D & J S Barnfield

Barnfield Care Agency

Inspection report

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

Tel: 01789269196

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11 November 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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
Barnfield Care Agency is registered to provide personal care to people living in their own homes, including older people who have a physical disability or people living with dementia.

At the time of our visit the agency supported 69 people, of which 56 people received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do provide personal care, staff also consider any wider social care provided. Care calls ranged from 30-minute duration and at the time of our visit, 13 people received care, 24 hours a day, seven days a week.

People's experience of using this service and what we found
The registered manager worked closely with staff and provided direct care to people themselves which gave them oversight of the service. However, there were limited systems in place to monitor and improve the delivery of the service. The registered manager said they checked daily records and medicine records, yet they failed to identify the issues we found. Furthermore, there were no records to show what actions had been taken when improvements were identified.

Care staff had not been recruited safely because the registered manager had not ensured all the required employment checks had been undertaken before staff commenced work at the service. These checks are required to ensure staff were suitable for their role.

Care plans and risk assessments reviewed were incomplete and did not provide staff with information to give consistent support. In some cases, certain health conditions although known by staff, were not recorded to form people's plans of care.

Overall, people were happy and satisfied with the quality of care they received from a consistent care staff team. No one raised any complaints to us during this inspection visit although some relatives felt the management of the service could be improved. People were happy with the care provided and felt safe when being supported by staff. Staff knowledge of people helped to keep them safe from potential risk of harm or unsafe practice. Staff wore gloves and aprons to ensure they protected people from cross infection.

People and their relatives made decisions about their care and were supported by staff who understood and followed the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider was embracing new technologies such as electronic call monitoring. This was being set up and trialled before its eventual rollout. Other communication systems were used to inform and update care staff. However, we recommended that the registered manager seek guidance to ensure that confidentiality and

security was not compromised through their use of some electronic communication systems.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was Good (published 12 May 2017).

Why we inspected
This was a planned and announced inspection based on the rating at the last inspection.

Enforcement
We have identified two breaches in relation to safe care and treatment and the lack of effective monitoring of the quality of the service. You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will request an action plan from the provider to tell us what they will do to improve the standards of quality monitoring and safety. We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Barnfield Care Agency

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
On 11 November 2019, two inspectors carried out this inspection.

Service and service type
Barnfield Care Agency provides a domiciliary care service to people in their own homes. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means that they 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 announced. The registered manager was given 48 hours' notice because they provide care and support to people in their own homes. We needed to be sure that someone would be available at the office to speak with us.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This includes statutory notifications sent to us by the provider and information from members of the public, other health agencies and the local authority and commissioners of care.

The provider had sent a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
Inspection site visit activity started on 11 October 2019 and was concluded on 18 November 2019.

On 11 November 2019 we visited the office location to speak with the registered manager, a care deputy manager and four care staff (the care staff and the registered manager provided care to people). We reviewed a range of records. This included examples of care records, daily records and medicines records. We reviewed a variety of records relating to the management of the service such as audits, staff recruitment files, complaints, compliments and people's overall feedback about the service.

Following the inspection
We spoke on the telephone with eight people and four relatives to ask them to tell us about their experiences of using this service. Their feedback forms our judgements within this report.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● People had an assessment of their care needs which identified any potential risks to providing their care and support.

● However, risk management plans were not always updated in a timely way to reflect changes in people's needs and abilities. For example, one person's mobility and moving and handling risk management plans said the person was cared for in bed at all times. However, in a letter dated August 2019, an occupational therapist had assessed the person for transfer from bed to a wheelchair using a hoist and a sling. The occupational therapist had advised that a new moving and handling assessment needed to be carried out and the care plan updated. This had not been completed.

● Where people had catheters to support their continence needs, there were no catheter care plans in place. This was particularly significant for one person because they regularly suffered difficulties with their catheter becoming blocked. This meant staff did not have important information to refer to when needed.

