Wycar Leys Limited

Barley View

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Barley View provides accommodation and personal care for up to eight people living with a learning disability or with autistic Spectrum Disorder (ASD). On the day of our inspection there were seven people living at the home.

The inspection of this service took place on 23 February 2016 and was unannounced.

The home did not have a registered manager in post. The previous manager had left the service in January 2016. A manager had been appointed and was available on the day of the inspection. They had applied to become the registered manager with the Care Quality Commission.. Like registered providers, registered managers 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.

People were safe and well supported. Staff considered that they offered safe care and support. Staff knew how to recognise and report any potential signs of abuse. Risks were assessed and managed safely.

There were sufficient staff on duty to meet people's needs and staff were recruited through safe recruitment practices. Medicines were stored and administered safely and the premises were well maintained to keep people safe.

Staff received appropriate induction and training although training to manage actual and potential aggression (MAPA) had not always been provided before staff were exposed to the behaviours. This had been identified as a priority for action by the manager. Staff felt well supported. Staff were very positive about the support they received. They understood their roles and responsibilities and worked well as a team to ensure people's needs were met effectively. People's rights were protected under the Mental Capacity Act 2005. People were provided with sufficient food and drink to maintain their good health and wellbeing. Health professionals were called upon when required.

Staff were kind and caring. Staff knew people's individual preferences and respected their privacy and dignity. People enjoyed a range of activities both at the home and in the community enabling them to lead full and active lives.

People and their relatives (where appropriate) were involved in the development of the service. There were systems in place to ensure that people's views and opinions were heard and their wishes acted upon. There was a complaints procedure in place and it was available in pictorial form to help people understand and follow the process. Staff knew the complaints procedure.

The manager provided good leadership. There were systems in place to monitor the quality of the service provided.

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 provider had systems in place to recognise and respond to allegations or incidents of harm and these were used effectively.

People received their medicines as prescribed and medicines were managed safely.

Robust recruitment procedures ensured that only people suitable to work in the home were employed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not receive all training in a timely way to fully support people.

People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink.

External professionals were involved in people's care as and when required.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and respectful when supporting people.

People's privacy and dignity was respected and promoted.

People were listened to and were supported to be able to make decisions and choices.

Is the service responsive?

Good

The service was responsive.

Care records provided clear guidance for staff to respond to people's needs.

People enjoyed a range of activities.

A complaints procedure was in place and staff knew how to respond to complaints.

Is the service well-led?

Good

The service was well-led.

The management team encouraged openness and involvement throughout the service.

Staff had opportunities to review and discuss their practice regularly.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

There were procedures in place to monitor and review the quality of the service.

Barley View

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 23 February 2016 and was unannounced.

Before the inspection we reviewed information the provider had sent us including statutory notifications. A notification is information about important events which the provider is required to send us by law.

The inspection was carried out by one inspector.

As part of the inspection we spoke with two people who used the service about the care and support they received. Due to some people's complex needs, staff supported us to ask people for their views and opinions. Because we were unable to speak with everyone we spent time in communal areas observing practice. We spoke with the manager, the home leader and four staff who worked at the home.

We looked at three care records, two staff recruitment files and other records relevant to the running of the service. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems.

Following our inspection we spoke with three relatives of people who used the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. Relatives also considered their family members to be safe. Staff told us that people were protected from harm. They told us they had received training to protect people from harm. In conversations staff demonstrated a good knowledge of how to recognise and respond to allegations or incidents of potential harm. They understood the different types of harm people may experience and knew the signs to watch for to indicate this was happening. The manager understood the process for reporting concerns and we saw how they had worked with outside agencies to ensure people's safety.

On the day of our inspection there were sufficient numbers of staff on duty. The manager told us that recruitment and retention of staff was an ongoing issue and that they were actively recruiting for additional staff. Staff told us that they were working long hours to cover shifts. The manager told us, "We are using agency as there is a shortfall." The manager spoke with staff who left their employment to identify why staff turnover was so high. To date they had not identified any overall trends. They also said that they used regular agency staff so that consistency could be maintained as far as possible. Staff were currently supporting a person who was living at another home while they were recovering their mobility. This was impacting on available resources at the home but was having a positive impact on the person being supported. The manager and senior staff worked alongside staff to ensure there were sufficient staff to ensure people's needs were met.

