

Newbarn Limited

# Newbarn Limited

## Inspection report

171 Drake Street  
Rochdale  
Lancashire  
OL11 1EF

Tel: 01706345886  
Website: [www.newbarnltd.co.uk](http://www.newbarnltd.co.uk)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This was an announced inspection which took place on 1 and 2 September 2016. The service was previously inspected in September 2014 when it was found to be meeting all the regulations we reviewed at that time.

Newbarn Limited is based in Rochdale and is registered to provide personal care and support services to people who live in their own homes. The service specialises in providing support to people with complex mental health needs or a learning disability. At the time of our inspection there were 40 people using the service.

There was a registered manager in place at the time of the inspection. 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. The registered manager was supported by three project leads.

During this inspection we found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because systems to ensure the safe handling of medicines were not sufficiently robust. You can see what action we have told the provider to take at the back of the full version of the report.

Our review of five people's Medication Administration Record (MAR) charts showed these did not contain full administration details of each person's prescribed medicines. All the charts were handwritten and had not been checked or countersigned to ensure their accuracy; as a result a person had not received their medicines as prescribed. Staff had received training in the safe handling of medicines. However, there was no system in place to regularly assess their competence in this task; particularly should a medication error occur. Although medication audits were in place, these had not been sufficiently robust to identify the shortfalls we found during the inspection.

People told us they felt safe with the staff that supported them and considered staff had the right skills and experience to meet their needs. Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they were regularly reminded by the registered manager regarding the whistleblowing (reporting poor practice) policy and that they would be fully supported should they report any concerns.

We were told that as far as possible people who used the service were matched with staff who shared their interests or culture; this helped to ensure they had the best chance of getting on well together in order for staff to provide the support individuals required. People who used the service told us staff were always available to provide the support they needed. During the inspection we observed staff were kind, caring and respectful in all their interactions with people who used the service.

Care records contained sufficient information to guide staff on the support people required. The care records showed that risks to people's health and well-being had been identified, such as the risk of a person using alcohol or drugs. Risks were also assessed in relation to general health and safety issues within people's homes. We saw that plans were in place to help reduce or eliminate any identified risks. Arrangements were also in place to help ensure the prevention and control of infection.

We found that staff received the essential training and support necessary to enable them to carry out their role effectively. New staff received an induction when they started work at the service which included reading policies and procedures as well as care records. All new staff completed a period of shadowing more experienced staff; this period was used to introduce new staff to the people they would be expected to support.

Staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005. This legislation is designed to ensure people are supported to make their own decisions wherever possible. Staff demonstrated their commitment to ensuring people were always able to make choices about how they wanted their support to be provided.

Where necessary people who used the service received support from staff to ensure their health and nutritional needs were met.

People were involved in regular reviews of their care to help ensure the support provided met their needs, goals and ambitions for the future. Care records included details of people's achievements as well as aspirations for the future. Staff demonstrated a commitment to providing person centred care based on the needs of each individual.

People had regular opportunities to provide feedback on the care and support they received. Staff told us they encouraged people to express their views and opinions in order to continue to drive forward improvements in the service. We noted that positive feedback had also been received from community based professionals who were involved in supporting people to access the service, particularly regarding the leadership of the service.

Quality assurance systems were in place in order to ensure that that people received high quality, safe and effective care and support. Systems were also in place for receiving, handling and responding appropriately to complaints.

## 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.

Improvements needed to be made to the way medicines were handled in the service.

Staff had been safely recruited. They had received training in safeguarding adults and were aware of the correct action to take should they witness or suspect abuse.

Risk assessments were in place to help ensure people received safe and appropriate care.

### Is the service effective?

**Good** 

The service was effective.

People who used the service felt the staff had the right attitude and skills to meet their needs. Staff were aware of the principles of the MCA and demonstrated a commitment to supporting people to make their own decisions.

Staff received the necessary training to allow them to carry out their roles effectively. Systems were in place to ensure staff received regular supervision and support.

People who used the service received the support they required to access health services.

### Is the service caring?

**Good** 

The service was caring.

People told us that staff provided the care and support they needed. Staff were observed to be kind, caring and respectful of people.

Staff demonstrated a commitment to providing person-centred care which supported people to achieve their goals.

