

# Coverage Care Services Limited

# Barleyfields House

## Inspection report

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Date of inspection visit: 5 August 2015

Date of publication: 08/09/2015

## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

This inspection took place on 5 August and was unannounced. At our previous inspection no improvements were identified as needed.

Barleyfields is registered to provide accommodation with personal care to a maximum of five people. Staff provide short term respite care for people with a learning disability or autistic spectrum disorder. There were four people living at the home on the day of our inspection.

A registered manager was in post and was present during our 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.

# Summary of findings

Staff protected people from danger, harm and abuse and had received training to be able to identify and report any concerns they may have. Risks associated with people's care had been identified and information was available to staff to inform them how to support people safely.

People's medicines were handled safely and staff followed procedures to ensure people received their medicine when they needed it.

Staffing levels were based on the number of people who stayed at the home and their support needs. This was constantly reviewed so staff could provide care and support safely. Staff who worked at the home had checks completed to ensure they were suitable to work there.

People were supported to make their own choices and decisions about their care and support. When people did not have the capacity to make their own decisions staff made sure decisions they made on their behalf were in their best interest to protect their human rights.

People were involved in shopping for food and had a choice of what they wanted to eat each day. Staff were aware of people's food likes and dislikes and would ensure people's 'favourites' were at the home when they stayed.

Staff made sure people were involved in their own care and understood what was being said to them. They used alternative ways to communicate if people could not understand what was said or if they were unable to verbally say what they wanted.

Staff encouraged people to be as independent as they could be and were aware of not disrupting people's routines whilst they stayed at the home.

People enjoyed their respite stays at the home and relatives were happy with the care and support their family member received. People's support needs were reviewed regularly and their support plans updated when needed.

Relatives had the opportunity to give their opinions about the care their family member received. Results of surveys they completed were shared with them. Relatives found staff and management friendly and approachable and were kept involved in what happened at the home.

The registered manager and staff had created a positive, friendly culture where people came first. The home had a stable management structure in place and staff were clear about their roles and responsibilities. Systems were in place to monitor the quality of care staff provided and improvements to practices were made where necessary.

# 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.

We saw people supported by staff who had been trained to prevent and protect them from any danger or harm. Staff followed guidance on how to keep people safe when they supported them with their care and their medicines.

Good



### Is the service effective?

The service was effective.

Staff understood how to support people to make their own decisions and protect their human rights. We saw that the training staff had received enabled them to understand and support people's needs. People received choices of what they wanted to eat and drink and staff supported them with this.

Good



### Is the service caring?

The service was caring.

People told us staff were friendly and kind to them. We saw people had good relationships with staff and that staff knew people's needs and personalities. People and relatives were involved in identifying how their care and support was delivered.

Good



### Is the service responsive?

The service was responsive.

People told us they had fun and enjoyed their respite stay at the home because of the activities they participated in. We saw that staff spoke with people and relatives to make sure the support they provided was in accordance with people's needs. Relatives told us they were asked for feedback and had opportunities to raise complaints although they had not needed to.

Good



### Is the service well-led?

The service was well led.

We found the home had a positive culture where people came first and staff felt valued. We saw systems were in place to monitor the quality of care that staff provided.

Good



# Barleyfields House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 August 2015 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed information held about the service. We looked at our records to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is

required to send us by law. We spoke with the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

As part of our inspection we spoke with three people who lived at the home and five relatives. We spoke with five staff which included managers and support staff. We viewed three people's records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed other records which related to staff training, recruitment and the management of the home.

People we spoke with were not able to give us an in depth view on what it was like to stay at the home. We therefore spent time observing how people spent their time and how staff interacted with people. We did this by use of the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Relatives told us they felt their family member was safe living at the home and when staff supported them. One relative said, “I’m putting [person’s name] in other people’s hands but I never worry. I feel comfortable with [person’s name] being there”. Some relatives told us that their family member took money with them when they stayed at Barleyfields House and this was always accounted for. One relative said, “They [staff] always give me details of [person’s name] money and balance of what they’ve spent. It is always correct”. All staff we spoke with understood their role in keeping people and their possessions safe and in protecting them from any danger or harm. They had been trained to understand how to recognise abuse and who to report it to it. They were clear about their responsibilities and knew where policies and procedures were located within the home.

