Lifeways Community Care Limited

Barley View

Inspection report

Kirklington Road
Bilsthorpe
Newark
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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

About the service: Barley View accommodates eight people in one adapted building and is one of four services on the Bilsthorpe site owned and run by Lifeways. On the day of our inspection there were three people using the service. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

- Although there were quality monitoring processes in place at the service to improve the care for people. Further improvements in some aspects of the quality monitoring processes were required to sustain improvements made at the service during the last year.
- People were safe at the service and the risks to their safety were well managed with clear strategies in place to reduce the risks for people.
- People were supported appropriate with numbers of staff. Their medicines, nutritional needs, and health needs were well managed, and they lived in a clean and well maintained environment.
- People were supported by staff who had appropriate training for their roles. Staff gained people's consent before providing care.
- 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 were supported to express their views and opinions about their care. They had formed positive relationships with staff who knew their needs and preferences.
- People's dignity and privacy was maintained by a staff group who also encouraged people's independence.
- There was a positive culture at the service and people and their relatives felt listened to, they could raise complaints or concerns and know they would be addressed by staff.

Rating at last inspection: This is the first inspection of this service under this provider.

Why we inspected: This inspection was a planned inspection undertaken to ensure the new provider for the service was meeting the regulations of the Health and Social Care Act and the Care Quality Commission Registration Regulations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Barley View

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type; Barley View is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection; This inspection was unannounced

What we did: We reviewed information we had about the service prior to our inspection. This included details about incidents the provider must notify us about, such as abuse and accidents. We spoke with the local authority quality monitoring team who work with the service.

During the inspection we briefly spoke with the three people at the service. However, it was not possible to obtain their views on the service, so we used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with one relative to ask about their experience of the care provided.

We spoke with two members of care staff. We also spoke with the service manager and registered manager. Following the inspection, we also spoke with the regional manager for the service.

We reviewed a range of records. This included two care records, behaviour monitoring records, medication

records and four staff files. We also looked at the training matrix, audits, accident records and records relating to the management of the home.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- There were systems and processes in place to protect people from abuse and avoidable harm, these were being used effectively. These processes included transparent financial checks on the monies held at the service for people.
- People were safe at the service. Both they and their relatives had confidence in the staff to keep them safe.
- Staff had received training in safeguarding adults, they knew how to identify abuse and their responsibility to report any concerns. They were confident that the service manager and registered manager would act on what they reported and follow correct processes.

Assessing risk, safety monitoring and management.

- The personal emergency evacuation profiles (PEEP's) used to support people should they need to be evacuated during an emergency were available. However, they were not easily accessible as they were in the back of the fire safety folder. The profiles also needed to be more succinct to ensure pertinent information about people's needs were clear. Following our inspection, the service manager sent us information to show this had been fully addressed.
- People had detailed risk assessments in care plans that gave staff information on how to support them safely. This included how staff should manage the risks to both the person and other people if people displayed behaviours that put both themselves and others at risk of harm.
- Certificates to show regular maintenance of the environment and equipment at the service were available. Regular checks were undertaken by staff on equipment and the environment to ensure people were safe, for example, we saw portable appliance testing (PAT) was undertaken on electrical items used at the service.

Staffing and recruitment.

- People were supported by adequate numbers of appropriately trained staff. Where people required increased support when accessing the community this was provided. Staff told us the numbers of staff employed by the service had improved over the last few months and this had a positive effect on the continuity of care for people.
- When agency staff were used at the service their work profiles were available to view showing their experience and training. This ensured they had the appropriate skills to support people, there was also an established induction process in place for this group of staff.
- Safe recruitment practices were in place to ensure staff were safe to support people. We looked at the records for four members of staff. The provider had checked staff's suitability to work in this type of service before they commenced employment, using the Disclosure and Barring Service (DBS) checks. The DBS is a national agency that keeps records of all criminal convictions to support employers make safer employment

decisions.

Using medicines safely.
•□There were clear safe processes and procedures in place to support people with their medicines.
•□There was clear guidance for staff so people received as required medicines at the times they needed them. Staff had information on people's individual preferences around the administration of their medicines and the records of administration were well maintained.
•□Staff who administered medicines had received appropriate training and ongoing support through regular competency assessments for staff by the service manager.

Preventing and controlling infection.
•□Staff showed a good knowledge of their roles in reducing the spread of infection using personal protective equipment (PPE) and handwashing.
•□There were regular cleaning schedules to ensure the cleanliness of areas and equipment was maintained. People who lived at the service were also encouraged to take part in maintaining a clean environment.

Learning lessons when things go wrong.
•□There were post incident reviews following any serious incidents to establishing learning for staff. The service manager also documented any discussions about incidents or accidents in their one to one discussions with staff.
•□The service manager also used a communication book and email memos to staff to ensure they noted any changes to people's care because of incidents or accidents.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience.