Staff were aware of their obligations to ensure the confidentiality of people's personal information was maintained.

### Is the service responsive?

Good ●

The service was responsive.

People told us they always received the support they needed. They told us they had been involved in developing and reviewing their support plans.

There was a complaints procedure in place to enable people to raise any concerns.

Staff supported people to attend social activities to promote their health and well-being.

### Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission. They were supported in the day to day running of the service by three project leads and a business manager. All the managers we spoke with demonstrated a commitment to a process of continuous improvement in the service.

Feedback we received regarding the leadership of the service was very positive.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

# Newbarn Limited

## 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 1 and 2 September 2016 and was announced. In line with our current methodology we gave the provider 48 hours' notice that we were undertaking this comprehensive inspection; this was to ensure that staff were available to answer our questions during the inspection. This announced inspection was carried out by one adult social care inspector.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority contract monitoring team, the local Healthwatch and 13 community based professionals who supported people to access the service in order to gather their views about Newbarn Limited. We received a number of positive comments about the quality of service provided.

When we announced the inspection the registered manager advised us they would be on annual leave on the days of the inspection. We therefore spoke with them by telephone to discuss their role in the service and to find out what quality assurance systems were in place at Newbarn Limited.

On the first day of the inspection we visited the registered office and spoke with the three project leads and the business manager for the service. With their permission we visited five people who used the service in their own homes and spoke with a further person at the registered office. We also spoke with two team leaders and four support workers. On the second day of the inspection, with their permission, we visited a further two people who used the service in their own homes.

During the inspection we reviewed the care and medication records for five people who used the service. In

addition looked at a range of records relating to how the service was managed; these included staff recruitment and training records, quality assurance processes and policies and procedures.

# Is the service safe?

## Our findings

All the people we spoke with who used the service told us they felt safe with the staff who supported them. Comments people made to us included, "I absolutely love it. I feel safe here" and "I feel safe with all the staff."

We looked at the systems in place to ensure the safe handling of medicines. We saw there was a medication policy in place which stated all people were responsible for self-administering their own medicines. However, we were aware from our conversations with staff that at least one person had their medicines administered by staff. We saw there was a new medication policy in draft form, dated June 2016, but were advised that this had not yet been shared with staff. We noted this policy contained information to guide staff should people who used the service require support to take their medicines as prescribed. However, in the absence of this policy, it was not clear how staff would be aware of the correct action to take to ensure the safe handling of medicines when they were responsible for their administration.

All the staff we spoke with told us they had completed training in the safe handling of medicines; this was confirmed by the records we reviewed. Staff told us they were also assessed regarding their ability to administer medicines safely during their induction period.

We were made aware that there had been a recent medication error made by a member of staff. We found there was no system in place to ensure staff received refresher training or an assessment of their competence to safely administer medicines should an error occur. This meant there was a risk of further errors.

When we looked at the medication administration record (MAR) charts for five people who used the service we noted none of the records contained the full administration instructions for prescribed medicines. All of the MAR charts were handwritten and none had been countersigned to ensure the medication details were correctly transcribed; we found this had contributed to the recent medication error.

Although project leaders had completed regular medication audits we noted these had not been sufficiently robust to identify the errors we found during this inspection.

The lack of robust systems in place to ensure the safe handling of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the systems in place to ensure staff were safely recruited. The registered manager informed us that people who used the service were involved in the recruitment process for new staff. We noted that all staff completed a 'one page profile' which contained information about their personality, background and interests; this helped to ensure staff were matched to support with people with similar interests or personality.

The registered manager told us they had been successful in recruiting people who reflected the ethnic



diversity of the local community; this helped to ensure staff were able to understand and meet the cultural needs of people who used the service. The registered manager told us they were also proud of the fact that they had attracted applications for employment from social workers who had completed a placement with the service during their studies. They told us they considered the employment of qualified social workers brought a depth of knowledge and skill to the organisation which was beneficial to both people who used the service and other staff.

We reviewed the personnel files for five staff employed to work in the service. We noted that all of these files contained an application form, two professional references and a criminal records check called a Disclosure and Barring service check (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We noted that the recruitment policy for the service stated that applicants should provide information regarding their employment over the previous ten years rather than a complete employment history as required by CQC regulations. We also noted that the policy did not make it clear that these regulations also require providers to undertake additional checks where a person has worked previously with vulnerable adults or children to ascertain why their employment in that service came to an end. However, we found that this was not relevant for any of the staff whose files we reviewed. The business manager told us the policy would be updated as a matter of urgency and these additional checks put in place for all new staff. This should help protect people from the risk of unsuitable staff.