● One person was supported with their nutritional needs and staff prepared their meals. The care plan evaluation showed the person had been referred to the Speech and Language Therapy Team, and the registered manager confirmed this person was now on a fork mashable diet. However, this information had not been included in the person's care or risk management plans.

● Reviews of people's risks were not always carried out as planned. For example, one person's risk assessment for skin damage had been completed in January 2019 and was due for review in April 2019. No reviews had taken place despite records evidencing that in June 2019, a sore to the person's skin was deteriorating.

Using medicines safely

● Handwritten amendments to Medicines Administration Records (MARs) had not always been signed or countersigned by a second member of staff to confirm their accuracy. One person's MAR stated the person could be given three times the maximum dose in a 24-hour period. This error had not been identified which had potential for the person to receive an overdose of this medicine.

● We found signature gaps in MARs, so we could not be assured people had always received their medicines safely and as prescribed.

● When people were prescribed 'as required' medicines, there were no guidelines in place to ensure they were given consistently and within safe limits.

Learning lessons when things go wrong

● Staff recorded accidents and incidents, but it was not always clear from the reports, what action had been taken to minimise the risks of a future reoccurrence. For example, in September 2019 a person had been

found on the floor by a member of staff. There was no information about the potential cause of the fall or any action taken to reduce the risks of it happening again.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of potential harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

● The provider employed enough care staff to safely meet people's needs.

● However, safe recruitment processes were not followed. In five staff employment files, four did not have references from the previous employer(s). In these four files, records showed employment references were completed by the provider's own staff and not, the previous employer. In one example, the registered manager told us a former staff member had returned to work, yet there were no completed checks or contract of employment in place. This meant the registered manager could not be certain of a person's conduct, previous employment and experience to safely support vulnerable people.

Preventing and controlling infection

● People were protected from the risk of infection. Care staff received training in infection control and were provided with appropriate protective clothing to prevent the spread of infection. Staff knew when to use their gloves and aprons.

Systems and processes to safeguard people from the risk of abuse

● Staff knew how to protect people from abuse. One staff member said, "I need to report abuse - it's horrible - unacceptable. I haven't seen anything." Other staff members said they would report concerns to the local authority or to us.

● The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC). The registered manager had notified us of safeguarding matters since their last inspection.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager had recently introduced an electronic care planning system, but understood the importance of information being available to other healthcare professionals. The registered manager continued to keep a written record of daily visits which other healthcare professionals could refer to, to inform their clinical judgements.
- Some people received support from other providers for some of their care calls. The provider shared information appropriately to ensure a smooth transition between services. Staff said communication worked well.
- People did not have detailed oral health care plans. However, staff had received training in oral care and demonstrated a good understanding of the importance of assisting people to maintain their oral care and the impact poor oral care had on their health and wellbeing.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Managers and care staff worked in accordance with the MCA. People's capacity to make decisions was recorded and support workers worked in people's best interests to ensure their rights were protected.
- People were supported to make as many of their own choices and decisions as possible to maximise their control over their lives. One staff member explained, "You can try and persuade them and say that it would be good to get out of bed. But if they are adamant and don't want to get out of bed, you can't force them to get out because it is their choice at the end of the day."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. Assessments included people's care and support needs, likes and life style choices. This ensured people's needs could be met and protected characteristics under the Equality Act 2010 were considered.

Staff skills, knowledge and experience

● People said care staff appeared well trained. One person said, "My routine includes the care staff applying cream to my skin to stop me getting sores and they let me know if it's looking red or sore." A relative told us, "She [staff member] noticed a sore on mum's foot and asked me to get in touch with a podiatrist. The podiatrist commented that the care worker did well to spot it."

● The registered manager's training record records showed staff training was up to date. However, most training records were altered with correction fluid and in some cases, dates were not always clear and previous training dates were lost. This meant we could not be confident staff always completed training updates in a timely way.

