

D & J S Barnfield

Barnfield Care Agency

Inspection report

c/o Bancroft Gardens Residential Home
Waterside
Stratford Upon Avon
Warwickshire
CV37 6BA

Tel: 01789269196

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05 April 2017

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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?

Requires Improvement ●

Summary of findings

Overall summary

We carried out this inspection on 5 April 2017. We told the provider 48 hours before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

Barnfield Care Agency is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the agency supported approximately 70 people with personal care.

People who used the service had a variety of care needs. Some had 24 hour live in care staff, some had very complex needs with several care calls a day and others required one call a day.

The service has a registered manager who was also the provider. A registered manager is a person who has registered with the Care Quality Commission 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.

At our last inspection in September 2015 we found there was a breach of the legal requirements and Regulations associated with the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. The breach was because although the registered manager was investigating concerns of alleged abuse, they were not always reporting these through the appropriate channels. At this inspection we found the registered manager had taken the action they said they would take, and had reported any safeguarding concerns to the local authority and to us.

People were supported by a consistent group of care workers who arrived at the times that were agreed. People who used the service said they felt safe with their care workers and relatives were confident their family members received safe care. Care workers demonstrated a good understanding of how to manage individual risks to people's health and wellbeing and checked equipment was safe before they used it. Care workers understood their responsibilities to report any concerns about people's health or safety to their managers. Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service.

People and their relatives said that care workers had the skills and knowledge to meet their needs consistently and effectively. Care workers felt confident in their roles because they received appropriate training and support.

People told us care workers were exceptionally kind and thoughtful and relatives spoke overwhelmingly about their kindness and caring attitude. Care workers were allocated sufficient time to carry out their calls and had time to talk to people as they didn't have to rush. Care workers understood the importance of maintaining people's privacy and dignity when delivering care and encouraged and respected people's independence.

The registered manager understood the principles of the Mental Capacity Act (MCA), and staff respected people's decisions and gained people's consent before they provided personal care.

Care workers had a good understanding of people's individual needs and how to respond to them. Care workers were encouraged by the registered manager to be flexible and to respond if people wanted things to be done differently or at different times.

Care workers helped people manage their health and well-being if this was part of their care plan or they had any concerns. They accompanied people to healthcare appointments if required. Where care workers supported people with their medicines, people told us it was done safely and as prescribed.

The registered manager had a 'hands-on' approach and was clearly very well known to, and respected by people who used the service and their relatives. They described her as approachable and receptive. Care workers were universally positive about the registered manager, their leadership, their practice and how they supported people and staff.

The registered manager regularly checked people were happy with the care they received. However, some improvements were needed to record keeping to ensure the safety and quality of the service provided could be fully demonstrated.

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 were supported by a consistent group of care workers who arrived at the times that were agreed. People felt safe with their care workers and knew what to do if they had any concerns. Care workers had received training in how to protect people from harm and understood their responsibilities to report any risks to people's health or wellbeing. Care workers understood what action to take in an emergency situation.

Is the service effective?

Good ●

The service was effective.

Care workers felt confident in their role because they received training and support from the registered manager. People were able to make their own decisions, and were supported by staff who respected and upheld their right to do so. People received support to prepare food and drink where required and their health needs were monitored and responded to when needed.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke overwhelmingly about the kindness and caring attitude of care workers. Managers and care workers were motivated to provide compassionate care that made a difference to people's lives. People received care from consistent care workers who promoted their privacy, dignity and independence and respected their home.

Is the service responsive?

Good ●

The service was responsive.

Care workers had a good understanding of people's individual needs and how to respond to them. Care workers were encouraged to be flexible and to respond if people wanted things to be done differently or at different times. People participated in activities and interests that were important to them. People

knew how to raise complaints and were confident these would be responded to effectively.

Is the service well-led?

The service was mostly well-led.