Staff were aware of risks associated with people’s care and knew what support they needed to help keep them safe. Relatives told us that prior to their family member staying at the home the deputy manager contacted them to ensure they had up to date information. They told us that they would discuss any changes in the person’s needs which might affect their safety so that staff were aware before they arrived. They agreed that this helped to reassure them that staff supported their family member safely. One staff member said, “Risk assessments are in place. We don’t want to stop them from doing what they want to do but we want to keep them safe”. All aspects of people’s care had been assessed and plans were in place to minimise the risks associated with that care, such as their mobility, support with eating and drinking and their level of dependence. Contingency plans were in place in the event of emergencies and people had individual evacuation plans which informed staff how to safely assist them in the event of an emergency.

Staff understood how to report accidents, incidents and near misses and knew the importance of following these policies to help minimise risks to people. The registered manager told us that all accidents and incidents were

discussed at health and safety meetings held at the home. This gave staff an opportunity to discuss whether anything could have been done differently and they used it as a tool to learn and improve practice where needed. Information was also passed to the provider so they had an overview of incidents and these were discussed at the provider’s health and safety meetings. The provider was able to build a picture of any themes or near misses across all their homes and shared these with all managers for all staff to learn from.

We saw there were enough staff available to help people when they needed it. One relative said, “There are a nice amount of staff, not much turnover which says a lot. Staff stay there, so [person’s name] knows all the staff and the staff know them”. All staff we spoke with felt there were enough staff working at the home to ensure people’s needs were met safely. The registered manager and staff told us that staff levels were constantly monitored and adapted depending on who stayed at the home and what support they need. We saw that appropriate checks were completed on new staff prior to them starting work at the home. This included obtaining references from previous employers and completing checks to ensure they were suitable to work with people living at the home.

Relatives told us about the support staff gave their family member with their medicines. One relative said, “[Person’s name] needs full support with their medicine which staff give them. There have never been any problems”. Relatives told us that before their family member stayed at the home the deputy manager contacted them to ensure the person’s medicines card was up to date. Staff explained they could only give medicine that was recorded on this medicine card. We saw when people came to stay at the home staff recorded all the medicine people had bought with them. During people’s stay we saw that records were completed accurately to say when people had received their medicine. Information was available to staff on how people preferred to take their medicine and what support they needed. Staff were aware of procedures for reporting errors or any concerns associated with people’s medicine.

# Is the service effective?

## Our findings

Relatives told us that staff knew how to support their family members and they considered them well trained in being able to meet their needs. One relative said, “They [staff] know how to support [person’s name]. They have the right skills, all of them”. Staff told us their training was kept up to date and they had received training which had helped them to understand people’s health conditions and reasons for their behaviour. One staff said, “The training is invaluable, without the knowledge it’s a difficult job to do. I need to have the knowledge so I can recognise any problems and take the right action”. Another staff member said, “Training ensures we can support them [people] and we can understand their needs”. Staff told us they received supervisions and appraisals regularly with the registered manager. They told us these were an opportunity to get feedback on their performance, look at things they could do differently and talk about their future training needs.

Staff supported people to make their own decisions and to consent to their own care and treatment. Where people could not make their own decisions about something staff followed the requirements of the Mental Capacity Act 2005 (MCA) and ensured people’s rights were upheld so that decisions were made in their best interests. One staff member said that before they made a decision on people’s behalf, “We have to prove they don’t have capacity (to make their own decision)”. Staff told us they would look at other ways to enable people to make their own decisions such as different communication methods, simplifying choices or using objects of reference before they made a decision on their behalf. All staff had a good understanding of the process they must follow when they made decisions on people’s behalf and we saw records in place which confirmed this process was followed.

