

Voyage 1 Limited

Barn Rise

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Barn Rise is a residential care home providing personal care and accommodation to up to 6 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 5 people using the service.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support: Model of Care and setting that maximises people's choice, control and independence. Staff were recruited safely and had appropriate training on how to safeguard people using the service. The provider followed current best practice guidelines to effectively manage people's medicines and risks associated with infection prevention and control (IPC). People had individual positive behaviour management plans to guide staff when people became distressed or anxious.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. If people lack capacity to make certain decisions appropriate support was sought to support them.

Right Care: Care is person-centred and promotes people's dignity, privacy, and human rights. People were encouraged to communicate freely and access the community for activities when they wanted to. Staff supported people to learn new skills and maintain important contacts. People's care records were person-centred and up to date. Staff knew people well and understood their support needs which empowered people to make decisions about their care.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive, and empowered lives. The staff team worked well together making sure people's rights and wishes were protected. The service had regular communication with the healthcare professionals and relatives which led towards good working relationships and empowered people to choose the way they wanted to live their lives. The management team led by example and people were supported to take positive risks and were supported to do more things on their own.

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

Rating at last inspection and update

The last rating for this service was good (published 8 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection. This report only covers our findings in relation to the key questions safe, effective and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barn Rise on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Barn Rise

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Barn Rise is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Barn Rise is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service including any feedback from the local authority and notifications of significant events the provider had sent to us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with 3 family members about their experience of the care provided. We also spoke with the registered manager, regional manager and 3 staff members who provided care to people.

We reviewed a range of records. This included 2 care plans and risk assessments, medicines management procedures and training data. A variety of records relating to the management of the service, including audits and policies were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from harm and abuse.
- The provider had robust systems and procedures to ensure any allegations of abuse were reported and acted on.
- Staff spoken with told us that they would report any concerns to the registered manager or above if that would be required. One member of staff said, "I would record everything and tell [registered manager] about it, I can also contact the operation manager or the police. We have discussed safeguarding and reporting during team meetings."
- Relatives spoke positively about the service and told us that their relative was safe. One relative said, "[Name] is very safe at Barn Rise, staff know him very well and he looks comfortable with staff."

Assessing risk, safety monitoring and management

- Risks in relation to people receiving care and support were assessed and plans were in place to manage such risks.
- The service had developed robust risk management plans which had been assessed as part of the care plan reviews and were integrated within the person-centred care plan.
- Some people might display behaviours when anxious or in distress. We saw in care records that people had positive behaviour support plans, which had been developed together with behaviour specialists to provide staff with guidance of the least restrictive way in supporting people who displayed such behaviours.

Staffing and recruitment

- The provider ensured that staff were recruited safely, and sufficient staff were deployed to meet people's needs.
- The provider carried out appropriate recruitment checks including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff and relatives told us that there were enough staff around to ensure people's needs were met. The registered manager advised us that the service found it challenging to recruit new experienced staff, but recruitment was ongoing. The service had 2 vacancies which were covered internally to ensure this does not impact people and the service. One relative said, "Whenever I visit [name] there was always enough staff around, I know [name] is taken out and well supported."

Using medicines safely

- Medicines were managed safely.
- Medicines administration records (MARs) viewed were completed correctly and staff spoken with showed a

good understanding of the process to follow when supporting people with their medicines.

- Relatives told us that they had no concerns about how people were supported with their medicines.
- Some people had medicines prescribed to manage behaviours when they were anxious or distressed. We saw that processes were in place to review these regularly and there was no evidence of excessive use.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People who used the service were able to welcome visitors and friends and there were no restrictions on visiting arrangements.

Learning lessons when things go wrong

- The service had systems and procedures to capture accidents and incidents and take action to minimise them for happening again.
- The registered manager told us that they would discuss accidents and incidents with staff during meetings.
- Staff confirmed that accidents and incidents were discussed during meetings and that they would record and report them to the management team.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Since our last inspection no people had been admitted to the service. The service however had a system in place to continuously assess people's needs and update and review care plans as and when required.
- People's needs' assessments looked at people's communication methods, medical history, preferences for care. This information had been included in people's person-centred care plans.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their role effectively.
- Staff had completed mandatory training in relevant areas to ensure they could carry out their role safely and competently. Training included, moving and handling, medicine administration, first aid, mental health awareness, learning disability and autism awareness. In addition to the mandatory training staff had also access to specialist training in relation to people's specific health care needs. This included epilepsy or risk of choking.
- Relatives told us that staff had the right skills to support people who used the service. One relative said, "They [staff] know what they are doing, they are the experts."
- The staff spoken with told us that they felt supported by the management team and had regular supervisions and appraisals. Records viewed confirmed this.