Staff promoted health and safety and safe working practices. They had received training to recognise hazards and they told us how they constantly reviewed the environment to ensure it remained safe. When risks were identified they had been managed. Individual risk assessments were in place which identified peoples support needs and how to minimise the risk and included areas such as activities and behaviours that challenge others. Risk assessments supported best interest decisions and also interim support measures while staff awaited the outcome of best interest meetings. Although there was no risk assessment for the checking of the water temperature of the bath before its use. Staff told us they checked water temperatures of the baths weekly by hand. They did not use thermometers to give them an accurate temperature meaning that a person may have a bath that was too hot or too cold for them.

Staff told us how they kept people safe in the event of an emergency. We saw procedures in place to help people leave the home in the event of a fire. Everyone had a personalised emergency evacuation plan (PEEP) in place We saw that one person may not willingly leave the home in an emergency. A plan had been drawn up and agreed so that the person could be evacuated in a particular way in their best interests. Records reflected that this course of action was appropriate and had been documented.

We saw how regular checks and routine maintenance of the home environment ensured people could be kept safe. We saw records that demonstrated this and staff told us of procedures to follow to raise issues that required attention. Repairs and maintenance were carried out promptly.

The home was clean and hygienic. The provider employed a cleaner five days a fortnight. We looked around the home and everywhere looked clean suggesting that arrangements were sufficient. Toilets and bathrooms were clean. There was no liquid soap available for use in one bathroom. People participated in cleaning tasks. One person participated fully other people did parts of tasks.

We looked at the recruitment files of two staff who worked at the home. We saw that required information was available to demonstrate a safe recruitment process. People were supported by staff who had been properly vetted to check they had the right attributes to care for people and ensure their safety. The manager was aware of their role in relation to following safe recruitment practices and files were well organised. We spoke with a member of staff who had recently joined the team. They told us that they had had to wait until all checks had been carried out before they were able to start. A relatively new staff member confirmed that they had not started work until all checks had been received by the employer to reflect they were suitable to work with vulnerable people. A senior staff member told us that they were looking to recruit experienced staff only, given the complex needs of the people they supported. This would be to ensure that staff are able to meet peoples complex needs.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them safely. The medication policy reflected the personalised arrangements for the safe monitoring, administering and storing of medicines. We saw how medicines were stored securely in people's bedrooms. This enabled staff to administer medicines in private. We looked at the medication in two people's rooms. The location of the cabinets the process was very person centred. People were able to assist with the process. It was clearly documented what they could do. Risk assessments were in place to support the storage and administration. This encouraged people's independence.

All staff received formal training in the safe handling, administration and disposal of medicines before they were allowed to administer medicines. We saw how regular competency checks were carried out to ensure staff's ongoing competence.

Medicines administration records (MAR) had a photograph of the person at the front and a record of the person's preferences in relation to how they liked to receive their medicines. Any allergies were also recorded. There was information available about the type of medicine, side effects and any issues associated with it. This information was also recorded in the care plans to ensure staff could monitor people appropriately. Records were accurate and up to date.

We saw a homely remedies policy and an agreement for each person signed by the GP. Protocols were in place for the administration of medicines given as and when required (PRN). These clearly documented when the medicine can and cannot be given and also what the medicine is for. When PRN medicines had been administered we were able to cross reference to incidents that detailed the circumstances and reasons for administration. One person had a DOLs in place to support the need for them to take a named medication at identified times to reduce the person's anxiety and stress during health interventions.

Requires Improvement

Is the service effective?

Our findings

People who used the service told us that they liked the staff who supported them. We sat with people who were unable to express their views verbally. We observed positive interactions with staff.. The atmosphere in the room was warm and relaxed. People responded with smiles when staff entered the room.

Staff told us about their key worker roles and responsibilities. One person told us that they had chosen their key worker and it was someone they got on well with. Staff said that they used their roles to ensure people's needs and wishes were met and considered and that their care plans and records were up to date. One staff member told us that key workers had weekly and monthly meetings giving them sufficient time to ensure records were up to date and reflected people's changing needs.

Overall staff were supported to gain the skills and knowledge needed for the roles they were appointed for. The provider had an induction programme for new staff that included the Skills for Care Certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. We spoke with a newly appointed staff member who spoke very positively about their induction. An agency worker told us that they were satisfied with their induction. The manager ensured staff received Care Certificate training during their first 12 weeks of employment.

