

Chartwell Care Services Limited

Barclay Services

Inspection report

Chartwell Resource Centre
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21 March 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Barclay Services is a domiciliary care agency. It provides personal care to people living in their own houses or flats. At the time of the inspection six people were using the service. Everyone using Barclay Services received personal care.

People's experience of using this service:

- People's safety was promoted. Staff had received training in safeguarding and knew how to protect them from abuse. The provider had reported concerns about people's safety to the relevant authorities and they continued to work with health and social care professionals to protect people from harm and abuse.
- Potential risks to people was continuously assessed, managed and regularly reviewed. Care plans provided staff with clear guidance to support the person safely.
- People continued to be supported to maintain good health. Staff supported people with their medicines, ensured they had enough to eat and drink and attended health appointments as needed.
- Safe staff recruitment practices were followed. The service continued to ensure there were enough staff to meet people's care needs as planned with the use of agency staff whilst staff recruitment was ongoing.
- Staff had received training relevant to their role. Arrangements were in place to manage any overdue training to ensure staff were equipped with the skills and knowledge needed to support people with a learning disability and autism. Staff were well supported by the management team.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were encouraged to make decisions about all aspects of their care, where possible.
- People were involved in the planning and review of their care. People's care plans were produced in easy read format using pictures and personalised to reflect their wishes about how they preferred to be supported.
- People's privacy and dignity was protected, and their independence was promoted where possible.
- People were supported to develop new skills; maintain relationships with family and friends and take part in meaningful activities of interest to them.
- People knew how to raise a concern or make a complaint. There was a system in place to respond to complaints and advocacy support was available.
- People, their relatives and staff were encouraged to give feedback on the service and to influence how the service develops.
- The provider had policies and systems in place to monitor the quality of service and action was taken where areas for improvement had been found. Management team encouraged staff to share ideas to develop the service. Any lessons learnt from incidents, and feedback from the internal and external audits and inspections were shared with the staff team to.
- The management team and staff worked well with professionals and external organisations to promote and improve people's quality of life.

Rating at last inspection: At the last inspection the service was rated Good (report published 30 May 2017).

Why we inspected: This inspection was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remains responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remains well-led.

Details are in our Well-Led findings below.

Barclay Services

Detailed findings

Background to this inspection

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

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Barclay Services is a domiciliary care agency. It provides personal care to people living in their own houses or flats. This service provides care and support to people living in five 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Barclay services supports people with a learning disability and autism and whose behaviour can be challenging. Some people also have autism and physical disabilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection site visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 19 March 2019 and ended on 21 March 2019. We visited the office location every day to see the service manager and office staff; and to review care records and policies and procedures. We visited people in their own homes on 19 and 20 March 2019 and made observation of how staff supported people. We also spoke with the staff who supported people. We made calls to the relatives of people using the service and health and social care professionals on 19 and 20 March 2019.

What we did:

We reviewed the information we had about the service since it was registered. This included notifications the provider has sent us. A notification is information about important events the service is required to send us by law. We used the information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

We sent surveys to people who used the service and their relatives, staff and health care professionals. We reviewed the completed surveys including their comments.

We received feedback from the local authority commissioner and health care professional involved in people's packages of care and from Healthwatch; which is an independent champion for people who use social care services. All the information received was used to inform our judgement of the service.

During the inspection visit we spoke with three people and three relatives of people who used the service. We spoke with five support staff, two service managers and the head of adult operations who facilitated the inspection in the absence of the registered manager.

We reviewed a range of records which included three people's care records and other associated care records. We looked at five staff recruitment files, training information and staff rotas. We looked at other records relating to the management of the service including some policies and procedures, complaints, meeting minutes and audits. Additional evidence we had requested after our inspection was received and used to inform our judgement of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Safeguarding systems were in place. Policies and procedures to promoting people's safety, safeguarding and equality and diversity were available in easy read format.
- Staff were trained in this area and knew what to look for and how to report concerns. A staff member told us concerns reported to the management team were taken seriously and acted on.
- People told us they felt safe. One person said when they told their key worker they were not happy with a staff member and action was taken. The staff member explained the concerns were reported to the provider and action was taken to protect people using the service from avoidable harm and abuse. The person was felt safe because action had been taken.
- Another person told us they felt safe with the staff and said, "They're helping me to make sure I've got enough money to buy food."
- Relatives views were mixed. One relative said, "[Name] is safe and secure" and "staff do everything to make sure [name] is safe." Another relative expressed concerns about the care of their relative. The service manager told us action was taken and records viewed confirmed this.
- records showed safeguarding concerns had been reported to all relevant authorities and acted on to ensure people remained safe and protected from avoidable harm. The service manager demonstrated they continued to work with the relevant health and social care professionals and relatives where appropriate to ensure people using the service were supported to stay safe.