We saw that suitable arrangements were in place to help safeguard people from abuse. Our review of the training records showed all staff had received training in the protection of adults. In addition some staff had received training in safeguarding children.

Policies and procedures for safeguarding people from harm were in place. These provided guidance for staff on identifying and responding to the signs and allegations of abuse. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed. They told us they would also be confident to use the whistleblowing (reporting poor practice) policy in place in the service. This told staff how they would be protected and supported if they reported abuse or other issues of concern. It also gave staff the contact details of other organisations they could contact if they were not happy with how the service had dealt with their concern. One staff member commented, "I would definitely use the policy. [Registered manager] always encourages us to report any concerns. We are in this role to protect tenants."

People who used the service told us there was a timetable in place for their planned support sessions. All the people we spoke with told us staff would always attend session times as planned and would stay for the required amount of time, or longer if necessary. One person told us, "Staff come at the same time each day. I always know when they are coming."

We were told that agency staff were never used. Instead sessional workers employed by the service were used to cover for annual leave or sickness. People who used the service told us they were always introduced to sessional staff before they received support from them; this was usually during the induction and shadowing completed by sessional staff when they started work in the service.

We saw policies and procedures were in place to guide staff on the company's expectations about recruitment, code of conduct, financial matters, data protection, sickness and disciplinary procedures. This information should help ensure that staff knew what was expected of them in their roles.

None of the people supported by Newbarn Limited required assistance with personal care. However staff

told us they had completed training in infection control. They informed us personal protective equipment (PPE) was available for their use should this situation change. This should help prevent the risk of cross infection.

We reviewed the care record for five people who used the service. We saw that these records included risk assessments and risk management plans in relation to people's individual needs. We noted that risk assessments had been regularly reviewed and updated when people's needs had changed.

We saw there were systems in place to ensure the properties in which people lived were safe and that regular checks were carried out by staff in relation to each person's home environment. We were told that the service had developed close working links with the local fire prevention service. Records we looked at showed the fire prevention service completed a check when a person moved into a new tenancy to ensure appropriate fire safety arrangements were in place. We were told that, where necessary, the fire prevention service would provide people with fire retardant bedding and other equipment to help keep them safe in their own homes.

We noted that there was always a member of staff on call outside of office hours in order to respond to any emergencies which might arise. The service also had a business continuity plan in place to advise staff how to respond in the event of a disruptive incident occurring such as the loss of utilities, IT failure or extreme weather. This should help ensure staff were aware of the correct action to take in the event of an emergency.

# Is the service effective?

## Our findings

The people we spoke with told us they felt the staff that supported them had the right attitude, skills and experience to meet their needs. Comments made to us included, "I like all the staff" and "Staff are really good; easy to talk to."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to DoLS.

Staff we spoke with told us they had completed training in the MCA and DoLS. They demonstrated a good understanding of the impact of this legislation on their work with people who used the service. One staff member told us, "We will always look for the least restrictive option." Another staff member commented, "We act in people's best interests where necessary."

We noted that one person was required to use a device to assist staff to track their whereabouts when they left their flat. We were told this was to protect the person as they were vulnerable in the community. When we looked at this person's care records we could not see evidence that the person had consented to using this device. However when we spoke with them they told us the device helped them to feel safe. The relevant project lead told us they would ensure the person's records were updated to record their consent and that this would be kept under regular review. This should help to protect the person's rights.

All the people we spoke with who used the service told us they were supported by staff to make their own decisions. Comments people made to us included, "I can definitely make all my own decisions. My money is controlled by staff but that is my choice" and "I make my own decisions here. I do what I want to do although I will sometimes ask staff for advice."

We checked the arrangements in place to ensure staff had the necessary induction, training and supervision to help them deliver effective care. The staff members we spoke with confirmed they had received an induction when they started work at the service. They told us this included reading policies, procedures and support plans as well as mandatory training. They told us they completed a period of shadowing more experienced staff before they were allowed to work independently with people who used the service. Staff informed us that the induction they received had prepared them well for their role.