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

- People who used the service were supported to have a well-balanced, nutritious, and healthy diet.
- People were able to make healthy food choices and the food options were displayed on a notice board in the communal hallway in a pictorial format. This helped people who could not read to make an informed food choice.
- We observed people enjoying their lunch and staff supporting people appropriately if they required their meals to be provided differently due to health risks.
- People who used the service had access to drinks and snacks throughout the day.
- Where required external healthcare professionals were involved and people's dietary needs were assessed, and a plan was provided to guide staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us that the service worked closely with external healthcare providers to ensure people lived healthier lives.
- Some people had complex health care needs. Records showed that staff supported people to access

healthcare professionals when needed. Actions and guidance provided was followed up and staff were supported with additional training to ensure they had the right skills to ensure people maintained a healthy life. For example, we saw clear guidance for people who were at risk of choking and staff working at Barn Rise had attended training to recognise and respond to the risk of choking.

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

- Barn Rise is a well-adapted and well-maintained home for people to feel comfortable and relaxed in.
- People's rooms were personalised, and staff or families supported people to make it their own.
- The service had an ongoing maintenance programme and since our last inspection visit, the service had been redecorated.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were asked for their consent before staff provided care.
- Staff had received training around MCA and understood the importance of obtaining consent before providing care.
- The registered manager understood and worked within the principles of the MCA. This included the need to make best interest decisions and speaking with health professionals, where people lacked capacity to make decisions about their care and treatment.
- Where people were restricted of their liberty, best interest decisions were made on behalf of the person and appropriate DoLS authorisations were sought from the local authority.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture that was person-centred, inclusive, and achieved good outcomes for people. The service was planned around people's preferences and their needs. This was confirmed by the deputy manager who said, "We build the service around the people. It is their home, and they have to be comfortable and happy at Barn Rise. If they [people] are happy, I am happy. We have also created an inclusive culture and worked with staff to take people's needs first and respect their choices."
- Relatives spoke highly of staff and the service. A relative told us, "I am very happy with [name] living at Barn Rise. Staff know [name] well and regularly update me of anything happening. Whenever I visit [name] appears happy and staff sit with [name] and interact with [name] kindly."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and deputy manager understood their responsibilities under duty of candour which is their duty to be open and honest when something goes wrong. They told us, "It is important to be open and transparent, there is nothing to hide, and we can learn from mistakes to make improvements."
- The registered manager was aware of the type of incidents that required reporting to CQC. Since our last inspection the service informed us of events they legally had to and demonstrated that appropriate actions were taken.

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

- The registered manager and staff understood their roles, the quality assurance systems and there were clear lines of communication. This meant the service generally ran smoothly.
- Relatives and staff were positive about the way the service was managed. One relative told us, "[Name] is a great manager, you can really see that she cares for the people at Barn Rise." A member of staff said, "[Name] made a big change, it is a good place to work and staff and people we support are happy."
- Staff feedback was positive regarding the leadership style of the registered manager, and how well run the care home was. A staff member said, "[Name] is a good manager, she cares and listens to staff and tries to make improvements if it is in her power."
- The provider's quality assurance systems contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, morning and afternoon

activities, medicines management and occurrences, such as accidents and incidents.

- There were thorough and regular audits carried out by the registered manager, staff, and the provider. They were up to date and included fire safety, infection control, documentation and health and safety.
- Staff were aware of their specific areas of responsibility such as record keeping, medicines management and carried them out well.

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

- People and relatives were engaged in how the service was run and had opportunities to feedback about the care provided. A relative told us, "The management keep me well informed of what's going on and we are happy with the service [name] receives." Another relative said, "We are sent questionnaires yearly and I make sure I complete them, I do feel that I am listened to."
- The provider had considered people's protected characteristics such as religion, culture and ability. For example, people were supported to go to regular church services if this was what they wanted to do.
- There was evidence of staff team meetings to share information and give staff the opportunity to raise any issues.

Continuous learning and improving care; Working in partnership with others

- The service worked closely with the local authority, public health partners and the local NHS to ensure people's needs were met.
- The provider worked closely with the funding authority to secure additional support for people if their needs had changed. The operation manager recognised that this was challenging but said, "It is in the best interest of the people we support."