Pendleton Care Limited

High Barn

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

High Barn is situated in Rochdale and is based in a large house that can accommodate up to four adults with a learning disability. The organisation specialises in the care of young adults with autism. Facilities include a communal lounge, separate dining room and kitchen. All the bedrooms are single and one is situated on the ground floor in order that people with physical disabilities may also be accommodated. Four people were accommodated at the home on the day of the inspection.
A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had been in post since September 2016.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

The home was clean, tidy and homely in character. The environment was maintained at a good level and homely in character.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities. This helped to protect the health and welfare of staff and people who used the service.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw from our observations of staff and records that people who used the service were given choices in many aspects of their lives and helped to remain independent where possible.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

We saw that people were able to attend activities of their choice and able to visit family members with staff support.

Audits, surveys and key worker sessions helped the service maintain and improve their standards of support.

People thought the registered manager was approachable and supportive.

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 was safe.

The service used the local authority safeguarding procedures to report any safeguarding issues. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

Is the service caring?

Good

The service was caring.

We observed staff had a kind and caring approach to people who used the service.

People were encouraged and supported to keep in touch with

their family and friends.

We saw that people were offered choice in many aspects of their lives and encouraged to remain independent.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns which was produced in an easy read format for them to use.

People were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

All the people and staff we spoke with told us they felt supported and could approach managers when they wished.

High Barn

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 06 March 2018 and was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, this tells us what the service does well and the improvements they plan to make. We used this information to help plan the inspection.

We spoke with one person who used the service, two relatives, the registered manager, area manager and two care staff members.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for two people and the medicines administration records for four people who used the service. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Our findings

We asked a person who used the service if they felt safe at the home and they told us, "It is safe here and I would talk to the manager if I or someone else was being hurt." Two relatives we spoke with said, "Yes, he can't get out of there, he's fine there. In a previous place, our relative ran away six times so we found this place in Rochdale" and "I think my relative is safe, yes."

From looking at the training records and talking to staff we saw that staff had been trained in protecting people from abuse. Staff had access to a safeguarding policy and procedure. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service also had a copy of the local social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy, which is a commitment by the service to encourage staff to report genuine concerns with no recriminations. The staff we spoke with were aware of safeguarding issues and made comments such as, "I am aware of our whistle blowing policy. I would report poor practice. Every member of staff sign a declaration that if we see bad practice we will report it" and "I have had my safeguarding training. I am aware of the whistle blowing policy. I would report any possible abuse to one of the managers. The systems in place for safeguarding protected people who used the service from possible abuse.

We saw that the service had responded to safeguarding concerns which had been raised in the past and involved people who used the service not staff. As a response two people who used the service had been referred to a professional and had a plan in place to minimise further incidents.

One person who used the service told us, "If staff do my shopping they help pay and keep the receipts." We saw there was a safe system for protecting people from financial abuse.

We spoke with the area manager about how the organisation responded when issues or concerns were identified or processes went wrong. The area manager said, "Due to problems with some of our services in other areas the personal emergency evacuation plans (PEEP) are colour coded to make it easier to identify people most at risk, bedroom audits are completed weekly for tidiness because there was a fire in a bedroom and the fire service thought a pile of clothes was a body and could have been put at risk and we now ask for three references due to problems in the past with only two. This showed that lessons were learned for previous incidents.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision was taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

A person who used the service said, "There are plenty of staff to help me and they meet my needs." On the day of the inspection there were three care staff, the registered manager and area manager on duty. Three staff throughout the day was the norm for this service. The registered manager said they looked at what activities people were going to and brought staff in on the days they were taking people out. This meant there were always enough staff to meet people's needs.

A person who used the service told us the premises and equipment were kept in good order. We saw that the electrical and gas installation and equipment had been serviced. There were other certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing (PAT), and fire alarm system. Managers and staff also checked windows had restricted openings to prevent falls and the hot water outlets were checked to ensure they were within safe temperature limits. We saw the home was well maintained and equipment was in good working order.

The fire alarm system had been serviced. Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the fire procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. The PEEPs were kept in the care plans and near the entrance in a 'grab bag' so staff could get hold of them in an emergency to present to the fire brigade. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a gas or power failure.

We looked at two plans of care during the inspection. We saw each plan of care contained risk assessments to support their lifestyles . We saw assessments for going out in the community, possible minor self-harm, over eating and when using transport. We saw there was good detail for staff to understand and minimise the risks. The risk assessments had been reviewed and provided staff with up to date information to help protect the health and welfare of people who used the service. We saw that where necessary professionals we called in to provide information and guidance for example positive behaviour professionals and speech and language therapists. We saw the risk assessments helped people keep safe and did not restrict their lifestyles.