•□People received support from staff that enabled them to live as independently as possible. Staff ensured the protected characteristics of the Equality Act were considered to ensure that people were not discriminated against because of a disability or specific support need. Recognised best practice assessment tools to assess people's behavioural and nutritional needs were used. Records viewed showed people received the care they needed.
•□When new more effective ways of supporting people were available the provider had ensured training in these areas were made available for staff. Such as managing people's behaviours in a more positive way and reducing the levels of restraint used when supporting people. This had been achieved through the introduction of Non-Abusive Psychological and Physical Intervention (NAPPI) training. Staff were positive about this training and one member of staff said, "I think NAPPI is a lot safer for people and staff."
•□A Relative we spoke with felt staff had the skills to support their family member. They told how staff used their training to manage their family member's behaviour patterns effectively.
•□Staff received a range of ongoing training to support them in their roles to ensure they supported people effectively.
•□Staff told us they were well supported during their induction when they started at the service. This was followed with regular supervision to provide ongoing support.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives.
•□People were supported to receive a nutritionally balanced diet that met their needs and choices. Staff worked to help people make healthy choices around their diets.
•□People's individual needs in relation to their diet were known by staff. This included any health needs that may be affected by their diet, such as supporting people if they did not want to eat. When necessary, referrals to appropriate health professionals had been made and both this guidance and information from families had been used to provide support for people.
•□People were encouraged to take part in shopping for foods so their choices helped form the menu available to them. They were offered choices of food at meal times. They were encouraged to make their own drinks and prepare foods in the kitchen and when they needed support this was offered to them.

Staff working with other agencies to provide consistent, effective, timely care; access healthcare services and support.
•□People's healthcare needs were supported as staff knew people well and recognised when people were

unwell. Some people at the service may not be able to verbally express or recognise when their health was deteriorating. There was information in their care plans on how this may present, and staff we spoke with could give examples of the changes they would look for in the people they supported.

•□When required, people were supported to visit their local GP surgery and they had yearly health checks with their GP. Where people had long term underlying physical conditions there was clear information on how they could be affected by this, and staff we spoke with showed a good understanding of their needs.

•□A relative told us staff made referrals to the appropriate health professionals when their family member required this. They told us staff worked with them and healthcare professionals to manage health care needs. The relative was happy with the timely communication from the staff.

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

•□The environment people lived in was well maintained and there was an ongoing decorating plan in place. People were involved in decisions about their environment and we saw people's rooms were decorated to their personal choices.

•□There were a few of communal areas for people to spend time in and the service was laid out so people could have private time when they wished.

Ensuring consent to care and treatment in line with law and guidance

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

•□People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

•□We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found they were working within the principles of the MCA.

•□People were involved in decisions about their care, and we saw examples of mental capacity assessments and best interest meetings. These had involved the people living at the service and their relatives to agree decisions about aspects of a person's care. For example, we saw discussions on how to support a person with one aspect of their care. A relative we spoke with told us they felt involved in the discussions and staff supported their relative in the least restrictive way.

•□Information was provided for people in accessible formats to support them make their own decisions where possible.

•□Staff we spoke with understood the MCA. One member of staff said, "We should always assume a person has capacity. If they haven't (got capacity) then each decision that is made for them is looked at individually and must be the least restrictive option."

•□All the staff we spoke with understood their roles in protecting people's right to make their own decision where possible.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People were supported by staff who considered their needs and choices. Staff communicated in ways that ensured people were treated equally whatever their communication needs were. Staff showed good knowledge of people's communication needs and this was supported by detailed information in people's care plans.
- Throughout the inspection people interacted with staff confidently. Where behaviours were challenging staff, were calm and responded to people in positive ways.
- A relative told us they were welcomed at the service and knew staff well. They were happy with the attitude of staff and told us the service had provided the best care their family member had received so far. They said "They (staff) have done everything they can to help [Name]."
- Staff we spoke with felt there had been a change in staff culture at the service. They felt staff worked more as a team to provide good care for people. One member of staff gave the example of how the NAPPI training had supported this shift in staff attitude towards the people they supported.

Supporting people to express their views and be involved in making decisions about their care