Records we reviewed showed staff had received training in areas including safeguarding, fire safety, moving and handling, infection control and first aid. The registered manager told us that they were always willing to

ensure staff received any specialist training necessary to ensure people received safe and effective care. This was confirmed by a team leader who commented, "There is always training available. If someone has a particular interest then we make sure they get the training they want."

Staff told us and records confirmed that regular supervision was provided by senior staff. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. Staff told us that in addition to any planned supervision sessions they were always able to approach senior staff, including the registered manager, should they wish to discuss any personal or work related issues.

A number of staff employed in the service were registered social workers. They told us that arrangements had been put in place to ensure they received professional supervision from a registered social worker external to the organisation. This helped to ensure they kept up to date with relevant professional issues and were supported to gather evidence to demonstrate their continuing professional development, as required under their registration with the Health and Care Professions Council (HCPC).

We noted that a system was in place for staff to give and receive 360 degree feedback on their performance (i.e. feedback from peers as well as junior and senior staff). We were told this feedback was discussed in supervision sessions. A summary of feedback received by senior staff was also displayed for staff to review. This helped to ensure a culture of transparency where staff were supported to strive for continuous improvement.

People supported by the service lived in their own homes and could therefore eat what they wanted. Staff we spoke with told us they would always encourage the people they supported to make healthy meal choices but recognised they were unable to force their opinions on anyone. People who used the service confirmed they would always choose the items they wanted when shopping for food with staff. One person commented, "Staff support me to go shopping. I choose what I want to buy although staff will advise me if necessary."

People who used the service had health action plans in place. These are documents which record the support an individual needs to stay healthy. People told us staff would support them to attend appointments with health professionals if necessary.

## Is the service caring?

### Our findings

People who used the service gave very positive feedback about the staff who supported them. Comments people made to us included, "Staff are nice. They are kind", "Staff are really good and easy to talk to" and "Staff are very caring towards me."

During the inspection we observed interactions between staff and people who used the service both in the registered office and in people's own homes. We saw that staff had a good rapport with people and were respectful and caring in their approach.

All the staff we spoke with demonstrated a commitment to providing high quality personalised care and support to people. One staff member told us, "It's a really good place to work. All staff genuinely care about tenants. They go above and beyond by working extra hours or staying late to take care of people when necessary; this includes all the managers." Another staff member commented, "The level of support we give to people shows them we care for them and that they matter."

Staff demonstrated respect for the fact that they were supporting people in their own homes. This meant people who used the service were central to any decisions made. This was confirmed by people we spoke with who used the service. One person told us, "Staff are always respectful. They ask if they can come into my property." Another person commented, "Staff are respectful of the fact that it is my flat."

It was evident from our discussions with staff that they knew people who used the service very well. They were able to tell us about people's likes and dislikes and what support they required. Staff were also able to tell us about people's interests and hobbies and things that were important to them.

People who used the service told us they were actively involved in making decisions about the support they required. Staff told us people were encouraged to access advocacy services to support them to express their views about the health and social care services they received, including the support provided by Newbarn Limited.

We noted that the ethos of the service was to promote people's independence as far as it was possible to do so. One person told us, "I have my own independence but support around if I need it; it's a good balance." Another person told us, "They [staff] have helped me to get my life back together." From our discussions with staff we found further consideration could be given to avoiding creating dependence on staff, for example encouraging people to use public transport rather than staff cars when going shopping, although no concerns were raised by people who used the service. Both project leads and support workers told us they regularly discussed how best to encourage people to be as independent as possible. They told us they would consider how they could introduce more rigorous challenge within teams regarding the most appropriate interventions to be offered to people.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw care

records were stored securely in the registered office, although people also retained a copy of their records in their own property. Records we reviewed showed staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe.

## Is the service responsive?

### Our findings

People we spoke with who used the service told us they received the support they needed to be able to follow their interests, develop their skills and maintain contact with those people important to them. Comments people made to us included, "Staff help me with anything I want. I have been doing bee keeping", "It's down to me. Staff say 'we are here to support you to do what you want to do' although they sometimes offer ideas to me" and "Newbarn staff have been really good in the support they have offered to me."

