Lifeways Community Care Limited

Barleycombe

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

We carried out an unannounced comprehensive inspection on 23 April 2018.

Barleycombe provides care and accommodation for up to 13 people with learning disabilities. On the days of our inspection there were ten people living at the care home. In relation to Registering the Right Support we found this service was doing all the right things, ensuring choice and maximum control. Registering the Right Support (RRS) sets out CQC's policy registration, variations to registration and inspecting services supporting people with a learning disability and/or autism.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager who was present throughout the inspection. 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.

This was the first ratings inspection for this provider, Lifeways Community Care Limited since they became registered on 15 December 2016. We found that the service provided to people was good.

People were safe at the service. People were protected from abuse because staff knew what action to take if they suspected someone was being abused, mistreated or neglected. Staff were recruited safely, and checks carried out with the disclosure and barring service (DBS) ensured they were suitable to work with vulnerable adults. There were enough staff to meet people's needs.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe.

Risk assessments were in place to help support risk taking, and help reduce risks from occurring. People who had behaviour that may challenge staff or others had risk assessments in place which gave good guidance and direction to staff about how to support the person, whilst taking account of everyone's safety. People received their medicines safely by suitably trained staff.

People were supported by staff who had received training to meet their needs effectively. Staff meetings, one to one supervision of staff practice and appraisals of performance were undertaken.

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's health was monitored by the staff and they had access to a variety of healthcare professionals. Staff worked closely with external health and social care professionals, to help ensure a coordinated approach to people's care.

People's care and support was based on legislation and best practice guidelines which helped to enhance wellbeing and ensure the best outcomes for people. People's legal rights were upheld and staff sought consent to care as much as possible. Care records were person centred and held full details on how people liked to be supported; taking into account people's preferences and wishes. Overall, people's individual equality and diversity preferences were known and respected. Information recorded included people's previous medical and social history and people's cultural, religious and spiritual needs.

People were treated with kindness and compassion by the staff who valued them. The staff, some who had worked for the company for a number of years, had built strong relationships with people who lived in the home. Staff respected people's privacy. People, or their representatives, were involved in decisions about the care and support people received.

People were able to make choices about their day to day lives. The provider had a complaints policy in place and the manager said any complaints received would be fully investigated and responded to in line with the company's policy. Staff knew people well and used this to gauge how people were feeling. Advocacy support was regularly available to people.

The service was well led. People lived in a home where the provider's values and vision were embedded into the service, staff and culture. Staff told us of a registered manager who was very approachable and made themselves available. The provider had monitoring systems which enabled them to identify good practices and areas of improvement.

People lived in a service which had been adapted to meet their needs. The service was monitored by the provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care support people were receiving.

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.

People had detailed care plans, which included an assessment of risk. These contained sufficient detail to inform staff of risk factors and action they should take.

People were supported by trained staff who knew what action to take if they suspected abuse was taking place.

There were enough staff to support people. Safe recruitment systems were in place.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received training and supervision to carry out their roles.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

Staff protected people from the risk of poor nutrition and dehydration.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew them well.

People were involved in all aspects of their care and in their care plans.

People were treated with dignity and respect by staff who communicated well.

People were encouraged to express their views and to make choices.

Is the service responsive?

Good

The service was responsive.

Support was flexible and responded to individual needs and enabled them to access activities of their choosing.

Regularly reviewed care plans provided detailed information to staff on people's care needs and how they wished to be supported.

The manager logged complaints and responded to them in a personalised way.

Is the service well-led?

Good

The service was well led.

The provider had quality monitoring processes to promote the safety and quality of the service.

People who used the service and their relatives were asked for their views to develop the service further.

There was an open, positive and supportive culture at the service and the vision and values of promoting independence were understood and put into practice.

Staff felt well supported.

Barleycombe

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 checked 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 was a comprehensive unannounced inspection. It took place on 23 April 2018 to gather the required evidence.

The inspection was carried out by one inspector, one assistant 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. Our expert by experience had used this type of service previously as a relative.

Prior to the inspection we looked at other information we held about the service such as statutory notifications and previous reports. We also contacted the local authority and sought their views about the service provision.

During this inspection we met and spent time with nine of the ten people who lived at the service. Most of the people living at the service had complex needs but were able to communicate and tell us about their experience of being supported by the staff team. We looked around the premises and spoke with the registered manager and eight members of staff throughout the day. Following our inspection we were sent information requested on the day.

