

Miss Sharon Maureen Venton

The Barn and Coach

Inspection report

High Road
North Stifford
Grays
Essex
RM16 5UE
Tel: 01375383543
Website: www.example.com

Date of inspection visit: 10 February 2015
Date of publication: 11/05/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 10 February 2015.

The Barn and Coach is registered to provide accommodation for 15 older people who require personal care. There were 13 people living at the home on the day of our inspection.

The registered provider is also the registered manager of the service and had been registered as the provider of the service in May 2014. 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 felt safe living in the service and were cared for by staff who treated them with kindness and respect. People were supported to have as much independence as possible while keeping safe. Recruitment procedures were thorough to ensure staff were suitable to work in a

Summary of findings

care home setting. There were enough staff available to meet people's needs and give them support that was caring and personalised. People's medicines were safely managed and recorded.

People and those acting on their behalf were involved in the planning of their care and support. Assessments had not been completed in line with the Mental Capacity Act 2005 where people may have been unable to make decisions. Current guidance to ensure that people were not deprived of their liberty without authorisation was not being followed. People's healthcare needs were well managed.

Staff were trained and well supported to undertake their roles. People liked the food and were offered choices and

specialist dietary needs were catered for. People were supported and encouraged to eat their meals in a caring and respectful way. People's dignity and privacy was respected.

Staff approached people in a kind and caring way. People were cared for by familiar staff who knew people's needs. People were supported to maintain relationships. People were confident to raise concerns with staff or the manager and were sure they would be responded to effectively.

The home was well led and managed to ensure people's well-being and safety. People regularly saw the manager around the home and felt able to discuss any matters with them. The manager had systems in place to listen to people's views and to monitor and improve the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service.

There were enough skilled, experienced staff to meet the needs of the people who lived at the home.

People's medicines were safely managed.

Good



Is the service effective?

The service was not always effective.

Guidance was not being followed to ensure that people were supported appropriately in regards to their ability to make decisions.

Staff received regular supervision and training.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet.

Requires Improvement



Is the service caring?

The service was caring.

Staff interaction with people was caring.

People's privacy and dignity were protected. Their personal information was respected.

Good



Is the service responsive?

The service was responsive.

People, or their representatives, were included in planning care to meet individual needs.

People had activities of their choice and which met their needs.

People were confident that they could raise any concerns with the staff and that they would be listened to.

Good



Is the service well-led?

The service was well led.

The manager was a visible presence in the home. People who used the service and staff found the manager approachable and available.

Good



Summary of findings

Opportunities were available for people to give feedback, express their views and be listened to.

The manger had effective systems in place to monitor and improve the quality of the service people received.

The Barn and Coach

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 February 2015 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection, we spoke with six people and four visiting relatives. As well as generally observing everyday life in the service during our visit, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the manager and two staff working in the service and received information from healthcare professional.

We looked at six people's care records and five people's medicine records. We looked at records relating to staff support. We also looked at the provider's arrangements for managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

People felt safe living in the service. One person said, “I do feel safe as the staff are so good.” A visiting relative said, “I do feel people are safe here as I feel trust in the staff and the manager.”

Staff confirmed they had received training about safeguarding people and whistleblowing. They were able to explain how they would recognise abuse in a care setting and how to report any concerns about a person’s safety or welfare to their manager. Staff were confident that the manager would act appropriately. They also confirmed they would report any concerns to outside agencies such as the local authority should they need to do so to protect people. The manager told us there had been no safeguarding incidents in the service and were aware of how to manage and report incidents if needed.

People’s individual risks, as well as those in the environment, had been identified and actions were in place to limit their impact. People’s care plans included information about risks individual to them. We saw that where risk had been identified a care plan was in place to help staff to manage this safely. Certificates showed that equipment used to help people move from one place to another was regularly inspected. Checks of the fire systems, electrical equipment, and water temperatures were completed to ensure that they were working effectively and safely.

Staff were employed only after robust recruitment procedures were completed. Staff told us that they had been interviewed and that references had been taken up including from their previous employer. Staff records

confirmed this and showed that criminal history and identity checks had also been completed. This was to ensure that staff were of suitable character and competence to work with people in a care setting.

