job." People were complimentary about the staff, stating they were supportive and that they were able to meet their care needs.

Staff told us they had not attended regular meetings (called supervision) with their previous line managers. The purpose of these meetings were to provide staff with the opportunity to discuss how they provided support to people to ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. With the appointment of the new manager these meetings were now occurring. The manager also planned to reintroduce an annual appraisal to review their work performance over the year.

New staff completed an induction when they started to work at the service. An induction checklist was filled out by the staff member and their supervisor. A new member of staff was in the process of working through their induction and told us it was helpful and comprehensive. This enabled them to get to know people and see how best to support them prior to working with the person alone. This helped ensure that staff met people's needs in a consistent manner and delivered good quality care.

The manager was aware of the implementation of the Care Certificate and the new induction guidelines which commenced on the 1 April 2015 with new staff. The manager said with the appointment of new staff they would undertake the care certificate.

When the manager was appointed they could not locate training records and therefore decided to commence training for all staff "from scratch." Staff said "Training is now happening." Due to this the new manager reviewed the services training package. Staff had recently attended first aid and fire marshal training. Further courses were planned, such as medicines. In addition staff were encouraged to undertake e-learning training such as safeguarding and infection control.

The failure to provide staff with an appropriate induction and regular training represents a breach of Regulation 18) of The Health and Social care Act 2008 (Regulated Activity) Regulations 2014.

People said the food was "Good." There was a four week rolling menu plan that people had contributed to. People told us they had chosen what they wanted to eat for their main meal that day. People had discussed with staff their likes and dislikes so they were provided with meals they liked. Staff had a good knowledge of people's dietary needs and catered for them appropriately, for example diabetic diets. Care staff prepared breakfast, lunch and tea, brought stock locally, and had an appropriate budget to buy all foods needed. The kitchen was a restricted area to staff. However we were told some people who used the service helped out with the cooking. There was a tea and coffee making area in the dining room so people who used the service could make themselves a drink. An inspection by the environment health agency occurred in 2013 and the service was awarded a five star rating.

The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf these decisions were made in their 'best interest'. For example where a person wanted to live in the community but the risks for the person were assessed as being too high.

The manager considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act 2005 (MCA) and requires providers to seek authorisation from the local authority if they feel there may be restrictions or restraints placed upon a person who lacks capacity to make decisions for themselves. Records confirmed that the manager had made appropriate applications to the DoLS team.

In respect of the management of individual monies and people's cigarettes we were told, as necessary, these matters were considered through the 'Mental Capacity Assessment and Decision Making' process. The registered manager told us, where people needed help with their monies and cigarettes, the individual's concerned had agreed to this, and this agreement had been documented. We were told if any person asked for their money or their cigarettes, and refused to stick to any previous agreement, made between the person who used the service and staff, the staff would give these to people. This occurred during our inspection visit.

Staff made referrals to relevant healthcare services, such as GP's dentists and opticians, quickly when changes to health or wellbeing had been identified. Care records demonstrated staff had listened and acted on advice given so that people's treatment needs were being consistently met.

Good

Is the service caring?

Our findings

We received positive comments from people who lived at Barnfield House. Comments included staff were; "Caring" and "Kind." One person said "I am happy here, the staff are kind and have time to listen to me." The majority of people we spoke with said they got on with each other well People told us they were completely satisfied with the care provided and the manner in which it was given.

Some people had lived at Barnfield House for many years and had developed firm friendships with others in the service. One person told us that at times they had become a little upset with one person but they had talked to staff in how to manage this and this was no longer a problem for them.

The manager valued her staff and believed they provided good care. The manager and staff shared the view that they needed to remember the people they cared for were dependent on them, therefore vulnerable, and it was essential they provided care for the person in a way they wanted them to.

Staff showed genuine care and concern for the people they supported. This was evident in how people recently supported a person who was terminally ill. The person's physical health meant that they were confined to their room. Staff chose to come in on their days off to visit the person so that they could spend additional time with them due the friendships that had developed. Staff spoke about the emotional impact of the person's death not only for them but also for the people they supported. The manager who was new to the service was aware of the emotional impact for staff and the people who lived at the service. She therefore met with people and staff to offer additional emotional support.. Information was provided to people and staff so that they could contact external advocacy and self-help groups if they wished for further support. Staff and people were made aware of funeral arrangements so that they could participate in this if they wished. People were complementary in how sensitive and caring the manager and staff were during this time.

During the inspection a person received a phone call that a relative who was in hospital was not well. The manager, who had come into the service on her day off, immediately offered, and took the person to the hospital to see their relative. Staff were made aware of the situation and offered appropriate support. The person told us they were very pleased with the level of support they were given. This demonstrated that the service was flexible to respond to a person's needs at that time in a caring and thoughtful manner.

Staff interacted with people respectfully. People's privacy was respected. Staff told us how they maintained people's privacy and dignity. For example, by knocking on bedroom doors before entering and gaining consent before providing care. Staff told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the premises staff knocked on people's doors and asked if they would like to speak with us. Where people had requested, their bedrooms had been personalised with their belongings, such as furniture, photographs and ornaments.

People were involved in decisions about their daily living. Staff knew people's individual preferences regarding how they wished their care to be provided. For example they had discussed their morning routine

so that staff knew how to support a person in getting up in the mornings.

We saw that some people had completed a life story which covered the person's life history. This gave staff the opportunity to understand a person's past and how it could impact on who they are today.

Requires Improvement

Is the service responsive?

Our findings

The manager had been in post for two months and had identified that particular records needed to be more robust. For example care plans needed to reflect more clearly people's current care needs. The manager was aware that the care plans did not currently inform, direct and guide staff in how to support a person effectively. The manager had started to review and amend the care plans that were in place. The manager had ordered and was awaiting a new care planning tool which she wanted to implement in the service.