We looked at records relating to people's care and the running of the home. These included three care and support plans and records relating to medication administration. We also looked at how the provider ensured the quality monitoring of the service. This included feedback, audits and maintenance records.

Good

Is the service safe?

Our findings

The service provided safe care. Not all people who lived at Barleycombe were able to express themselves verbally. We observed people who appeared to be happy, relaxed and comfortable with the staff that were supporting them. Staff all agreed that people were safe. One person was able to name the registered manager. "She is the boss. I am safe and I don't get frightened," they told us. A different person said, "I'm not frightened and I haven't seen anybody else frightened. I would talk to staff if I was worried about anything. " Inside the service on display was information about safeguarding people from abuse which a person living at the home was able to tell us about.

Staff knew what action to take if they suspected someone was being abused, mistreated or neglected. Staff were confident the manager would take action, but also knew where to access the contact details for the local authority safeguarding team should they have to make an alert in the manager's absence. This contributed to keeping people safe.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. People were supported in different types of relationships of their choosing. Staff completing the Care Certificate (a nationally recognised qualification for staff new to care) covered equality and diversity and human rights training as part of this on going training.

People told us that there were enough staff to support them with their daily needs. They gave examples including going out to the pub and preparing meals of their choice. We observed that people had their needs met by suitable numbers of staff to support them based on the activity they were undertaking. Throughout the inspection we saw staff supporting people, meeting their needs and spending time socialising with them. Staff were recruited safely and checks carried out with the disclosure and barring service (DBS) ensured they were suitable to work with vulnerable adults.

People had the risks associated with their care assessed, monitored and managed by staff to ensure their safety. Risk assessments had been completed to ensure people were able to receive care and support with minimum risk to themselves and others. One person told us, "The road isn't safe and I'm not allowed there." There were clear guidelines in place for staff to help manage risks. People had risk assessments in place regarding their behaviour, which in some cases could be seen as challenging for others or the staff.

Accidents and incidents were recorded and referrals were made to the local learning disability team for additional advice and support if required.

The provider worked hard to learn from mistakes and ensure people were safe. The manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. A member of staff was able to tell us that through small changes made the whole service was better. One key change they saw was less incidents of altercations between people living at the service and staff. Being more

open about matters had enabled this to change.

People received their medicines safely from staff who had completed training. Systems were in place to audit medicines practices and records were kept to show when medicines had been administered. People prescribed medicines to be taken when required (PRN), such as paracetamol had records in place to provide information to guide staff in their administration; such as what the medicines were for, symptoms to look for, alternative initial actions to try, the gap needed between doses or the maximum dose. People said that their medicines were managed well. One person said, "I am happy that the staff look after my medication and I get (it) when I need it". Another person told us, "The ladies [staff] look after my pills". They were satisfied with this arrangement. During the inspection we found a couple of examples where medicines could be better managed. These suggestions were immediately acted upon and evidence was sent through to us. The next day the supplying pharmacist audited the medicines and also made some minor suggestions to improve the current system. These were also acted upon. The medicines management was safe, but this showed us that where suggestions were made the staff were keen to improve.

People lived in an environment which the provider had assessed to ensure it was safe and secure. The fire system was checked with weekly fire tests carried out. People had individual personal emergency evacuation procedures in place (PEEPs). People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

Good

Is the service effective?

Our findings

The service provided people with effective care and support. Staff were competent in their roles and had a very good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported by staff who had received training to meet their needs effectively. The registered manager had ensured staff undertook training the provider had deemed 'mandatory'. This included moving and handling, safeguarding from abuse, epilepsy, first aid and fire safety. Staff completed an induction which also introduced them to the provider's ethos, policies and procedures. Staff were supported and received regular supervision and team meetings were held. This kept them up to date with current good practice models and guidance for caring for people with a learning disability.

People's care support files held up to date assessments. These had been recently reviewed as the new provider had systematically reassessed every individual even though some people had been at the service for a number of years. Information had also been obtained from the local authorities to ensure information held was accurate. Assessments were based upon current guidance and best practice. Some people had individualised communication tools such as photographs of activities and food to aid their communication. Some people had electronic devices that enabled them to access information from the wider world.