People spoke positively of the quality of care they received from Barnfield Care Agency. The registered manager had a 'hands-on' style and was well known to people who used the service and their relatives. Care workers were universally positive about the registered manager, their leadership, their practice and how they supported people and staff. Some improvements were needed to record keeping to ensure the safety and quality of the service provided could be fully demonstrated.

Requires Improvement 

Barnfield Care Agency

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.

The inspection visit took place on 5 April 2017 and was announced. We told the provider 48 hours in advance so they had time to arrange for us to speak with staff. The inspection was conducted by two inspectors.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

After our inspection visit, we spoke by telephone to five people who received care and support in their own homes. We also spoke to five relatives of people who used the service. During our inspection visit we spoke to the registered manager, the deputy manager and a senior staff member. We also spoke with seven care workers.

We reviewed five people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care, and how the service operated to check how the provider gathered information to improve the service. This included staff recruitment records, training records, the provider's quality assurance checks and records of complaints.

Is the service safe?

Our findings

People who used the service said they felt safe with their care workers and knew what to do if they had any concerns. They said they would contact the registered manager who they knew would take appropriate action. One person told us, "I couldn't be happier with them and I trust them completely." Another person told us they felt safe because their care worker was aware of their health issues and how they might affect their safety. They explained, "I feel perfectly safe. She [care worker] is aware of my balance and things of that sort. My own particular need is getting out of the shower. She copes with that extremely well and is just there for me."

Relatives were confident their family members received safe care. One relative told us they knew their family member was safe because, "They are in a hospital bed and there are always two carers so he is totally safe." Another said, "[Person] is very safe. I can see [care worker] walking alongside him, watching him get up with his frame. He is guiding him every step of the way."

At our previous inspection in September 2015 we found the registered manager was investigating concerns of alleged abuse, however not always reporting these through the appropriate channels. This meant people were at risk of potential abuse not being correctly investigated and the person not being protected. At this inspection we found the registered manager had taken the action they said they would take and had reported any safeguarding concerns to the local authority and to us.

The registered manager understood their obligations to protect people from the risk of harm and abuse. Care workers had received training in how to protect people from abuse and understood their responsibilities to report any witnessed abuse or allegations of abuse to a member of the management team. Care workers knew what to look out for that might be a cause for concern. One care worker explained, "People might become withdrawn, or might speak to you differently about someone or seem afraid of a person. They might also not want to do things they normally do."

Recruitment procedures ensured, as far as possible, care workers were suitable to work with people who used the service. The registered manager told us they waited for all the relevant checks to be completed before care workers started to work for the service. This included the receipt of written references and Disclosure and Barring Service checks (DBS). The DBS assists employers by checking people's backgrounds for any criminal records to prevent unsuitable people from working with people who services. Records confirmed recently recruited staff had a DBS check and references completed before they started work.

The registered manager told us they would not accept packages of care if they did not have enough care workers to meet people's needs. They said, "I would never cram calls." They also told us it was difficult at times to recruit care workers of the right calibre. However, they managed this by having 'bank' staff who could work at short notice to cover any gaps. They explained they would do care calls themselves if necessary to ensure people's needs were met.

The registered manager explained how important it was that people had a consistent and small group of

care workers they were supported by. They assured us, "Most people would only see about three different care staff members." They told us this helped people build up a rapport with staff who supported them.

Care workers told us they visited a small number of people regularly to ensure consistency. One care worker said, "I have four regular people that I see. You can't always have the same staff with the same clients with leave and things like that, but overall [registered manager] ensures the same people have the same carers. This helps them build up a rapport and they [people] trust you."

People we spoke with confirmed they were supported by a consistent group of care workers who arrived at the times that were agreed. One relative told us, "They have always tried to put on the same person [care worker]. He is very punctual."