People sometimes needed staff to support them to manage behaviours that challenged. Although staff received training to enable them to offer support and intervention safely we found that some staff had started working at the home before they had received this training. This training is known as the Management of Actual and Potential Aggression (MAPA). On at least two occasions staff had been injured while offering support. Agency staff told us that they did not access physical intervention training at all and so were not allowed to provide support during an incident. Staff who had received training told us that it was effective and that they received good support following an incident that enabled them to review practice and make changes to improve interventions. All staff told us that they believed that the training in physical intervention should take place sooner and the manager was looking to facilitate this. The manager was in the process of ensuring that staff received this training before they worked on shift. This would give them the skills and knowledge to offer safe support and protect the people the support and themselves from harm.

Staff told us that training opportunities were good. One staff member described a recent training event as being, "Brilliant". Other staff commented equally as positively about the training they received in order to undertake their role. One staff, member told us "It [training] makes you confident to do your job."

Staff training was delivered in a variety of formats. Some was on line and some face to face. Staff had a good knowledge about areas such as the mental capacity and the implications of the legislation in practice. This suggests that the training formats were effective.

The manager had a good understanding of autism and shared this information with the staff team so that

they could provide effective support. One staff member told us, "They are really knowledgeable and we can go to them with anything".

Staff training records identified what training staff had completed and what was required. Some refresher training was required to ensure that staff knowledge and skills remained up to date and reflected best practice. For example we saw that quite a few staff were due the MAPA refresher training and this was being arranged. Memos had been sent informing staff what training that had been booked and also deadlines set for completing the training..

Staff told us that team work was a strength of the service. Staff gave us examples of how they had worked to ensure people received opportunities and additional support. Staff told us that they received good support from senior staff and the manager. One person told us that the senior worker and the manager "Were amazing". Team meetings were regular and structured. Staff also received regular appraisals and supervisions where they had the opportunity to discuss their personal and professional development. Staff said they could approach the manager at any time. One staff member told us, "We are a team. That's how we work."

Some staff have completed a twelve month course on autism and cascaded this within the staff team. One staff member told us that their better understanding of autism had led to them offering better support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Consent to care and treatment was sought in line with legislation and guidance. People who used the service were supported appropriately in line with legislation and decisions were recorded.

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 they were. Staff said they had completed the best interest and mental capacity training and in conversations they reflected that they were aware of the implications of this legislation in practice. Staff were knowledgeable about potential deprivations. We saw that one person liked to stay in bed late in the mornings. We saw that a DOLs was in place and a best interest decision supported the person's decision to do this.

Mental capacity assessments clearly identified areas where a person did and did not have capacity. All assessments were regularly reviewed to ensure they reflected current arrangements.
Some assessments supported increased staffing levels at key times. Behavioural profiles were in place and seen to be very detailed. All physical intervention were risk assessed and regularly reviewed.

Capacity assessments were also in place to support finances. Independents bodies were identified to support people to manage their finances. This provided safeguards to ensure people's money was spent appropriately and managed safely.

People were fully involved in decision making processes as far as possible. Staff respected people's decisions and encouraged them to remain in control of how they lived their lives. This was evident in conversations with people who used the service. They told us how staff helped them to prepare for activities and offered appropriate support when needed.

Everyone we spoke with told us that they enjoyed the food. People gave us examples of foods that they particularly enjoyed and the menus reflected people's choices. Staff told us that they promoted healthy eating with everyone and this was proving effective. Staff were aware of people's cultural and dietary needs and preferences. Nutritional support plans were in place to identify mealtime likes and dislikes.

People were encouraged and supported to help in the preparation of meals. Relatives of one person regularly visit the home and cooked a meal for everyone. People look forward to this social occasion. To enable people to make choices at mealtimes two meals were prepared and shown to them. Pictures were available to support decision making and weekly discussions took place about menu choices. There was fresh fruit and vegetables in the kitchen and one person told us that they liked to snack on these. We saw pictorial food diaries and care records detailed dietary requirements.

One relative told us that there had been concerns with their family member eating and drinking. They told us, "They are now eating regularly again thanks to the management and staff ".

People who used the service saw health professionals whenever necessary to ensure their health and wellbeing was monitored and their changing needs were responded to and met. Health professionals visited people in their home in order to help them to reduce their anxieties. Staff were positive about these regular visits as they said that people were less anxious when they knew the people supporting them. They knew their GP (and other visiting health professionals) and as a result their health was being better monitored. The manager was in the process of reviewing support plans to ensure that visits were more clearly documented.