- People's views on their care was incorporated into their care plans. A relative told us they regularly attended reviews of their family member's care. They told us sometimes the person attended the review with them, but it was the family member's choice if they wanted to attend or not. The relative said, "We (staff, family and the person) work together to make sure [Name's] care is right."
- The things that people had expressed as important to them were clearly recorded, such as maintaining relationships with their family, and we saw how this aspect of care had been facilitated for people.
- There was a lack of information around the service on accessing advocacy services. We discussed the lack of information with the registered manager. They told us they were aware of this and had already started to address the issues by ordering display boards. This would allow them to display a range of information for people at the service that would include advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Throughout our visit we saw people were treated with respect, and staff showed a good awareness of maintaining people's privacy and dignity. Where required there were clear strategies in place to support people whose behaviours at times compromised their dignity.
- Staff were aware of people's need for privacy and could give good examples of how they worked to achieve this while still ensuring people's safety.
- There were examples of people being encouraged to be independent and staff worked with people to build on this. Several staff told us how this had resulted in some people being able to move from the service into a more independent living environment.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person centred care from a staff group who knew them well. Their care plans contained information on their care needs, and this had been written in a very person centred and detailed way. The format of the care plans was in the process of being changed by the provider. This resulted in some of the care plans not being reviewed regularly and one care plan required further updates on one aspect of a person's care. Staff however were fully aware of how to support the person with this aspect of their care, and a relative we spoke with told us staff had worked hard to provide effective care for the person. Following our inspection, the service manager sent us information to show us the person's care plan had been updated.
- Our observations of people and discussions with staff showed the majority of care plans did reflect the needs of people at the service.
- People were supported using positive behaviour strategies (PBS) that focused on building on people's positive behaviours. This combined with the Non-Abusive Psychological and Physical Intervention (NAPPI) training had resulted in positive outcomes for people.
- The focus of care at the service was to improve people's control over their lives and where possible support them to move to a more independent way of living. People enjoyed a range of activities throughout the week that included going into the local community for shopping, drinks and events that different people were interested in. A relative told us people were supported to visit them regularly to maintain relationships that were important to them.
- People were encouraged to participate in keeping their rooms clean and tidy, doing their washing and some cooking. We saw in one person's care plan how important these routines and tasks were to them for their sense of wellbeing.
- People were supported to have access to their own money. Each person was assessed to ensure the process set up supported their independence, but managed the potential risks of abuse.

Improving care quality in response to complaints or concerns

- There were clear systems and processes in place to ensure complaints were properly responded to and addressed to improve the quality of the service provided for people. People and their relatives could raise any concerns they had with staff and a relative told us they had confidence issues would be addressed to their satisfaction.
- Staff were clear about their responsibilities when concerns or complaints were raised to them.

End of life care and support

- No one at the service was receiving end of life care at the time of the inspection. Due to the ages of the people at the service most people had not wanted to undertake any advance plans for this aspect of care. However, we saw evidence that one person and their family had added some advance plans in their care plan. The service manager told us they would discuss this aspect of care with people and their relatives

should the need arise.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent.

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

- Systems and arrangements in place to monitor and improve the quality of the service were not always effective. For example, there was a lack of up to date analysis to incidents and accidents at the service. Although incidents were entered on the computer system at the service they had not been reviewed and analysed by the registered manager over the previous two months.
- The recording of low or medium anxiety levels people displayed were also undertaken but there was no analysis of the behaviours and anxieties to establish trends and identify ways of reducing these anxieties.
- When audits such as environmental audits were undertaken there was no clear processes in place to show who would address any issues of concern raised from the audits.
- There was a lack of consistent support from the senior management team at lifeways to ensure staff and managers of the service, and on the Bilsthorpe site, had the resources to provide effective quality monitoring systems. This could affect the sustainability of improvements made at Barley View and the other services on the Bilsthorpe site. Following our inspection, we spoke with the regional manager who was aware of this short fall and was introducing measures to address this. They sent us information to show how they planned to achieve this.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- A relative told us the staff at the service were open and honest about any incidents that occurred in relation to their family member's care. They said, "They rarely do things without talking to me, the communication is very good."
- Staff told us the culture among staff at the service had improved over the last year and the registered manager had worked hard to build up the trust of the staff at the service. This had resulted in a more consistent workforce. One member of staff told us, "There are less absences, better team working and the use of agency staff has gone right down." They felt this had a positive effect on the support people received.
- Staff knew who they would report any concerns to on a day to day basis and told us they would feel safe in doing this. One member of staff told us the registered manager and the service manager were "a fantastic team". They worked in an open and transparent manner.
- Throughout our inspection we saw the registered manager and service manager interacting with people in a relaxed way.
- The registered manager reported important events to us through notifications so we could monitor how these events had been managed and ensure appropriate actions had been taken.

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

characteristics

- Relatives and staff told us the registered manager readily engaged with them and considered their views on the service. One member of staff told us their ideas on improving recycling processes at the service had been discussed. This had been well received by the management team at a team meeting and people at the service were involved in the initiative.
- The provider had sent out a questionnaire to people and their relatives since they had taken over the service and the registered manager was awaiting the results and analysis of the surveys to action any issues that had been raised.
- People and the relative we spoke with knew who the registered manager and service manager were and throughout the inspection we saw positive engagement between people and the management team. They were encouraged to give their opinions on aspects of the service such as menus and decoration of the service through meetings or their key workers.
- Staff attended regular staff meetings, they told us they felt able to raise any concerns at these meetings and they were listened to.

Continuous learning and improving care

- Staff meetings had been used to feedback information on learning from incidents and accidents for staff. There was a clear agenda that covered issues such as safeguarding issues and health and safety.
- The registered manager and service manager also used a debrief following any serious incidents to support staff learning from adverse events.

Working in partnership with others

- The staff at the service worked in partnership with healthcare professionals to support different aspects of people's care, such as the local community psychiatric nursing team and dietitians. One member of staff could give us an example of how the strategies introduced by one health care team was supporting the needs of one person in their care.