The registered manager explained that if a support worker had not turned up for a call, people could use the office number 'out of hours' to make contact with someone to help them. This ensured any risks associated with people's care could be managed.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. We found some risk assessments were not always detailed enough to ensure risks were managed consistently by care workers. For example, one person had been assessed as being at risk of falls. Their falls risk assessment informed staff that, "assistance will be required until [name] gains strength" but there was no information on what level or nature of assistance the person needed, and how this would be reviewed.

However, care workers we spoke with demonstrated a good understanding of how to manage individual risks to people's health and wellbeing. One care worker told us, "We always make sure health and safety is good, there is nothing blocking doors, no obstructions for example, anything that might cause a fall. If equipment is provided we make sure we use it." One care worker told us how they kept people safe. They said, "If we think people might not be safe, we might contact the OT (occupational therapist) or the physio for example, or perhaps someone might need a lifeline alarm."

Care workers understood the importance of making sure equipment they used to transfer people or support them to walk was safe. One care worker told us, "We make sure the equipment is all working properly before we use it and that we have enough room." We spoke to some people who needed care workers to use a hoist when transferring them from one seat to another, or from their bed to a chair. People confirmed they felt safe during the procedure. One person told us, "I can't say I'm keen on the hoist, but they all know how to use it." A relative explained, "We have had the OT (occupational therapist) out two or three times and she watches them [care workers] use the hoist. She has no complaints whatsoever."

Care workers understood what action to take in an emergency situation. One care worker told us, "I went into one person recently who was on the floor. I pulled the alarm cord, called '999' and stayed with them to make them comfortable. I also filled in an incident report and put it in the file, as well as ringing [registered manager] to let them know what had happened."

People told us they were supported to take their medicines safely and as prescribed. One person told us they needed to take a 'time specific' medicine and their care worker knew they had to take it before breakfast. They explained, "She puts it ready for me and reminds me to take it." Another person told us care workers were "very good" at ensuring they took their medicines at the correct time. A relative commented, "They give him his medicines and watch him take them which is important."

Only care workers who had received training in safe medicine administration were allowed to give people their medicines. Care workers were only allowed to give medicines that came directly from the pharmacy in 'blister packs' to reduce the risk of errors. The deputy manager explained how they ensured new care workers were competent to administer medicines. They said, "With new staff, we shadow them to make sure they know what they are doing." Senior members of staff checked people's medicine records when they carried out visits to ensure people's medicines had been properly recorded.

Is the service effective?

Our findings

People and their relatives said that care workers had the skills and knowledge to meet their needs consistently and effectively. One relative told us, "When the nurses come they always say [person] is looked after really well." Another relative told us their family member was living with dementia and could sometimes be reluctant to accept assistance with personal care. They told us the care worker managed this effectively and explained, "I have noticed if [person] is refusing, she leaves him a little bit and comes back when he is in a slightly different frame of mind."

The provider information return (PIR) submitted by the registered manager detailed how they ensured care workers delivered effective care. "We ensure staff have all the necessary competencies through our system of induction and regular training updates with new staff spending time in our associated residential home with mentor training to acquire basic care skills, followed by shadowing a senior member of staff in the community. Staff training is developed around individual needs and includes all mandatory training such as safeguarding, health and safety, first aid, diversity and equality and NVQ courses."

Recently recruited care workers told us they felt well supported when they started working for the service. They told us the induction they received prepared them for their role. One care worker told us, "I always come to the training that is on. I have just done training online and I am doing the Care Certificate at the moment. I have had a lot of support from [registered manager]." The Care Certificate assesses staff against a specific set of standards. Care workers have to demonstrate they have the skills, knowledge and behaviours to provide high quality care and support in order to reach the standards set out in the Certificate.

Care workers told us they felt competent and confident in their practice because they had training the registered manager considered essential to their role. One care worker said, "We have fire training, health and safety, infection control, safeguarding training - that kind of thing." They also told us they had more specialised training to support people with specific needs. They commented, "We have also had dementia training, palliative care training for example." Another care worker told us they had found safeguarding training particularly beneficial and felt they could put what they had learnt into practice. They said, "The safeguarding training made me think, perhaps about the way we might speak to people. People might think it is 'banter' but it could upset other people."