Staff told us that rotas were arranged so that they could be as flexible as possible in responding to people's needs. One staff member commented, "We move things around so that we don't let tenants down. We try to be as person centred as possible."

The service operated a key worker system. This meant that a named member of staff worked closely with a person to make sure the service was meeting their needs. One person commented, "I have a keyworker. They sit down with me and make sure everything is right for me."

Care records we looked at contained support plans which detailed the areas in which people wished to receive support. All the people we spoke with told us they had been involved in reviewing and changing their support plan if necessary. One person told us, "I have a review every six months. I am able to change things if they are not working." A staff member showed us a document produced by a person who used the service to record their progress and the changes they wished to make to their support plan in order to move towards achieving their goals.

Staff told us that people who used the service were supported to attend a local service, delivered by a sister company to Newbarn Limited, which provided a range of social activities including arts and crafts, gardening and cooking. This helped people to socialise and develop new skills.

We reviewed the arrangements to encourage people to share their experience and comment on the support they received. We found that regular tenant meetings took place in each of the projects where people lived; this allowed people the opportunity to make suggestions about the support they would like to receive. We saw that a number of people were being supported to go on holiday as a group with staff as a result of suggestions made at these meetings. The registered manager told us that the service had also trialled the arrangement of a tenant representative attending staff meetings in order to share information and suggestions. However the registered manager told us this had not been as successful as they would have liked. They were therefore in the process of reviewing how best to enable people who used the service to provide formal feedback to the staff team.

We saw there was a complaints policy in place which gave people information about the response they should expect if they raised any concerns about the support they received. We saw that one complaint had been received in 2016 and that appropriate action had been taken to address the issues raised.

All the people we spoke with who used the service told us they would feel able to raise any concerns they might have with any staff member, including the registered manager. One person told us, "I would feel able to make a complaint to anyone and am confident they [staff] would listen to me."



## Is the service well-led?

### Our findings

People we spoke with during the inspection were complimentary about the service and the way it was organised and run. One person told us, "This is one of the best services I have come across" This person also told us that the registered manager and director of the service had recently visited them at home to check that they were happy with the support they were receiving.

All the staff we spoke with told us they enjoyed working in the service. Comments staff members made to us included, "It's a really good place to work. We are not just here to do a job; we are here to help people and that comes from the top", "I have never worked for a company I have felt so in tune with. The way Newbarn and [the registered manager] in particular look after the needs of staff is remarkable. She understands we sometimes need a safe place to talk about things. It is very well-led in my opinion" and "I like the culture here. The whole organisation is person centred for both tenants and staff. Everyone is equal."

Records showed that staff meetings were held regularly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff we spoke with told us they were encouraged to contribute to discussions at staff meetings and that their ideas were always listened to.

We asked the registered manager about the key achievements in the service since the last inspection. They told us they were proud of the fact that they were one of only a small number of organisations nationally to have received the Investors in People Health and Well-being award. This recognised the steps the organisation had taken to improve the physical and mental well-being of staff and people who used the service. The records we reviewed showed staff were invited to suggest monthly challenges in which all people involved with the organisation were encouraged to participate. We were told this had made a positive impact on everyone involved.

The registered manager told us the key challenge for the service was continuing to provide a quality service in the face of potential budget cuts or constraints.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensured they provided people with a good service and met appropriate quality standards and legal obligations. We saw there was a system of audits in place relating to the management of people's finances, medicines and the health and safety of people's properties. The project leads told us they also completed audits of care records to ensure the information they contained was accurate and up to date. Records we reviewed showed the registered manager also completed a review of any serious incidents

which occurred within the service to ensure appropriate action had been taken and lessons were learned to help prevent further similar incidents in the future.

We saw that the provider distributed an annual satisfaction questionnaire to people who used the service, their family members and key stakeholders including community based professionals who supported people to access the service. We noted that most of the comments on the most recent surveys conducted in December 2015 were very positive. One person who used the service had commented, "Staff are easy to talk to and always there if I need them." Comments made by professionals included, "[Registered manager] is very empathic. She has a positive, can do attitude", "A good quality service that often goes beyond the agreed support" and "The team deliver a very valuable service and are often the ones that bring stability for the first time in people's lives."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have robust arrangements in place to ensure the safe handling of medicines.</p>