There were enough staff available to meet people’s needs safely. People told us that there were always staff available when they, or their relative, needed them. We saw that staffing levels allowed staff to offer people the support they needed and this was confirmed by staff. The manager worked regularly as part of the care team. They told us that this was how they monitored staffing levels on a day to day basis. However they also stated that they would be introducing a formal assessment tool to determine the service’s staffing levels. This was to show how staffing levels were calculated in line with people’s needs. We looked at four weeks’ staff rota records. These showed that people were cared for by a regular staff group, with no agency staff having been used. This meant that people were cared for by staff who were familiar with them and who would be more likely to identify any changes or concerns in relation to their welfare and safety.

People’s medicines were safely managed and securely stored. We observed medicines being administered and saw that people were provided with adequate levels of support. Staff waited with the person while they took their medicine before completing the medication administration records (MAR). The MAR were completed consistently and tallied with the medicines in stock. The manager showed us that any discrepancies found during their regular medicines checks were followed up promptly. This showed that safe arrangements were in place in relation to the recording and administration of people’s prescribed medicines.

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards DoLS which applies to care homes. The manager had attended training in the Mental Capacity Act 2005 (MCA) and (DoLS). The manager's policy stated that mental capacity assessments were to be completed if there was any question about a person's capacity to give consent. The manager told us that while some people had dementia or fluctuating capacity, no assessments of people's capacity to make decisions had been completed. The manager and staff had a limited understanding of DoLS legislation and current guidance. They were unaware of a recent Supreme Court ruling. The manager had not completed assessments or made any referrals to the local authority to ensure that any restrictions on people were lawful. This showed that the manager and staff did not have a full understanding of the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS.

People told us that staff asked for their agreement before providing care and we observed this during our inspection. A relative told us they and the person living in the service had been included in the decision in relation to end of life care and whether the person wished for resuscitation to be attempted. People's wishes were identified and recorded on Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms, available on people's care records and signed by appropriate healthcare professionals. Where relatives made these decisions on people's behalf, the manager had a copy of the document that showed they had the legal authority to do so.

People told us they felt supported by staff who had the skills needed to do the job well. We saw that staff communicated clearly with people and that they knew people and their individual needs. Staff told us they felt well trained to fulfil their role and support people. They

told us they were provided with a good induction when they started working in the service, as well with opportunities for further training and development. The purpose of induction is to help the new employee become familiar with the responsibilities of their role, the needs of people they are to care for, and to ensure that staff have the training to do this well. Staff confirmed they received regular supervision with their manager and felt well supported in their role. The manager told us that all staff would have an annual appraisal.

People told us they enjoyed the meals and always had a choice of food and drinks. A relative told us that all the meals served were home cooked and people's nutritional needs and preferences were respected and provided for. Staff monitored how well people ate and drank and encouraged people to have as much as they were able to. A visitor said, "(Person) is eating well here and looking good for it." Where people required support with their meal, staff provided this sensitively. People who were at risk of not eating or drinking sufficient amounts were monitored closely to ensure their nutritional needs were met. Where concerns were identified, people's weights were checked regularly and the concern referred to the appropriate health professional for intervention and/or advice.

People were supported to maintain their health and well-being. People told us that staff made arrangements for them to see, for example, the doctor, if they did not feel well and relatives confirmed this. Staff told us that a healthcare professional visited the service weekly to support people's health and arrange referrals if necessary to other services. A healthcare professional told us that people's health care and nutritional needs were well monitored and supported within the service. They told us that staff knew people very well, carried out any advice given by professionals and were always well prepared for professional visits, such as by having current weight records ready for review.

Is the service caring?

Our findings

People received a service that was caring and considerate of their needs and wishes. People told us that staff treated them kindly and in a caring way. A visiting relative told us “Staff treat people with so much love and care in this home and treat them like their own family.” One person described the care as attaining, “5 star” quality.

People were encouraged to make choices and their independence was promoted and encouraged. Staff asked people for their preferences throughout the day, waited for their responses and carried these out. Care plans showed that people were to be encouraged and given time to complete tasks and aspects of their own personal care where they were able to do this. Staff were aware of this and, for example, told us that they supported people to wash their own face or hands as a way of respecting their independence.