The registered manager maintained a record of staff training. The record confirmed staff completed training, but showed that some refresher training to keep their skills up to date was overdue. The registered manager told us that this had been identified and staff training was in the process of being further developed and expanded.

Care workers told us their knowledge and learning was monitored through supervision meetings and unannounced 'observation checks' on their practice. Care workers told us the registered manager checked their practice regularly. One care worker said, "[Registered manager] comes out and does spot checks. They talk to the client and you get feedback afterwards. They might suggest new ways of doing things for example." The registered manager explained they did this to assure themselves care workers were working

in the ways expected of them. However, they did not always keep a written record of what they had found when conducting these checks. Another care worker confirmed, "[Registered manager] comes out to observe what we are doing. It is very thorough."

Care workers told us they had the opportunity to meet with the registered manager to talk about their work and share ideas. One care worker said, "We have supervision meetings either twice a year or annually with [registered manager]. We go over everything and share ideas."

We checked whether the service was working within the principles of the MCA. 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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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 are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood the principles of MCA and had an understanding of the legislation. Three of the care plans we reviewed had a completed mental capacity assessment which concluded the person lacked capacity to make key decisions affecting their lifestyle. These assessments did not specify which specific decisions the person lacked capacity to make, but were clear care workers should support people to make as many of their own decisions as possible.

Care workers understood and worked within the principles of the Mental Capacity Act. One care worker told us, "It [the MCA] is about whether someone can make decisions about their care at that time. If it became complex we might involve the doctor or a social worker for example."

People told us care workers gave them choices and respected their decisions. One person told us, "The choice of everything is mine." A relative told us that even though their family member could become easily confused, their care worker spent time supporting the person to make their own decisions. They explained, "He [care worker] will discuss with [person] what he wants to wear. He is very much aware of him as a person. He repeats things and makes sure he understands."

Care workers understood the importance of seeking consent before supporting people. One care worker told us, "If a person wants something I will do it, but only if I have asked them first. I make sure they are happy with things." People confirmed that staff asked for their consent before providing support. One person told us, "She [support worker] is very aware of things like consent."

One person whose care plan we looked at had a power of attorney authorisation for a solicitor to make certain decisions on their behalf. A copy of the authorisation was kept on file so the service could be sure decisions were made by a person who had the legal right to do so. This person lacked capacity and required constant supervision to keep them safe. The registered manager told us they had referred to the power of attorney for consideration as to whether a DoLS application should be applied for under the MCA.

The majority of people we spoke with were able prepare their own food or had relatives who helped them do this. Where people required staff to assist them with meal preparation, this was recorded in their care plan. One relative told us they prepared all their family member's meals and then care workers heated them up. They told us, "They [care workers] write it in the book, everything she has eaten." They told us this assured them their family member was having enough to eat.

Most people managed their own health care appointments, but care workers helped people manage their health and well-being if this was part of their care plan or they had any concerns. For example, care workers would phone the GP or district nurse if this was needed. One person told us care workers were very aware of their health and would either prompt them to call the doctor or call the GP themselves if they had any concerns. Care workers gave us many examples of times where they had helped people to get medical attention. One care worker said, "We get excellent support. If I get somewhere and something is not right, I might call the doctor – they always respond because they trust and respect us. I might say, 'I am worried about this person's leg, it looks a little red'. The doctor would be straight out." They added, "Some people are very vulnerable to pressure ulcers. If I noticed a slight redness for example, I would phone the district nurses and they are straight out. It is better to nip it in the bud than have the person's skin break down." Records confirmed that health professionals had been consulted where concerns had been identified.

Care workers accompanied people to health appointments if required. One person told us their care worker was accompanying them to a medical appointment the week following our inspection visit.

Is the service caring?