We saw that one application had been made under the Deprivation of Liberty Safeguards (DoLS). This was awaiting

authorisation from the local authority. We saw records which confirmed the correct process had been followed in establishing this person did not have capacity to consent to the deprivation and that the decision had been made in their best interest to keep them safe. The registered manager told us that other less restrictive options had been considered but these were dismissed due to being unsafe. Staff spoke with confidence about how their practice could be restrictive to people and could lead to a deprivation of their liberty. They told us they had received training which was kept updated and that senior staff received advanced training in MCA and DoLS. This ensured that staff were aware of their responsibilities in protecting people’s human rights.

People were able to tell us they liked the food, they had choice and they had enough to eat. One relative said, “[Person’s name] can eat whatever they want, within reason”. Risks associated with eating and drinking had been assessed and staff had clear information on how to support people. One person had difficulty swallowing and we saw staff supported them safely and followed the information in their support plan. People had identified their likes, dislikes and preferences for food and staff told us they would cook five different meals if all five people wanted something different. Because staff knew in advance who was staying they told us they could plan to ensure they had people’s favourite food and drink in the home. People were encouraged to support staff with the food shopping and staff told us this also meant that people could choose the food they wanted to eat.

Because people only stayed for a few days at a time they did not need routine healthcare whilst at the home. However, on the day of our inspection we saw the district nurse had been called to see one person because staff had noticed changes to the person’s skin. Staff told us that if needed they would contact the person’s own doctor or an out of hours doctor if they required it.

# Is the service caring?

## Our findings

People were able to tell us the staff were kind, friendly and nice to them. One relative said, “They’re so friendly, all the staff”. Another relative said, “[Person’s name] would refuse to go there if there was anything they didn’t like. That’s how I know they’re fine there”. All relatives told us that their family member looked forward to going to the home for their respite stay. Two relatives told us that their family member started packing their bags weeks in advance. We saw that people were comfortable around staff and there was plenty of smiles and laughter. Staff sat and chatted with people and supported the inspector to communicate with people they met. We noted that most staff had worked at the home for a number of years and they knew people’s personalities well. When staff spoke with us about the people they supported they did so in a way that was respectful and caring.

People were able to tell us they made their own choices. One relative said, “[Person’s name] makes their own choices, they understand [name] and how to support [name]”. Relatives told us that they and their family member were involved in their care and that staff asked what their choices and decisions were about how their care and support was delivered. They told us that the deputy manager phoned them before a respite stay to talk about their family member and ask about any changes or updates. People who were new to the service had a visit in their own home prior to their first stay to identify their needs and create a support plan. One staff member told us that where people did not have verbal communication they would look for visual clues, “They can communicate yes, no or not happy by their facial gestures and body language”.

Relatives were happy that staff encouraged their family member to be as independent as they could. One relative

told us how their family member liked to help staff within the home and that staff would enable them to do this. Another relative said, “They help [person’s name] with shaving and washing and as far as I know they will make [name] do things for themselves. They won’t let [name] be lazy”. Staff understood the importance of supporting people to be independent and to respect their privacy and dignity. Staff spoke about how they made sure people’s privacy and dignity were respected when they supported them with personal care. One person was supported to eat and drink and we saw staff maintained their dignity throughout their meal. One staff told us that routine was important to ensure people maintained their independence and did not lose skills whilst they stayed at the home. They said, “My training has helped me realise how important routines are to people. I have to ensure that their routines are not disrupted just because they are here”. Another staff said, “Give [people] time and space, ask them what support they want and give them choices. Tell [people] what I’m going to do as I’m supporting them, this keeps them involved”.

One staff member told us they were the ‘dignity champion’ for the home. The role of a dignity champion is to ensure that dignity is at the heart of everyday care practice. They described how they used activities to allow staff to experience life from the perspective of the people who stayed at the home. Previous activities had included staff being blindfolded and supported to eat and drink or walk inside and outside the home. They told us they had received positive feedback from staff who said that they did not realise how frightening it could be to put so much trust in other people. By experiencing people’s perspective it helped them to understand the importance of effective communication and involvement when supporting people.



# Is the service responsive?

## Our findings

People were able to confirm that staff knew how to support them and knew what they liked. Because the home is a respite facility relatives did not visit their family member whilst they stayed at the home. However, they all agreed that their family member would let them know if they were not happy going there. One relative said, “[Person’s name] can tell them what they want and what they don’t want.