One person said, “The staff are very happy and jolly and kind.” Staff interaction with people was positive and engaging. They spoke with and included all the people

using the service and used their relationships with people to understand people’s communications, including gestures and non-verbal communication. Staff took time to compliment people, such as on a recent hairdo, or on the colour of an item of clothing so that people felt they mattered and were noticed.

People’s privacy and dignity were respected. People’s personal information was securely stored.

People told us that staff closed doors or covered them with towels while personal care was being provided. Relatives told us that they, and the person receiving end of life care, had been treated with the upmost respect, dignity and kindness. They told us, for example, that the person’s face cream was still applied each day and that staff came and spoke with them all, which really mattered.

Visitors told us that there were no restrictions and that they felt welcome to come into the service at any time. One person said, “There is a lovely atmosphere here and it is very welcoming. I can come anytime.” Another person told us they felt like their relative was, “At home and that they were going to see (person) in (their) own place.”

Is the service responsive?

Our findings

People's needs were assessed before they were offered the opportunity to come to live in the service. The manager told us that this was so they could ensure that the service was able to meet the person's needs and that these were compatible with the needs of other people living in the service. People and their relatives were involved in these assessments.

People's preferences were recorded and included in their plan of care. One person told us they had been asked about what they liked and how they liked things done while other people told us they could not really remember. One person who told us how the service respected and met their preferences said, "I have a glass of brandy every night and I enjoy it."

Relatives confirmed that they and the person living in the service had been involved in the person's plan of care and their preferences noted. One relative told us how the service had tried so hard to respond to the person's changing needs and had introduced soft foods to tempt the person to maintain the best level of food intake in line with their changing abilities. Staff knew the people they were caring for and responded to their individual needs. Care plans were reviewed regularly and changes recorded as part of the review record rather than the plan of care. This made the most current information less easy to find, however staff were aware of people's current care needs.

People told us that suitable activities were available. Life histories had been completed with the assistance of

relatives. Staff told us they used these as the basis for conversations with people and to plan social activities that interested people. As many of the people were from the local area, a taped version of the local weekly newspaper was played. This enabled people to keep up with local news and supported discussions and interaction. A health professional told us that social activities took place routinely in the service and that staff chatted with people all the time as part of everyday life.

People were given information on how to make a complaint or raise any concerns within the service. People told us that they would feel able to say if they had any issues and would tell the staff and felt they would be listened to. They also told us that they had no complaints at all about the service. One person said, "I have no complaints at all and am well looked after." Another person told us, "I have no worries and am quite happy." A visitor told us they knew they could speak to any of the staff but could also go straight to the manager if they needed to.

Staff were aware of the complaints procedure and how to pass on any concerns to the manager for recording, investigation and response. A system was in place to record any complaints and how they were responded to. The manager told us that no complaints had been received since they had taken over as the registered provider. People were encouraged to provide feedback via a suggestion box. A number of written comments had been received, from both people who used the service and their relatives. All comments were positive and complimentary.

Is the service well-led?

Our findings

People knew who the manager was and told us that the manager was available and approachable. A relative told us that the manager was very experienced, led the service well and was 'very hands on' in their approach. Another visitor told us that it was the manager, and the atmosphere they created in the home by leading from the top, that 'sold' the service to them as the right place for their relative.

There was an open and respectful culture in the service that supported good staff morale and teamwork. Staff were clear on what the manager expected of them and staff felt well supported. As well as regular group staff meetings, staff told us they were able to speak with the manager on a daily basis for advice and support and their views were respected. Staff and the manager were clear about the aims and objectives of the service and worked together to ensure people's needs were met.

People and their relatives had opportunities to express their views and be listened to. People had completed

satisfaction surveys. These showed that people were satisfied with the quality of the service provided. The manager provided an evening surgery by appointment one evening each week. Relatives were provided with a personal contact number for the manager so they could contact her at any time. Meetings took place where people put forward their views, such as on the social events and the menu. Where people expressed a preference for a specific entertainer, arrangements had been made to make this available to people on a regular basis.

The manager had a range of checks in place to monitor the quality of the service. These included infection control, medicines and health and safety. Some of these were used effectively to improve the quality of the service. Where a health and safety audit had identified a risk from flooring in a bedroom for example, a new carpet had been fitted. Accidents and falls were recorded. The manager had commenced an analysis to identify any patterns so that improvements could be implemented to limit the risks to people.