We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service.

During the tour of the building we saw the home was clean, tidy and did not contain any offensive odours. Relatives we spoke with said, "Oh yes, it's sparklingly clean. My relative is very clean too, they shave him regularly" and Yes the home is clean." There were policies and procedures for the control and prevention of infection. The training records showed most staff had undertaken training in the control and prevention of infection control. Staff we spoke with confirmed they had undertaken infection control training. The service used the National Institute for Clinical Excellence guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy. The area manager also audited infection control on frequent visits.

There was a laundry sited away from any food preparation areas. The laundry contained sufficient equipment to help keep people's clothes clean and presentable. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection, including the laundry. Staff had access to personal protective equipment (PPE) such as gloves and aprons and we saw that there were plenty of supplies.

One person who used the service said staff administered medicines. We saw from looking at the plans of care the self-administration of medicines was risk assessed and if it was thought people could not safely manage medicines staff would complete the task We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so and had their competency checked to ensure they continued to safely administer medicines.

We looked at four medicines administration records (MARs) and found they had been completed accurately. There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home which helped staff check the numbers of medicines people had. There was a photograph on each MAR to help staff identify the correct person.

The service did not have any controlled drugs on the premises although the registered manager was aware of the storage and recording of these stronger medicines should they be prescribed.

Medicines were stored in a locked cupboard and only staff who needed to had access to the keys. The temperature of the medicines cupboard was checked daily to ensure medicines were stored to manufacturer's guidelines. The service did not have a dedicated medicines fridge but the registered manager said they would be kept in a container in the kitchen fridge, be clearly labelled and the temperature recorded.

Any medicines that had a used by date had been signed and dated by the carer who had first used it to ensure staff were aware if it was going out of date and there was a safe system for disposal. Any hand written prescriptions were signed by two staff which is the recommended safe method.

There was a signature list of all staff who gave medicines for management to help audit any errors. The service had a copy of the National Institute for Clinical Excellence guidelines 2017 for administering medicines in care homes. This is considered to be best practice guidance for the administration of medicines.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors.

We saw that topical medicines such as ointments were recorded in the plans of care. The service used body maps to show staff where to apply the medicines.

The medicines system was generally audited weekly by managers and during the area managers visits. This helped spot any errors or mistakes. Staff retained patient information leaflets for medicines and also a copy of the British National Formulary to check for information such as side effects.

Good

Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

We saw that all four people who used the service had had a mental capacity assessment and three people had a DoLS in place. The fourth person we spoke to and found they had capacity to make their own decisions. We saw that the service had used the correct process to apply for the DoLS and people had access to advocates. Advocates are external professionals who act on a person's behalf to ensure their rights are protected and any decisions made are the least restrictive. We saw from looking at the plans of care that two people had regular visits from their advocate to ensure they were being well cared.

We asked a person who used the service what they thought about their meals. The person told us, "I get enough to drink. I have already had two cups of tea this morning. There is enough choice and we have a balanced diet. You can have a meal when you want it and it is hot. There are snacks available and you can have a cold drink when you want to."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. The plans of care contained details of any special needs a person had with their intake of food and drink. There was a planner on the wall for people to know when a mealtime was due but we also noted the service was very flexible and people could take a meal when they wished. One person planned the meal in their turn for the weekly menu and shop. However each person seemed to have their preferred meal and ate what they wanted each day. We were present in the dining room for part of the inspection to observe people's meals and they came and went at different times although we were told that

the evening meal was taken as a group. The service were introducing more pictorial support for people to choose the foods they wanted.

People were encouraged to assist in shopping and preparing their food and drink. The level of staff support was dependent upon the person's ability. The dining room contained sufficient seating for all and people had access to condiments to flavour their food. We saw that people regularly ate out or had a take away meal such as fish and chips.

We saw people's nutritional needs were recorded in the plans of care and where required people had access to a speech and language therapist (SALT) or dietician. No current people who used the service had any ethnic, cultural or religious nutritional needs. No person required food supplements or drink thickeners.

The kitchen was rated as five star, very good from the last environmental health inspection which meant food ordering, storage, preparation and serving were safe. We went into the kitchen and found it to be clean and tidy. We saw there was a good supply of fresh, frozen, dried and canned foods. We saw fresh fruit was available.

People had what they wanted from the normal range of breakfast foods, a lighter lunch and the main meal in the evening. Drinks were served at mealtimes and when people asked for one. We saw people had a drink of their choice often during the day.