Our findings

People told us care workers took time to know them and met their needs in a caring and respectful way. They said care workers were exceptionally kind and thoughtful. One person told us, "I have an excellent carer. She is quite excellent. It is really like having someone of your own family caring for you." Another said, "We have become friends. I absolutely love her."

Relatives spoke overwhelmingly about the kindness and caring attitude of care workers. Comments included: "They are so kind to [person], which matters more than anything", "The carer we have is very attentive, very polite and very caring and thinks ahead" and, "[Care worker] is a very gentle and thoughtful person and goes at [person's] pace."

The provider information return (PIR) explained how the registered manager ensured the service provided was caring. "We introduce ourselves to a prospective client in an empathetic and understanding manner so that we can feel what difficulties, emotions and traumas the client is experiencing. We believe that this person centred approach is fundamental to recognising every client as an individual with their own particular feelings and needs."

From our conversations with the registered manager, it was clear they were motivated to deliver compassionate care that made a difference to people's lives and enabled them to remain in their own home. The registered manager told us how they hoped to role-model for care workers. They said, "I think if you are hardworking and you care, it rubs off on the staff." Care workers confirmed they took their lead from the registered manager. One care worker assured us, "The clients always come first with [registered manager]." Another said, "[Registered manager] looks after everyone."

The registered manager explained how important it was to recruit the right care workers who had a caring attitude. They told us they sometimes asked potential new staff to work for a couple of hours in their residential home. This meant they could assess their care skills and interactions with people within a supervised process before offering them employment.

Care workers told us what being 'caring' meant for them. One care worker explained, "It is about anticipating people's needs and being in tune with someone. For example, I would say, 'are you feeling cold?' or if someone is lonely they might need an extra chat. It is psychological too, not just personal care." Another care worker commented, "To listen, to know the person, their background, what they did for a living. Be friendly and help them. That is caring."

Care workers told us they were allocated sufficient time to carry out their calls and had time to talk to people as they didn't have to rush. One care worker said, "I love that people look forward to you coming. I love to chat with people." One person confirmed, "We have pleasant chats, she [care worker] knows me quite well." Another said, "They have a chat while they are doing what they have to do. They are very kind and friendly."

Where possible the registered manager matched care staff skills and interests with people who used the service. Senior staff visited anyone who was about to start using the service, and spoke to them about their likes, dislikes and preferences. This helped them match appropriate care workers to people to help ensure the service met people's needs. For example, one person followed the Buddhist faith and the care worker assigned to this person followed the same faith.

People we spoke with said it was important to them to have regular care workers and confirmed they were visited by care workers they knew. One relative told us their family member used to receive support from another agency, but there were difficulties with communication and a high turnover of staff. They told us their family member now received support from only one care worker who knew them well and with whom they had been able to build a positive relationship. They explained, "[Care worker] comes in the morning and evening and [person] has consistency of care. I'm pleased he has someone who knows his routine. He [care worker] is very thorough and attentive."

People told us they were generally kept informed if there was going to be any changes in how their support needs were to be met. One person told us, "[Senior care worker] came out yesterday. It was to talk about the change of care because my carer is due to go on holiday." This person told us they were always introduced to any new care workers before they started visiting their home.

Care workers understood it was important for people's well-being that they were able to do things for themselves. One care worker said, "I get people to do what they can for themselves. For example, I give [person] a face cloth so they can wash their own face. If I am helping someone with applying cream for example, I will help them to put the cream on their hands and apply it themselves." One relative told us they had been supporting their family member with one particular aspect of personal care. They said they had asked the person's care worker whether they thought they could do it for themselves. They said the care worker agreed they could and reminded them how important it was "not to take people's independence away".

Care workers understood the importance of maintaining people's privacy and dignity when delivering care. They explained how they always kept doors shut and kept people covered with towels when providing personal care to maintain their dignity. One care worker said, "I think you have to close doors, curtains, put a towel over someone's legs for example. I make it as private as possible. You have to do what people want as people can get embarrassed." One person commented, "If you want to use the bathroom they give you absolute privacy without you asking."