We saw that everyone had a health action plan (HAP). These documented people's needs and preferred methods of support and communication and were very personalised. Staff were knowledgeable about people's health needs. Staff also told us that they received updated health and wellbeing information at the start of each shift to ensure everyone offered the required support.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. They answered positively or smiled when we asked them about the staff on duty at the time of the inspection.

One relative told us, "The staff are really good." Another relative said, "We know [family member] is happy and will get the best out of life there [in the home]." A staff member told us, "If I had a child with learning disabilities I would want them to come here. The team is great. People have a nice life here."

We spent time sitting in the lounge with two people who used the service and the staff who were supporting them. We heard people engage in conversations about family, activities, meals and daily plans. People were relaxed when in the company of staff and staff clearly knew people well, meaning that they could fully engage them in discussions. One staff member told us, "We put the needs of the people first."

Staff told us how they supported people compassionately at difficult times. Records of interventions reflected a sensitive approach which reflected that the person's feelings and needs were paramount at all times. Staff told us how they offered compassionate support. They recognised peoples changing moods and had effective strategies to help people feel better.

People's social and emotional needs were considered and met. Staff told us how they listened to people and acted in accordance with their wishes. They told us that they offered flexible support and were able to alter plans to accommodate people's changing needs and wishes. Staff on duty knew people well. They recognised when their mood had changed and told us that they used visual and behavioural clues to identify when a person needed additional time or support. They were aware of people's preferences and these were well recorded in the care plans. The atmosphere was calm and relaxed and people were responding positively to this.

People were fully involved in making decisions about their lives. Given the support needs of the people living at the home we found that they preferred routine and consistency. Although staff offered choices people preferred to stick to their routines. Records reflected that choices had been offered but declined. Care records reflected people's preferences and we saw that these were usually stuck to rigidly enabling the person to feel relaxed and secure. We saw that people had personalised their own bedrooms to reflect their individual tastes.

Advocacy support was promoted and details of services provided were in a pictorial format. Staff had used advocates appropriately when they had been supporting people to make decisions. We saw that the Service User Guide also contained details of advocacy services.

People told us that they were treated with dignity and respect. The home's statement of purpose said, "We recognise the value of people. We respect their uniqueness together with their individual and personal care needs." Care plans promoted these values and in discussions staff told us how they championed them. All plans were personalised and identified people's needs and preferences. Individual behaviours were

recorded and actions to support people always referred to treating people well while offering support. For example records told staff to check on their wellbeing regularly during interventions.

People's privacy was also respected. Personal care and medicine administration was always carried out in people's own rooms. Staff said that people were offered the support of male or female member of staff. They also said that they did not discuss other people's needs on front of other people who did not need to hear. Likewise written Information was seen to be stored securely and only shared with people who need to see it.

We saw that when staff entered people's bedrooms they knocked and waited to be invited in. People's relatives told us that they had also seen this and that they had never seen anyone's privacy or dignity compromised.

Good

Is the service responsive?

Our findings

People living at Barley View required varying levels of support. All had complex needs which required staff to have a good understanding of how to offer support in line with their plans of care. Staff were very knowledgeable about people's needs and wishes and provided consistent support while also encouraging people to enjoy new experiences.

Staff told us how they provided responsive support when a person's needs changed. They told us that one person was currently away from the home while recovering from a health condition. Staff from the home were supporting that person. One staff member said, "They need to be supported by people that they know". Even though this meant that staff had to work flexibly and long hours they were providing this support. The service had responded positively to ensure they continued to meet people's needs.

We looked at two people's care plans. Both were well documented and person centred. Staff confirmed people's likes, needs and preferences. Records detailed people important to the person and 'what I like to do.' All information reflected what staff told us and effectively cross referenced to other records seen. An agency worker told us that they had read care plans and felt that communication with regular staff was good enabling them to get to know people well and meet their needs.

Peoples communication were complex and staff used various methods to ensure communication was effective. Records were detailed and documented verbal and non-verbal cues. Care plans detailed people's wishes and goals. Staff told us that some goals were more likely to be achieved than others but all were documented because they reflected people's wishes. Goals were broken down into steps to make them more achievable. Progress on the goals was documented and whether people had managed to achieve them This showed that the service was responsive to people's needs and wishes.

People were supported to maintain relationships with people who were important to them. One person told us that they looked forward to their time spent with family members. One person's family member came to the house and cooked for them..