They will let staff know if they’re not doing something the way they want it done”. We saw that staff involved people in making choices about what they would like to eat or how to spend their time. People’s support needs, preferences, wishes and what was important to them was recorded in their support plans and staff were aware of these.

Information the deputy manager obtained from relatives prior to people’s respite stay was used to update people’s support plans. These were also reviewed with people during their stay. The deputy manager told us that they encouraged people to write on their support plans and make changes during their stay and this would be updated with them. They also offered relatives the option of having their family members support plan emailed to them for them to review although no one had taken this option.

These methods helped to ensure that people received care and support that was individual to them and that staff kept up to date with any changing needs.

People were able to tell us that they had fun and staff asked them what they wanted to do with their time. We

were shown photographs of events at the home and relatives told us that staff involved their family member in these. One relative said, “They keep [person’s name] busy while they are there. There’s plenty to do but they know when [person’s name] doesn’t want to take part. We saw that people were supported by staff to speak with their relatives by telephone during their stay. One relative said, “Staff support [person’s name] to phone me while they are there and they [staff] let me know what’s been happening”. People were offered choices as to what they wanted to do with their time and relatives received details of what their family member had done. One relative said, “It’s nice to know what [person’s name] has been doing and that they’ve enjoyed it. The activities are absolutely smashing and it’s all things they enjoy and want to do”.

Relatives told us they had opportunities to give their feedback on the service through surveys the provider sent and also when staff phoned prior to their family member’s respite stay. Relatives told us they had never needed to make a complaint. One relative said, “I’ve never had a problem with anything so have never needed to complain but I would feel comfortable to talk to staff about any concerns I had”. Relatives confirmed that they had received information about how they could complain or raise any concerns but all agreed they would rather speak with staff by telephone. We saw that people had access to a picture version of the complaints process and staff told us they would support people to raise concerns and complaints if they wanted to.



# Is the service well-led?

## Our findings

Relatives told us that staff and managers at the home were friendly, approachable and easy to talk with. We found the home had a positive culture which was echoed by relatives and staff we spoke with. One relative said, "It's a home from home for them, it's a one in a million place". Another relative said, "They [staff] are all open and honest, they won't hide anything. They answer any question I fire at them". Staff told us that they worked to ensure people received the best support they could give whilst they stayed at the home. One staff member said, "We're here for the residents".

We found there was a culture of sharing information and learning from events both within the home and from the provider, especially in relation to health and safety. Information and learning was shared between the provider's other homes and there were effective lines of communication to enable this. The home had a stable management and leadership structure which staff understood. Staff felt involved in what happened within the company and told us the chief executive visited the home regularly. They told us they felt valued and appreciated by the registered manager and provider and that they felt their hard work was recognised. One staff member said, "[The registered manager] thanks staff and we know she appreciates the effort staff make". Staff told us they felt supported by the registered manager and felt able to speak with them openly about any concerns or issues they had. They were aware of how to whistleblow and who they could take their concerns to outside of the home.

Whistleblowing is when a staff member reports suspected wrongdoing at work. There were regular staff meetings where staff were able to raise issues and information from the provider was shared. However, the registered manager told us that because they were a small staff group information was shared on a continuous basis and was not just restricted to meetings.

The registered manager showed us a newsletter and explained this was sent to relatives twice a year and they also sent out fliers in between. These gave information on what had happened at the home, events at the home and within the local community, staff training, new staff and upcoming events and open days at the home. The results of satisfaction surveys were analysed by the provider and a report produced for relatives to access. The registered manager and staff told us they had developed good relationships with the local community and regularly attended their themed events.

Systems were in place for the registered manager and provider to monitor the quality of care staff provided at the home. Regular audits were completed by senior staff, the registered manager and the provider and action plans were put into place to address any issues identified. We saw that few issues were identified and where they were these were addressed in a timely manner. The registered manager told us that they were currently working with the local clinical commissioning group (CCG) to improve their medicine procedures. They had sought their advice as a result of recent difficulties in getting a prescription for a person during their respite stay.