The registered manager and care workers were supportive of people's relatives, especially where a family member was a person's main carer. They understood the pressure of the role and often provided emotional and moral support to people's families where this was needed. One care worker said, "It can be hard for families, they can need support too." One relative who was a full time carer told us, "The care workers say go and sit down and leave it to us. They care about me totally."

The registered manager told us if they had any concerns about a relative's wellbeing they would visit them outside people's call times and say, "Let's talk about this and see where we can go." They told us about one relative who brought their family member to the provider's residential home one day a week. This enabled the relative to go shopping, visit the bank and do all the vital everyday things they were unable to do when they were caring for their family member. It also gave them an opportunity to visit friends and maintain their social links.

Care workers spoke of being respectful when working in people's own homes. One relative confirmed, "My

house has never been so tidy. They have great respect for it."

Is the service responsive?

Our findings

People felt the care they received was responsive to their needs. One person told us, "When she [care worker] is here she does exactly what is necessary and very cheerfully." Another said, "She [care worker] stays and does what is necessary and looks after me very, very well." One person who had used the service for over five years told us, "So far I have had nothing to complain about." They went on to say, "She [care worker] is very supportive and aware of everything she needs to do." A relative commented, "[Person] is quite happy, she has no complaints."

The deputy manager told us how they established what people wanted and needed when they began using the service. They explained, "Once we get a request to provide care, we call the person and then go out to see them to get their views on what they need. Sometimes we ask if they would like a relative to be present." They went on to tell us how they introduced care staff to people before calls started. They said, "We take carers out to meet the person before the calls start. We also try to keep a consistent number of carers."

People confirmed their care needs were discussed in detail when they started to use the service. One relative told us, "[Senior care worker] came out to meet us and discussed [person's] care needs and went through the whole package and took detailed notes." Another person confirmed, "So far everything has gone according to what I need and I have chosen what I need."

The registered manager explained the working patterns of care workers were organised so people received continuity of care from the same group of care workers. One person told us they had three calls a week and always had the same care worker for every call and, "I look forward to her coming." Another person also confirmed they had the same support worker and said, "She always comes about 2.30pm."

We looked at four care plan files. Care plans provided care workers with information about people's individual preferences and how they wanted to receive their care and support. For example, in one care plan there was information about the music the person preferred to listen to and their favourite radio channel. This helped care workers to ensure the radio was on the right channel so the person could listen to the type of music they wanted to. In another person's care plan it explained how they could become more anxious after lunch so care workers were aware they needed to offer more emotional and physical reassurance at this time. One person told us their care worker always brought them a cup of tea when they arrived and explained, "She knows I have a weakness for a cup of tea before I get going in the morning."

Care plans included 'evaluation reports' which outlined any changes in the person's health or their needs. We did not see evidence of people or relatives being involved in these reviews of people's needs. However, people told us their needs were met and managers checked they were happy with the care they received. One person told us, "The owner comes round sometimes and checks I'm alright and happy with everything."

Care workers had a good understanding of people's individual needs and how to respond to them. One care worker spoke with us about how they supported someone living with dementia who could become distressed. They told us, "I sing the songs [person] likes, then they start singing. I also share happy things

about myself so [person] associates me with happy thoughts." Another care worker also spoke about helping someone living with dementia to remember things. They said, "[Person] has a memory problem so we both write things in a diary they keep which helps them remember and to make sense of things."

People told us that care workers were proactive in responding to their needs. One person told us, "She can see things ahead without me having to ask." Another told us, "My carer anticipates things rather than waiting for them to happen."

The registered manager was particularly proud of being able to respond at short notice to meet people's needs. Care workers explained how changes in people's needs were reported and managed. One staff member said, "If there are changes, we would discuss this with [registered manager] and care plans would be changed. [Registered manager] will always ask if you have spoken to the client about it." One relative confirmed, "I've only got to pick up the phone and someone will come straightaway if I need them."