We toured the building during the inspection and visited all communal areas, two bedrooms and the bathroom. People were mobile and did not require any specific mobility aids. Communal areas were suitable for the people accommodated at the home and contained sufficient homely style furniture for their comfort. There was a secure garden area for people to use in good weather. Parking in the area was congested but there were two designated parking spaces reserved for people with a disability.

We saw that bedrooms were highly personalised and people had their own equipment such as televisions, music systems or items they were interested in and one person had sensory equipment to help calm them. The registered manager said people were supported to choose their own furniture and décor which was a good standard. People were able to retire to their personal space and 'do their own thing'.

New staff received an induction when they commenced work. Staff new to the care industry were enrolled onto the care certificate which is considered to be best practice. All staff completed the induction provided by the service which included a company overview, key policies and procedures such as confidentiality, safeguarding and whistle blowing, the staff handbook, the disciplinary and grievance procedures, an outline of CQC standards and regulations, whistle blowing, the codes of conduct, the structure and management of the company and the terms and conditions of employment. Staff were supported to meet the people who used the service and shown around the environment. Staff were also introduced to the care plan and computer systems. We saw completed documents for the induction process and care certificate.

We asked a person who used the service if staff were well trained and the person thought they were and said, "They are very good." Relatives said, "They are fully qualified in every way" and "I think they are well trained." We saw from looking at the training records, staff files and when talking to staff that training was ongoing. Training included the MCA, DoLS, first aid, fire safety, food safety, nutrition, medicines administration, moving and handling, infection control, health and safety, safeguarding, the care of people with behaviours that may challenge others, the care of people with diabetes and fire awareness. Most staff had completed a recognised course in health and social care. Staff we spoke with said, "I have completed all the training. I think the training has given me the confidence to do this work. I have just completed training

for behaviours that challenge" and "I have completed all the mandatory training. We are supported with a lot of training. I have had specific training around Autism." Staff were trained to support the people who used the service.

We saw from the records that staff received regular formal supervision and appraisal with a manager and were also supported by managers when working their shifts. Staff told us, "We have regular supervision. We are free to talk about what support we need as well as how things are going" and "We get regular supervision every two or three months. I get the chance to bring up my training or any other needs I have." Staff received regular support and supervision which gave them an opportunity to identify any training needs and managers to discuss their performance.

We saw from the plans of care that each person's needs were regularly assessed to ensure the care provided was what people required.

Staff used various methods of communication to ensure information was accessible and to help people who used the service to understand it. This included clear verbal communication which we observed, the use of simple easy to read documents and words using picture support. Documents, such as the rules of the house showed how the service provided information in an easy read format. In the hallway there was a guide to what the service provided. This told people with words and the use of pictures what the service provided, what the staff do, what activities there were available, information about the local towns, finances and financial support and how to complain if they wanted to. People were supported to understand what the service provided and what they could expect when they lives at the home.

We saw the service liaised well with other organisations and professionals. Each person had their own GP and had access to professionals such as specialist nurses, hospital consultants and speech and language therapists. People were also supported to attend routine appointments with opticians, dentists and podiatrists. This helped ensure people's health care needs were met.

People had a 'hospital passport' and a missing person's record which would give other organisations the details they would need to know in an emergency situation. The passport also ensured good transition between services.

Good

Our findings

One person who used the service said staff were kind. Relatives we spoke with said staff were kind and caring and listened to them. Staff we spoke with said, "I have seen a lot of improvements. There are more choices for people who use the service and more choice of activities. To me the work is challenging. It is different every day and people with Autism and learning disability are special. I would recommend the home to family" and "I would be happy for a member of my family to live here if I needed. I think the job is rewarding and I think it is something I am good at."

We asked a person who used the service what choices they had, for example the time of getting up, going to bed, when to eat and going out and they said they could choose themselves what to do. We saw in the plans of care that people's choice was recorded in detail which would give staff the knowledge to support people in the way they wished. When we arrived for the inspection some people were just getting up and the activity planning board showed individual activities of choice people were due to attend on the day. We saw that people were asked what they wanted to eat or drink. Choice helped people retain their dignity.

A person who used the service told us, "Staff always knock on the door before coming in." This person also told us, "I make my own breakfast, lunch and tea and tidy my own room, which is what I want to do." Two relatives said, "Yes they most certainly are helping my relative to be more independent. My relative has learned to cook and could not cook before. They can now bake" and Well I think they are helping with independence, yes." Plans of care showed what people could do for themselves and how staff should encourage it. We did not see any breaches of privacy on the day of the inspection. People were supported to be independent and staff respected people's privacy.