We looked at two care plans that had been reviewed by the manager. From this we found that the quality of detail varied. In one we noted that further expansion of how to support the person would be beneficial. For example the care plan stated 'When I am anxious I lose confidence and affects my mobility.' There was no information, direction or guidance in how to support the person in this situation or if any particular mobility equipment was needed. In another it stated that the person 'needed encouragement to eat and drink.' The action for staff to take was recorded as 'Ensure (person's name) does not drink too much fluids as it is bad for his sodium levels in his blood. The diabetes nurse has assessed (person's name) and has suggested that he drinks too much due to his previous alcohol dependency.' There was no guidance for staff in what fluid levels amounts were deemed as appropriate .There were also no food or fluid charts kept for this person to record what the person had eaten and drank for the day. This meant staff did not have sufficient information to monitor the person's fluid levels or the tools to record what the person food and fluid consumption was each day.

However we also saw an example where a care plan did direct inform and guide staff in how to support a person with continence needs. The care plan stated how the person would like to be supported and what continence aids were needed

Staff felt that the manager was updating the care plans so that they provided more information in how they were to support a person. The manager welcomed this feedback and confirmed that as she worked through all the care plans they would be reviewed more thoroughly.

The manager had recognised that records needed to more robust and had taken action to address this. However there has not been sufficient time to analyse if the actions taken had been effective. Therefore this contributes to a breach of f Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of people who used the service who we spoke with told us they did not want to participate in any activities. People said they were happy to organise their own time and gave examples of going out for a walk or getting a taxi into the town centre. Within the house, people told us they were happy to watch the television, listen to the radio, and have a chat with each other and the staff.

Staff told us that it was difficult to motivate people to undertake activities and wished that people would engage more to increase their independence. For example in the service they had tried to encourage people to cook but this was not received well. Staff had gone out with people to encourage them to partake

in some activities such as shopping or banking. However staff said people were reluctant to go out, so this had not occurred often.

The service's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished.

We asked people who lived at the service if they would be comfortable making a complaint. People told us they would have no hesitation in raising issues with the manager or staff. All told us they felt the manager was available and felt able to approach her, or staff with any concerns.

Staff felt able to raise any concerns. They told us the manager was approachable and they would be able to express any concerns or views to the manager, and felt they would be listened to. Staff told us they had plenty of opportunity to raise any issues or suggestions.

Requires Improvement

Is the service well-led?

Our findings

The manager was aware that some records and procedures needed to be amended to ensure compliance with the regulations. As referred to in this report she has needed to ensure that staff induction, supervision and training and recruitment are more robust. This was also the case for care documentation. The manager had also identified that the service's policies and procedures needed to be updated and had started to review some of these, for example the recruitment process. As the manager recognised the shortfalls of the service she appointed an administrator to assist her to put more robust systems in place, for example in the area of recruitment and training. This then allowed the manager time to get to know people, staff and to review care documentation. It is acknowledged that the manager has been in post for a short time and it is to her credit that she has identified these issues quickly and is actively trying to address the issues raised. The manager told us that the registered provider had been made aware of the shortfalls and was supportive in how these would be addressed.

However there has not been sufficient time to analyse if the actions taken had been effective. Therefore this contributes to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is required to have a registered manager. The current manager had been in post for two months and had the day to day responsibility for running the service. The manager told us they had contacted us to commence their registered manager application.

There was a management structure in the service which provided clear lines of responsibility and accountability. The manager, who had overall responsibility for the service, and the registered person, who was the owner of the service. The manager also had an administrator and 13 care staff.

The service has had four managers in the last two years and therefore there had been some instability in the running of the service. The manager was aware that they needed to gain trust from people using the service and staff and had told them that she was "There for the long haul."

People told us that they liked the new manager and felt that she was approachable and listened to them. Some comments from people in respect of the manger were that she was "brilliant, ""fantastic "she really cares and listens" and "we want her to stay."

Staff echoed this view and said they were pleased with the changes that the new manager had already made to the service, for example reviewing care plans, training and supervision. One member of staff said "I enjoy coming to work now".

Staff felt that the new manager was clearly committed to providing good care with an emphasis on making people's daily lives as pleasurable as possible. The manager led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people. One staff member said, "(managers name) is hands on, she does shifts so she understands what we are doing." This

also meant that the manager was able to understand the service better as she provided care and supported staff. This helped ensure she was aware of the culture in the home at all times.

The manager promoted a culture that was well led and was centred on meeting people's needs. A staff member commented "This manager is much more focused on people's needs, that's good." People told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted and involved at all levels of decision making. People were empowered by being actively involved in decision making so the service was run to reflect their needs and preferences. For example, people attended residents meetings which were an opportunity to share their views on the service.

There was a clear ethos at the service which was communicated to all staff. It was important to all the staff and managers at the service that people who lived there were supported to be as independent as possible and live their life as they chose. We saw this being carried out in the delivery of care that was personalised and specific to each individual.

The manager and senior carers were accessible to staff at all times which included one of them always being available on call to support the service. Frequent discussions took place between the managers and staff about any issues that affected the running of the service.

Staff said they believed the manager was aware of what went on at the service on a day to day basis. Staff meetings and supervisions were now being held and staff told us these were an opportunity for them to raise any concerns or ideas they had. They felt their ideas were listened to and acted upon.

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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person had not taken proper steps to ensure that each person was protected against the risks of receiving care that was inappropriate or unsafe. Care and treatment was not planned and delivered in such a way as to meet people's individual needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have an effective system in place to regularly assess and monitor the quality of service provided and identify, assess and manage risks relating to the health, welfare and safety of people who used the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service failed to provide staff with sufficient support, training, professional development and appraisal to enable them to meet people's care needs.