People were supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People had access to the kitchen and were supported to prepare their own lunches. People were consulted about the food purchased from local stores and were part of the purchasing process with trips to supermarkets. People said the food was of their choosing and that it was good. One person said, "The new menus are out now I think it is tuna salad tonight." We saw the new menus that were in picture format when we asked a person about these they told us, "We decide." People identified at risk of certain food types were given advice from staff and we observed they were reminded about the health condition they had.

People were encouraged to remain healthy, for example activities were undertaken, and included supporting people going for walks to local parks to support them to remain healthy. People's health was monitored to help ensure they were seen by appropriate healthcare professionals so their on going health and wellbeing was assured. People's care records detailed that a variety of external healthcare professionals were involved in their care. Where specialist input was needed we saw reports from health professionals such as epilepsy nurse specialist and psychiatrists. One person told us, I see the GP if I am poorly. The staff take me and they come in with me (to see the GP) and I am happy with that. They ask me first (if I want them with me). I see the dentist for a check-up." A member of staff confirmed, "We have had training from a health professional to monitor [named person's] diabetes. I know what I'm doing."

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff encouraged and supported people to make day to day decisions. We observed staff supporting people with money management and encouraging decision making. Where decisions had been made in a person's best interests these were fully recorded in care plans. The registered manager was making this an area for further development to more accurately

reflect the developed better practice currently in place. Records showed independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support people in this area. The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People were not always able to give their verbal consent to care. However staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their care support tasks. Staff waited until people had responded using body language, for example, either by smiling or going with the staff member to their activity.

People lived in an environment which had been adapted to meet their needs. There was a program of decoration and refurbishment still underway that will enhance the environment. The laundry room was due for an upgrade that was needed. We gave feedback and the registered manager agreed to address the lack of signage within the extensive grounds to ensure people remained as safe as could be.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. People appeared relaxed and comfortable with the staff working with them. There was a busy, but happy atmosphere in the service. Many people had lived at the service for a number of years and had built strong relationships with the staff who worked with them. On staff member told us, "People here are unique and all different. I have an amazing job."

People were supported by staff who were caring and we observed staff treated people with patience and kindness. We heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance.
People responded well to staff intervention and support.

People had decisions about their care made with the involvement of their relatives or representatives. People living at Barleycombe were well aware of the advocacy service that visited weekly and how they were supported. One person said, "Advocacy helps me to talk about what we do. [Named the registered manager] is the manager and they are good. We are all friends together." People's needs were reviewed regularly and staff who knew people well attended these reviews. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned. One person told us, "I do my own washing and I make me own decisions. If I couldn't decide I would talk to staff and then decide myself."

Staff knew people well and understood people's verbal or nonverbal communication. Staff were able to explain, and adapt to, each person's communication needs. For example, by the expressions they made to communicate if they were happy or sad or the words they used to describe particular items.

People's independence was respected. For example, staff encouraged people to participate in household tasks if they were able to. Staff did not rush people and support was given at the person's own pace. Staff were seen to be patient and gave people time while supporting their independence. Staff understood people's individual needs and how to meet those. They knew about people's lifestyle choices and how to help promote their independence. One person said, "I can come and go as I please. I go on my own as I am independent. I've got a number here on my mobile but I haven't had to use it. If it was an emergency or I was worried I would use it (the number)."

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. One person told us, "My room is private and I have my own key. They [staff] knock on the door first." We saw that one person chose to wear their room key on a lanyard. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated against in respect of their sexuality. People were supported to understand and make decisions in relation to their sexuality without judgement from service staff. People's care plans were descriptive of people's needs and followed by the staff.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. Service staff knew people very well and

were able to speak confidently and with respect about peoples support needs. This staff knowledge consistency helped meet people's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

Good

Is the service responsive?

Our findings

People's care records were person-centred and held detailed information on how people wanted their needs to be met. They took account of their wishes and preferences, their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to any changes in people's needs. For example, they had contacted the learning disability team for advice and support over one person's recent change in their behaviour. For some people this had resulted in more appropriate staffing levels. Staff told us how they encouraged people to make choices and decisions in their daily lives.