In each plan of care there was a section which recorded a person's personal preferences and what they liked or did not like. There was a section which looked at the goals a person wanted to achieve.

We observed staff and their interaction with people who used the service during the inspection. Staff were kind, compassionate and supportive. People who used the service were settled and appeared to be happy. Staff had time to sit and talk to people or support them with activities or tasks. We heard some good light hearted conversation and where required staff used their knowledge of people to find out what they wanted.

All the records we asked to look at were stored securely. Staff received training in information management and confidentiality which ensured information would only be shared with people who needed to know

people's personal details. There was also information for staff on how to use information sharing media and that confidentiality on this platform also needed to be maintained.

Staff were trained in equality and diversity topics. We saw from the plans of care that people's diverse needs were taken into account. For example one section of the plan looked at a person's sexuality or any relationships they had. We saw details of the assessment process which took account of religious or cultural preferences and if people needed any specific support. Staff were trained in equality and diversity topics to ensure the gender, age, religious needs, sexual preference and cultural needs of people who used the service were taken to ensure their individual needs were met.

Each person had a key worker who talked with the person monthly about their aspirations and involved people in their care planning. We saw that people's wishes had been acted upon. For example, people's rooms had been decorated to their tastes, people taken to places they were interested in and taken shopping for items they wanted. There were no people living at the home who had any cultural or religious needs. Monthly key worker sessions were thought to produce a better response from the people who used the service than house meetings.

People were encouraged to maintain their relationships with family and friends. We saw that where family did not live nearby staff showed people who used the service how to use modern communication methods on the computer and also had taken people to London to see family and a trip was planned for one person to Bristol to see a relative. Family members told us they were kept updated on the care of their relative.

Two people who used the service had regular contact with an advocate. An advocate is an independent person who acted on behalf of the people who used the service to ensure what care they got was the least restrictive and what was in their best interests.

Good

Our findings

A person who used the service told us, "If I have a complaint I can talk to the manager. I have never complained but I think they would listen to me." Relatives said, "I have not raised any concerns but have made positive comments" and "I would not have any problems raising a concern." People felt able to talk to the registered manager or staff if they had any concerns.

There was a suitable complaints procedure accessible to people who used the service and their relatives. The procedure was produced in an easy read format to help people understand what to do. People who had an advocate would be able to raise concerns with them if they did not feel they could talk to staff and all people who used the service were in touch with their families. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. There had not been any complaints to the CQC since the last inspection.

However, to ensure each person's views were recorded about the service people who used the service had a monthly meeting with their key worker. A key worker is a member of staff who is 'matched' to a person and sits and talks about care, concerns and what activities or meals they would like. We saw from key worker sessions that people's rooms were redecorated, any shopping for personal items they needed were arranged, people were taken to places they wished to go and planned activities held. The registered manager told us they felt the key worker meetings were more beneficial to each person than monthly group meetings because not everyone responded or could communicate well in a group.

Activities were thus planned with people who used the service each week. The plan for each person was advertised on a wall so people were reminded of what they had agreed to do. The service used pictures to help people understand what it was they were doing. Pictures of food represented mealtimes, a photograph of a podiatrists establishment showed people they had an appointment to have their nails cut and pictures of places of interest showed people they were going to a museum or other venue.

There were outdoor activities. On the day of the inspection one person went out to visit the grave of a relative and one person went to the cinema. One person liked the local trams and was taken regularly on outings. People also went to the seaside, out for a meal, bowling, swimming and to see relatives. One person whose family lived some distance away used a visit as a mini holiday and stayed in a hotel as part of the trip.

Activities were held indoors. We saw people using sensory equipment including a mat which played music

when stood upon and using a sensory fish tank. There were also arts and crafts, games, jigsaw puzzles, television and films and music. We saw that one person who liked heavy machinery had many models of diggers and trucks in their room and could arrange them how they wished. We saw people were sat in a relaxed atmosphere discussing mother's day and preparation being made including baking cakes.

There was a secure garden people could use in the summer and people helped in the garden and also looked after the three rabbits they had as pets.

Activities also included maintaining life skills including cooking, shopping, maintaining personal grooming and keeping the house in good order. Family members told us their relative was doing more than they ever had. People were supported to attend meaningful activities to help keep them occupied.

We looked at two plans of care during the inspection. Although people had been in the service for some time and the pre-admission assessment was out of date we saw arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. We saw that the assessments had been fully completed for each person. This process helped to ensure that people's individual needs could be met at the home.

Plans of care were detailed and showed us what level of support people needed and how staff should support them. Each heading, for example personal care, pain, community involvement, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management. There was a daily record of what people who used the service had done or how they had been to keep staff up to date with information.