Assessing risk, safety monitoring and management:

- People had risk assessments in place. Each person's risks had been identified ranging from support with personal care to going to college,
- Care plans had appropriate guidance about how to safely manage people's risks which staff could access using the hand-held electronic devices. For example, a care plan stated, 'staff should sit and talk to me when I get anxious or tense'.
- Staff showed a good understanding of how to manage risks to people's safety. A staff member described the signs to look for if someone was likely to have a seizure or display challenging behaviours, and the action they should take.
- ● All risk assessments had been regularly audited, reviewed and updated when required along with the care plans to ensure staff were updated.

Staffing and recruitment:

- Staff had been recruited safely in line with the provider's recruitment policy.
- All new staff had an enhanced Disclosure and Barring Service (DBS) check and references had been obtained. DBS helps employers make safer recruitment decisions.

- People were supported by a team of consistent reliable staff. A relative said, "There has been a turnover of staff in the last 2-3 months but feel staffing was more settled and stable."
- A staff member said, "Day and night staff are regular, and we have used agency staff due to staff sickness if existing staff have not been able to cover the shift or with staff from [another support living accommodation] who is known to [name]."
- People were supported on an individual basis by one or two members of staff at differing times of the day and night, dependent on their needs.
- The staff rotas confirmed there were enough staff to meet people's needs. Regular agency staff were used whilst staff recruitment was ongoing. The service manager ensured people were supported by staff they knew and had the required skills and training needed.
- Staff worked flexibly so that people who required support to go out could do so. The on-call service was managed by the service managers and team leaders who could support staff in an emergency.

Using medicines safely:

- People received appropriate support with their medicines. People's independence to manage their own medicines was encouraged if safe to do so. Any changes were made with people's consent and where required best interest decisions were made with the relevant people and professionals.
- One person told us their medicines were stored safely and staff supported them to take their morning medicines on time. Medicines administration records was completed accurately.
- Care plans described the medicine people were prescribed and the level of support they needed. There was clear guidance for staff to follow on medicines to be given as required (PRN).
- Staff had received training on how to manage and administer medicines and their practice was checked regularly. The provider's medicine administration procedure was accessible to all staff.

Preventing and controlling infection:

- Staff had completed training on infection control and were aware of good practices such as hand washing techniques and were provided with disposable gloves, aprons (PPE) and hand sanitiser.
- People told us staff wore gloves and aprons when they were supported with personal care needs and to prepare meals.

Learning lessons when things go wrong:

- Accidents and incidents were regularly audited to check for trends or patterns. Any identified learning was shared with the staff team to help prevent similar incidents from happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- People and relatives told us they were confident staff were trained and understood how to support people and promote their independence. A relative said, "Staff seem to know what to do before [name] behaviour erupts."
- Staff had a comprehensive induction and training that was essential for their roles. Staff had their competency assessed before they worked alone. A staff member said, "Training is very good - we did everything from reading care plans to learning about learning disability and how best to deal with challenging behaviours." They spoke about the benefits of using the positive behaviour support (PBS) training when supporting a person with challenging behaviours which had resulted in a reduction in the frequency of incidents.
- Staff were confident in the use of the ethical care control and restraint (ECCR), when people's behaviour was challenging, and they required physical interventions to reduce risks to all.
- Training was based around current legislation, best practice and tailored to meet the needs of people. Staff training information showed some staff training was overdue. The head of adult operations was aware of this and had commissioned external training to ensure staff were provided with the required training.
- Staff received regular supervisions and appraisals where they discussed their work and training needs. A staff member said, "We are well supported more so since [service managers] started. They listen to us and are always available."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before the service began to provide support.
- People's diverse needs were detailed in their care plans. This included support required in relation to their culture, language, religion, lifestyle choices and diet.
- Relatives also confirmed they were involved in the assessment process and planning of their care.
- People's care was delivered in line with their needs and how they preferred to be supported, for example by male or female staff.

Supporting people to eat and drink enough to maintain a balanced diet:

- People's dietary needs and preferences were documented in their care plans. Records showed staff monitored people's intake, when required to ensure they had sufficient amount to eat and drink.
- A relative said, "[Name] eats well and is happy. I think [name] has got good staff around [them] that understand [them] and know what to do to help."
- Staff supporting one person had a planned weekly menu which took account of their dietary requirements. The person pointed to the pictures on the food chart to show us what they liked to eat and

foods they had to avoid due to swallowing difficulties.