Care workers told us they were encouraged to be flexible and to respond if people wanted things to be done differently or at different times. One care workers said, "One person I go to will sometimes say, 'I want to stay in bed today'. We can go back later if need be, we have flexibility. We would never say, 'no, you've got to get up now'. We can be flexible as long as it does not impact on other clients." One relative told us a care worker had recently called them because they were unable to get into their family member's home because the key was not in the key safe. They explained, "He [care worker] offered to come back at 10.00am to give [person] a shower which was really kind."

The registered manager responded innovatively to meet people's needs. For example, one person was no longer able to get into their bath, but did not have a shower at home. Their care worker brought them to the provider's residential home several times a week so they could have a shower. The person then stayed for lunch and enjoyed social interaction with those people who lived in the home.

The registered manager was responsive to changes in people's health. One person had been very unwell and the registered manager was concerned there could be a deterioration in their condition overnight. They took the decision to provide 24 hour care overnight, irrespective of whether or not it would be funded. At 5.00am the person suffered a life threatening crisis and the care worker was able to immediately summon medical support. The registered manager told us the person had made a good recovery and was being discharged from hospital back to their care within the next few days.

People were supported and encouraged to maintain their interests and hobbies both at home and in the community. Staff confirmed they were able to help people with social activities if this was what people wanted. For example, one person enjoyed attending the local theatre several times a week. The person was escorted to the theatre and then collected at the end of the performance, taken home and assisted to bed, even though this could sometimes be as late as 11.00pm.

Information on how to raise a concern or make a formal complaint was included in the introductory service user guide people received when they first started using the service. People told us they knew how to make a complaint and were confident this would be handled properly by the registered manager. However, people also told us that they had no reason to complain. One person told us, "I would speak to the owner of the agency because they are the ones who provide the care." Another said, "I would speak to [senior support worker] and she would always get in touch with [registered manager]."

Care workers told us they would listen to people if they raised any concerns with them and would make sure they were supported to make a complaint if they wanted to. One support worker told us, "There is a

complaint form in the back of the folder and there is a number to ring., together with the details of how to complain."

We looked at the record of complaints. There had been three complaints in the six months prior to our inspection. The complaints had been investigated and action had been taken to resolve them. There was no pattern to the complaints that had been received.

Is the service well-led?

Our findings

People and their relatives spoke positively of the quality of care they received from the managers and care workers at Barnfield Care Agency. Comments included: "It is fantastic", "They have been very reliable" and, "It has been a very positive experience." Compliments the service had recently received included: "[Person's] three carers have been absolutely first class, providing a consistently good care with a reliable routine".

The registered manager had a 'hands-on' style and was clearly very well known to, and respected by staff and people who used the service and their relatives. The registered manager and her deputy worked as members of the care team on a daily basis. Between them, over the course of a month, they aimed to personally conduct a visit or speak with every person who used the service. One person told us, "[Registered manager] is a friend. We have known each other a long time. She has been very good to me." A relative told us, "[Registered manager] is a godsend to all of us."

Several people and their relatives told us they had the registered manager's personal mobile phone number if they had any concerns. One relative told us, "I have even got [registered manager's] mobile number. She has always been very approachable. They are open to communication and I feel confident if I needed to discuss any aspect of [person's] care, they would be very receptive."

However, because the registered manager played such an active role in delivering care to people, we found some improvements were needed in record keeping to ensure risks were minimised and the safety and quality of the service could be fully demonstrated.

Records sometimes did not accurately reflect people's care. For example, one person's care plan indicated they had bed rails in place, but there was no consent form or risk assessment for their use. The registered manager later confirmed that the care worker for this person had assessed the risks and concluded that the risk of the person climbing over the bed rails and sustaining injury was high. The bed rails were therefore not in place. The care worker's assessment of risk had not been recorded.