There was also a health care plan which looked at a person's health care needs including if they could consent to any treatment, records of routine appointments and any other health related needs. There was a sensory profile which looked mainly at behaviours that challenge and ways to minimise risk.

There was also a section for finances and a record for people's daily life skills abilities. This detailed what skills a person had and for staff to encourage people to do tasks within their abilities and prompt them if needed. The plans helped staff deliver effective care to people who used the service.

A staff member said, "Staff had a handover at the beginning of every shift so that any necessary information about a person, for example, any appointments or activities were passed on to staff and they would then make arrangements to do the required task.

In the two plans we looked at we were told one person's family were completing an end of life plan. In the other plan we saw it had been completed and their wishes recorded which included details of any particular undertaker, if they wanted to be buried or cremated, who they wished to be involved and attend, their choice of hymns, readings and music to be played and what they wanted to wear. This would ensure a person's wishes were met at the end of their life.

We looked at what technology the service used to aid support. Besides action boards using pictures there was also equipment to calm people down or provide stimulation. This included equipment such as a mat

which played music when stepped upon. Staff had access to the internet and assisted people to contact their relatives via Skype. Staff also used the computer for planning care and other documentation which they were taught to access and use.

We asked a person who used the service if staff respected their values and beliefs, for example, religion, culture and sexual orientation. The person thought they did which showed staff were aware of and therefore able to protect people from discrimination.

Good

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had been in post since September 2016.

We asked people who used the service, family members and staff if they thought they could talk to managers and if they were approachable. A person who used the service knew who the registered manager was and said, "I would talk to the manager who is approachable and knows me well. Relatives said, "Yes he is approachable. I go about four times a year to see him. The manager is very, very nice, and keen to help my relative who since living at High Bar is a different person and has put on weight. My relative was not happy at the last place and did not get the care and attention like they have at High Barn" and "I think the manager is approachable." Staff said, "The support from managers is superb. They are approachable and available" and "The management support is good." We observed the area manager supporting a staff member to complete work on a computer. All the people we spoke with thought management support was good.

We looked at some policies and procedures which included key ones, for example, infection control, health and safety, admission procedures, complaints, confidentiality, data protection, health and safety, medicines administration, safeguarding, whistle blowing and reporting falls. We saw the policies and procedures were updated and available for staff to follow good practice.

The manager conducted regular audits. We looked at the audits. The manager completed a daily walk around to look at cleanliness and infection prevention and control, fire exits were clear free from obstruction and paperwork was completed correctly. A weekly check for bedding and the environment, health and safety such as window restrictors were in place, water temperature records, the fire bag contained all the relevant equipment, medicines administration, the laundry, outside areas and night security and lone working safety. We saw that from audits new equipment and furniture was ordered and carpets cleaned. The area manager called once a month or so to check the audits were completed by the manager in a timely manner. The audits helped ensure services were maintained or improved.

A staff member said, "We have team meetings. We share ideas and care issues. At the last meeting of February 2018 items on the agenda and for staff discussion were care of people who used the service and any updates, upcoming competency checks on medicines administration, behaviour support, incident

reporting, the fire system, food costings, activities and family visits, plans for Easter boxes and infection control. We saw from meetings a way was decided on how best to check fire protection equipment and how the behaviour of one person who used the service was being observed and recorded as a possible communication trait. Staff were able to share ideas and were involved in the management of the home and care of the people accommodated there.

There was an available statement of purpose and service user guide which informed professionals and people who used the service what facilities and services were on offer and included the provider details.

There was a recognised management system staff were aware of and we saw from the recording of incidents/accidents and other documents that management was open and transparent.

We saw the service asked people who used the service what they thought about the service and ways they felt it would improve their lives. Questions we saw recorded in the plans of care from a survey showed people liked living at the home, were satisfied with their private space (and where requested the room was decorated) were happy with activities, staff were always friendly and polite, people were satisfied with the food and thought the service was well-led. One comment made by the person was that they would like to see more of their family and this had also been arranged with a further trip planned. Where people were not able to complete surveys one to one meetings were held with them and their views obtained using their known communication methods.

The service had gained the Investors in People award and was working towards National Autistic Society accreditation. To achieve the accreditation the service has to ensure they have an extensive knowledge of Autism and how it impacts on an individual. The area manager said, "We hope it will improve staff understanding by looking at triggers which may cause behaviour that challenges. We have improved our care of people with Autism by the introduced of communication boards, better menu planning, a choice board for non-verbal service users and improved activities. The service were working with external organisations to improve the service.