- Staff were trained in food safety and hygiene and were aware of people's dietary needs and preferences. A staff member explained the food texture and consistency of the thickened drinks they had to prepare for a person with a swallowing difficulty. This showed staff followed the instructions in the care plans which included guidance from the dietitian.

Staff working with other agencies to provide consistent, effective, timely care:

- People accessed health care services and attended health appointments as needed. One person said, "[Staff name] usually takes me to my appointments; I let [service manager] know when my appointment is so that [staff] is on the rota then."
- A relative told us staff understood their family member's medical condition and the importance of attending all the medical appointments.
- Health action plans provided staff and health care professional's information about people's individual needs, support with communication and prescribed medicines in the event of an unplanned hospital admission.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported by a team of staff who they were comfortable with.
- We received positive feedback from a health care professional regarding the care and support provided. They told us staff sought advice and made referrals for further assessments when people's health was of concern. For example, referred to the dietitian or specialist medical team for further assessments. This helped to ensure people received continuity of care.

Adapting service, design, decoration to meet people's needs:

- People's homes were adapted to meet their needs and decorated to reflect their taste and interests. For example, technology was used to promote people's safety and independence.
- A relative told us that "[Name] is really comfortable in his own place, [name] is proud and relaxed [at home]."

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When 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.

- We checked whether the service was working within the principles of the MCA and found they were. The management and staff team had a good understanding of the MCA.
- Staff explained how they engaged with people to gain their continued consent. We saw staff responded accordingly when a person expressed their wishes using gestures.
- Where people could make decisions for themselves records showed they had agreed with the care that was to be provided. When required assessments were completed for example, to manage their own medicines.
- Applications had been made to the Court of Protection where people were being deprived of their liberty in their best interest.
- A relative told us the staff had followed MCA principles as they were always involved in best interest decisions made about their family member's care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People told us they were respected and treated well. They told us staff listened to them and supported them as required.
- People's care records included a biography that described their life history, interests and important events in their lives. Staff found the information useful as a way to get to know people and to build positive relationships with them.
- People looked comfortable around staff and had developed trusting positive relationships. We saw a staff member spoke with a person using short phrases and uncomplicated words. The staff member was caring in their approach and supported the person to remember things and helped them with word finding.
- A relative said, "[Staff name] is very good with [name], they are kind and [name] trusts [staff name]."

Supporting people to express their views and be involved in making decisions about their care:

- People told us they were involved in all aspects of their care and involved in every decision possible. These were documented in the care plans using words, pictures and symbols which they understood easily which included consent for their care and sharing information with others.
- Staff knew people's likes, dislikes and what was important to people such as important family members and cultural needs.
- Relatives were able to be involved in relation to their family member's care plan reviews.
- A relative said, "[Name] has a structured life; [name] is exercising and lost a stone in weight which [name] is proud of" and "A massive difference seen in [name] in the last year." Another relative told us they had regular contact with the staff and relevant health care professionals due to deterioration in their family member's health care needs.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives told us staff respected their family member's privacy and dignity.
- People were offered support by gender specific staff for personal care delivery. A relative told us it was important that their family member was supported by the same gender of staff.
- Staff gave examples of how they promoted people's privacy and dignity. They told us they would close the door to and draw the curtains to give people privacy.
- People were encouraged and supported to maintain their independence where possible.
- Staff told us a person would mix all the ingredients in a bowl before staff would cook the food and did the washing up using luke warm water. A staff member said, "It's rewarding to know we make a difference to [name] life, especially when [they] learn to do new things."
- People's information was managed and stored securely in line with the provider's confidentiality policy

and electronic records were password protected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received planned care and support from staff in the way they preferred. Staff were aware of people's personal preferences and their routines.
- The service understood the needs of different people and promoted equality. People's individual choices and preferences, including those related to the protected characteristics to protect people against discrimination, were documented.
- Staff showed a good insight into the lives of people with a learning disability or autism and the impact of how surroundings may affect them. For example, avoiding busy times of the day and noisy environments to reduce the risk of distress and anxiety when supporting a person to go out.
- People's care plans were personalised, so staff could provide people with the appropriate level of support which could vary depending on the activity or how the person was feeling.
- Care plans were reviewed regularly and updated as people's needs changed.
- Most people's relatives agreed they and their family member had been involved in the development and review of the care plan.
- Activity plans were used to help some people to have structured days. Staff worked flexibly to support people to engage in meaningful activities such as going to college and visiting family and friends. A relative said, "[Name] comes to visit me at weekends and on special occasions and we see [name] is doing well; [they] seem happy and comfortable in [their] own place."
- Information was available to all in a form of easy read styles so that people could understand, for example using pictures in care plans. A staff member told us they observed people's body language and used simple words and gestures to interpret what people needed.
- Health care professional involved in people's care spoke positively about the service manager and staff being responsive, sought advice when needed and followed instructions.