Another person's care plan referred to them having support from 'diabetic' nurses, but the care plan did not record the person had diabetes. The same person had been assessed as being 'at risk' following a nutritional assessment, but there was nothing in the care plan to guide care workers on how to reduce this risk and how this might impact on the person's diabetes. We raised this with a member of the senior care team who acknowledged this was important information and should have been included in the person's updated care plan. They assured us this would be done.

The registered manager was clearly known and respected within the local community. One senior member of staff explained how other healthcare professionals would frequently refer people to the registered manager for advice and guidance in respect of the support they or their family member needed to support their health needs within the community. The staff member explained how the registered manager would signpost people to appropriate services and assist them to fill forms in for financial support.

The registered manager told us they had a stable and committed staff team, many of whom had worked for the agency for many years. Care workers were universally positive about the registered manager, their leadership, their practice and how they supported people and staff. One care worker told us, "There is no-one fairer and who looks after people and the staff in equal measure." They added, "[Registered manager] always listens and the clients say she listens to them." Another care worker said, "Whenever I have needed [registered manager] they have always been there."

Each care worker was given a homeworkers handbook which had been produced by a nationally recognised home care association. This provided them with an essential guide to care in the home and gave detailed guidance for example, about what action to take in an emergency and their legal responsibilities under the Mental Capacity Act 2005. Staff were also given a service employee handbook so they had information to hand to ensure they worked consistently in line with the provider's policy and procedures.

Care workers knew who to report concerns to and were aware of the whistleblowing procedure. They were confident about reporting any concerns or poor practice to the managers.

Care workers told us they had opportunities to meet together as a team to discuss practice and what was happening in the service. One care worker said, "Staff meetings are pretty regular. There is a lot going on. We also get notices sent to us in the post, like training or new policies." Records showed care workers talked about practice issues with senior staff at meetings, and that the registered manager shared information to prepare them for developments and update them with changes in guidance. We reviewed a recent record of a staff meeting for example, where the registered manager spoke with care workers about CQC inspections and what they should be doing to improve the service.

The registered manager kept a record of all training essential for staff in different job roles, and when they had undertaken this training. When we reviewed these records, we found a number of care workers were out of date with their required training. For example, a number of care workers had not undertaken infection control training by the due date, and for one care worker this had been due in 2011. In other cases, health and safety training and moving and handling training was out of date, and there was no indication this had been arranged.

We raised this with the registered manager, who explained that some care workers had recently undertaken 'core skills' training which included health and safety and infection control. However, they acknowledged this was not recorded clearly and that they needed to find time to address training records. In some cases though, the registered manager acknowledged care workers did not want to attend training because of pressures on their time. Although they told us they were sure care workers were of good calibre and were competent, they acknowledged this needed to be addressed. The registered manager showed us evidence they were in discussion with a new training provider, and that they planned to roll out a comprehensive programme of online and face to face training to address some of the gaps identified.

Records showed incidents and accidents were recorded by staff when they occurred. However, we did not see any evidence that these had been analysed by the registered manager so they could identify any patterns or trends and take action to make their service safer as a result. The most recent analysis was completed for the year 2014 to 2015.

Each person was given a service user guide when they began to use the service. This was clearly written so it was accessible to everyone. The guide described the services provided by the agency, and provided a 24 hour contact telephone number so people always had someone to contact in the event of an emergency. The guide also provided people with vital information about local GP surgery telephone numbers, together

with those for hospitals and pharmacies within the locality.

People were asked to provide feedback on the service they received in an annual satisfaction survey. The registered manager told us that the form they had sent to people this year was limited in how people could respond and make suggestions for how the service could be improved. They showed us the form they would use in the future and it provided further opportunities for people to share their experiences. Responses to the survey were extremely positive with people saying that care workers treated them with dignity and respect and they were happy with the service they received.