People's daily routines had been developed around individual needs and wishes. We saw how routines were important to people and how staff worked to ensure that people were able to maintain their preferred routines unless they chose not to. We saw that records were kept to show when people had declined offers of help and support.

Staff told us that they were able to offer responsive support when people became anxious and upset. They told us how they followed agreed guidelines and protocols which were appropriate.

People enjoyed a range of activities both within the house and in the local community. One person told us that they liked to go for a walk. Staff supported them on a walk during our inspection. One person liked to go shopping. They both told us that they regularly did this. People preferred regular routines and activities. Staff accommodated this and everyone had an individualised activity plan. Staff told us that the activity plan

acted as a prompt for conversation and decision making. We saw that, due to the complex needs of people in relation to socialisation, external activities were brought into the home for some people. For example an activity therapist visited once a week We saw that planned activities included social and leisure activities and in household tasks such as bed making and cleaning. There was a swing in the garden that staff told us was very popular with people.

The home had a complaints policy and people had a copy of the procedure in a pictorial format.
People had capacity assessments in place in relation to staff 'complaining on a person's behalf'. Key workers told us that they assumed this role and it worked effectively for the day to day issues. The relatives we spoke with had no worries or concerns but said they would be happy to speak with the manager or staff members if they did. They were confident they would be listened to.

We saw the home's complaints file. One complaint had been recorded and this had been investigated. A compliment had been received from a visiting professional which complimented the staff on their positive behaviour.

Good

Is the service well-led?

Our findings

The home was well led. The home's statement of purpose states, "We aim to provide high quality, good value services which are responsive to the needs and aspirations of the people who used them". The manager told us that they felt well supported in their role. They said that the provider regularly visited and produced reports. We saw details of the latest visit suggesting that they were satisfied with their findings.

The manager was 'hands on' meaning that they had a working knowledge of people's support needs and the challenges that staff faced while offering support. Staff told us that they considered the home to be well run. They told us that the manager was approachable and knowledgeable. One staff member told us, "Any problems we go to the manager. They sort things." Only one person said that they would not be confident to speak out, although they were currently addressing this with the manager.

There were systems in place to monitor the quality of the service provided. The home had a quality monitoring policy. The policy said that they manager's role was to review comments, complaints, investigations, records, CQC reports and look to improve the service by learning from adverse events, errors and near misses.

Daily checks were carried out by staff. For example we saw the record of the daily fridge and freezer temperature checks These showed that the temperatures remained within safe parameters. The manager audited these records in order to assess that food was being kept safely.

Incidents and near misses were recorded in detail. Records identified areas where improvements were required to ensure support was effective. For example the manager used the records to identify that some staff were not competent in managing people whose behaviour challenges others. They used this information to arrange retraining.

Audits of processes were carried out. For example, an Infection control audit had been carried out in January 2016 and nothing had been identified for improvement at that time. However during this inspection we identified that the flooring in a bathroom required attention to ensure it wasn't an infection control risk. Fire risk assessments showed that an evacuation was overdue. The manager assured us that they would action them. Health and safety audits were carried out monthly and included environmental checks and questioning staff about processes and procedures. No issues identified at the time of the latest audit.

Records showed that repairs and maintenance tasks were regularly carried out and were overseen by the manager. Checks were made to the equipment to ensure it remained safe and suitable. Records showed that remedial actions were taken when repairs or maintenance were identified.

Staff told us that meetings took place to discuss the running of the home and any issues or concerns they have. They told us that these meetings were positive and productive. Records showed that discussion included staff performance, activities, sickness, health and safety and staff awards. We also saw that senior staff met regularly to discuss management issues.

Staff told us that they would be confident to raise any issues or concerns with the manager. They knew about the whistle blowing policy and said they would be confident to use it if necessary. The whistle blowing policy enabled staff to feel that they could share concerns formally without fear of reprisal.

Although people who used the service did not attend formal meetings to discuss the running of the home we saw that peer audits were carried out by people from other services. The latest audit was positive and detailed that staff and service users were spoken with. The latest service user survey took place in December 2015. The manager was still looking at responses. Most responses were positive however suggestions for improvement were also noted and the manager was going to address these on a one to one basis.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary. A notification is information about important events which the provider is required to send us by law. The manager was aware of their roles and responsibilities and other staff supported her to deliver good quality support.