People's individual care records were personalised to each person and held information to assist staff to provide care and support along with information on people's likes and dislikes. People had ownership of their own care planning documentation and had even chosen the files that represented them or their interests. One person told us, "I do my own Care Plan and they [staff] help me." A different person told us, "We've all got one [care plans] and we can change it." In addition to full care plans there was a one page profile which included information on 'what is important to the person, how best to support the person and what people admire about the person.' This meant new staff had the information on how to respond to people as they wanted and knew what was needed to best support people. Staff had good knowledge of people they cared for and were able to tell us how they responded to people and supported them in different situations.

People received individualised one to one personalised care support where needed. People's communication needs were effectively assessed and met by staff. Staff told us how they adapted their approach to help ensure people received this individualised support.

People took part in a wide range of daily and social activities that were meaningful for them. That evening there was a planned visit to the local pub. People accessed a variety of day centre opportunities in the locality. Some people attended wood working classes held at the service once a week or visited another service locally that had a bigger art facility. Throughout our visit people were supported with different activities to suit them. One person went to a garden centre with two staff. People told us of holidays they had been on and others told us of holidays they planned. One person had recently been to see a.well known rock band at a London venue.

People's family and friends were encouraged to visit and people spoke about visits to and from family. Staff recognised the importance of people's relationships with their family/friends and promoted and supported these contacts when appropriate.

People were supported with all aspects of care and support planning. This included arrangements and support at the end of their lives and when others had died. There had been recent bereavements within the service and with people's families. People had been appropriately supported to understand and come to terms with this. One person explained that they were raising money for the deceased person's favourite charity. One person had a book of memories and told us they had been enabled to go to a funeral. Another person told us that it was the anniversary of a parent's death and that staff would enable them to visit their

other parent during that time. Staff were aware of what they were required to do at the time of peoples death.

A complaints procedure was available. The manager and staff understood the actions they would need to take to resolve any issues raised. They explained they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. People at the service told us that they would speak to staff and felt confident in staff and managers to resolve their concerns. They also felt the regular access to advocacy would support them. We saw an example of a recent complaint relating to a planned electricity outage. This was resolved and back on within one day. Records were clear as to actions taken.

Good

Is the service well-led?

Our findings

Staff consistently spoke very highly of the management team. One staff member said; "They are friendly. Good at communicating and matters are dealt with well." Another said, "I like that they personally thank you for work we do," Staff reflected upon the ethos and values of the service and were keen to tell us that the new provider had progressed matters at Barleycombe. One staff member explained this as, people living here knowing their rights, having more opportunities to develop meaningful lives and that there were less incidents of aggression within the resident group.

The service had a registered manager. 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 registered manager covered this service and a nearby similar service. Each of the services had a deputy manager in place that was in day to day control. There was a clear structure in terms of responsibilities that everyone knew and understood.

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. One person living at the service told us, "I would recommend living here. It's well managed. I am asked my opinions at resident meetings." A different person said, "When they took over (the new providers) I was involved with that. I rate it 5 out of 5." People consistently told us that they were consulted and involved in the running of the service. A person living at the service showed us round the premises with pride and knew the long history of changes and challenges of the service. Staff were respectful of their views and enabled them to voice them to the inspection team. This demonstrated an open, empowering culture amongst the staff team.

The management team was respected by the staff team. Staff told us they were approachable and always available to offer support and guidance. People also benefited from a management team who kept their practice up to date with regular training. They worked with external agencies in an open and transparent way fostering and developing positive relationships. Feedback from external professionals was consistently positive.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to monitor current practice. The management monitored the culture, quality and safety of the service by meeting with people and staff to make sure they were happy.

The provider's governance framework, helped monitored the on going quality and safety of the care support people were receiving and the service overall. For example, systems and process were in place to check accidents and incidents, environmental, care planning and audits. In addition the huge information capture also noted events such as medical appointments, people's birthdays and trips out. This monthly information was then seen by the regional manager and then on to the board. This ensured there was oversight from the provider of what was happening within the service. Any issues helped to promptly

highlight when improvements were required. Action was then taken to continuously drive improvement. The provider had mechanisms in place to support the registered manager and also hold them accountable.

The management team worked hard to learn from incidents and ensure people were safe. The manager and provider had an ethos of honesty and transparency. Examples of this included sending us the required information in notifications before and information shortly after inspection. This included the supplying pharmacists report. The provider also supplied copies of the registered manager's formal supervision records that showed them being supported and held accountable. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.