Improving care quality in response to complaints or concerns:

- People and relatives knew how to make a complaint. A relative said, "Not had to complain, in fact staff ring us to see if something can be done differently [helping to improve the person's quality of life]."
- The provider's complaint procedure was easy to understand and included advocacy information if people need help to complain. Staff knew how to respond to complaints.
- Records showed all complaints received had been investigated and responded to appropriately. Where required, relevant health and social care professionals had been involved.

End of life care and support:

- The provider had a policy in place for supporting people with end of life care.
- A relative told us staff had supported them and their family member when making decisions about

planning their end of life care and wishes and were confident staff would respect them.

- No one was in receipt of end of life care at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People's care was planned, monitored and reviewed regularly. Care plans had detailed information about the support people required and respecting their wishes whilst promoting their safety and independence, where possible.
- The service had a registered manager, but they were on leave at the time of this inspection.
- The provider had recently appointed a head of adult operations who had taken over the role of the registered person. New service managers had been appointed. There was a clear management structure in place and staff knew who to raise concerns.
- Service managers and head of adult operations had ensured they understood their role and shared information with CQC about all aspects of the service including quality performance, risks and regulatory requirements. These were supported with policies, procedures and a business continuity plan to ensure service delivery was not interrupted by unforeseen events the information given in the completed the Provider Information Return mostly supported what we found on the inspection.
- The latest Care Quality Commission inspection report was available at the office and the awarded rating was displayed at the office and on the provider's website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- People and relatives were complimentary about the local staff and service managers who they knew by first name. A relative said, "Management I think do listen. We usually speak with the local staff because they focus on people's care or [staff] in the office."
- Staff told us the management changes were positive. A staff member said, "[Service manages] is here, always answers when you call them. Management are really listening to us."
- The head of adult operations had implemented new audit systems and processes. There were a range of quality audits carried out, which included checks on people's care plans and care provided, complaints, incidents, staffing and regulatory responsibilities. Actions plans were completed and reviewed to ensure shortfalls identified had been addressed.
- A new system had been put in place to ensure staff were trained and supported in their roles because it had been identified some staff training had lapsed. Training was focused on developing staff to achieve better outcomes for people. Internal and external training was ongoing to ensure all staff had the skills and knowledge they required to meet people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics:

- People and relatives had opportunities to share their views about the service individually, through care review meetings and surveys. Meetings with people had been documented and showed people were happy with the care and support they received. The response and comment in the surveys were positive.
- The service had received compliments, cards and letters of thanks about the care provided.
- Staff were kept up to date and their views were sought about developing the service through supervisions, staff meetings and day to day conversations with the service managers.

Continuous learning and improving care:

- The service managers and head of adult operations had a good knowledge of national good practice guidance to support people. The provider's policies and procedures had been updated to reflect the best practice guidance and any changes were shared with the staff.
- The service had been using a new electronic care planning system. Staff were provided with hand held devices to access the care plans and record the support provided. Good recording keeping helps to monitor people's care and wellbeing in real time.
- Information gathered from complaints was analysed within the service and across the provider's other services.
- Staff were encouraged to reflect following any incidents and accidents to see if they could have done things differently and any learning was shared. They were consulted and involved in new documentation and processes. For example, the new format of people's health action plans and the content had been discussed with the staff team to ensure accurate and relevant information was documented.
- Staff told us they felt valued. Staff were recognised through the 'Employee of the Month' initiative and rewarded for their contributions to making a difference to people's lives.

Working in partnership with others:

- Feedback from health and social care professionals was mixed. One professional spoke positively about the support people received and they found the registered manager and service managers were available and responsive. The other shared concerns which had been raised with the service manager and some improvements were made as a result.
- The service manager was responsive to feedback from professionals, and internal and external audits and inspections. For example, additional competency assessments were developed to ensure staff followed the procedures to promote people's safety and quality of life.
- The service was proactive by making sure people's home was safe by using external contractors, when required.