● Staff said training was useful. One staff member said, "I'm doing my NVQ level two. Lovely to get that opportunity. Most of my training is on care skills academy…I have done dementia awareness, first aid, medicines, moving and handling, nutrition and hydration, oral care and safeguarding." They felt the registered manager supported them to learn through development.

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

● People were supported in their own homes so they and family members had choice to live their lives as they wanted within their own environment. People told us staff respected their wishes. Environmental assessments were completed in the person's own home, so staff knew how to minimise risks to people and themselves.

Supporting people to eat and drink enough to maintain a balanced diet

● People were involved in choosing what they wanted to eat and drink. In some cases, family members supported their relatives with meal preparation.

● Staff supported people to eat and drink in line with personal preferences. One relative told us the live-in care staff prepared home cooked food and understood the right foods to help manage their relatives' diabetes. They said "[Care workers] make a slow release breakfast such as porridge and cook a proper meal at lunchtime such as salmon and fresh vegetables." Another relative said, "The care worker makes home cooked food and keeps a diary of food and drinks to monitor his intake."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People spoke positively about the quality of care and they spoke positively about the staff who provided their support.
- People we spoke with told us their care staff were caring and treated them with kindness, respect and dignity. One relative told us, "My wife's care worker will help me to my own appointments such as the doctor in her own time."
- Another person said, "I can't imagine being without my care worker. They're incredible. It's my birthday today and she (care staff) brought me my favourite chocolates and a card."
- People did not feel rushed during their care calls and developed good relationships with care staff who had time to get to know them. One person described the member of staff who provided their care as "Such a fantastic person, nothing is too much trouble. He's perfect. I don't know what I'd do without him. He knew my needs and preferences quickly."
- One staff member told us how they took a relative to a cemetery so they could pay their respects. The staff member told us this meant a lot to this person and the staff member recognised how important it was that this person could reflect on happier times.

Respecting and promoting people's privacy, dignity and independence

- People told us care staff were caring and treated them with kindness, respect and dignity. This relative was grateful for this support. One person said, "I can't imagine being without my care worker. They're incredible. It's my birthday today and she brought me my favourite chocolates and a card."
- Staff understood how to protect people's privacy. Staff explained their actions to promote privacy and dignity, such as closing doors and curtains. One staff member said they asked for relatives to leave the room when personal care was required.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People told us their care was provided in line with their needs and preferences. One person said, "She [staff member] knows me very well. She's polite, knows what I want and does it." A relative told us that as part of the morning routine, care staff followed their relative's preferences which included wearing their favourite perfume.
- Staff monitored people's health and well-being for signs of change and discussed this with them or their families. One relative said, "My [person] has [health condition] and the care workers monitor it and tell me if they've noticed any change." Another relative said, "[Name] gets eye infections and I'm not always sure when it's the right time to call the GP. The care workers are really good at knowing and will prompt me to get the GP out."
- Despite some important information missing from care records, care staff spoken with demonstrated a good understanding of risk management and how to minimise individual risks to people's health and wellbeing. The registered manager agreed to review all care records to include important information.
- The registered manager signposted people to other agencies or systems that could help keep them safe. For example, most people had personal alarms connected to a national helpline they could use in the event of a fall or if they became very well.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to go out to do the things they wanted to do. For example, staff helped people with their weekly shopping.
- Staff worked with the wider family to ensure those they supported continued to have close connections with their family.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed to ensure they could express their wishes.
- Staff gave us examples of how they communicated messages and choices, so people understood.

Improving care quality in response to complaints or concerns

- People were complimentary about the support they received. One person said, "The service is very

efficient and I have no adverse comments at all, it is absolutely faultless."
● Where complaints had been received, actions were taken and responses sent within timescales.

End of life care and support
● There was information in people's care plans about whether they would like to remain at home when they became very ill.
● The registered manager referred people and families to other services and organisations to support them at the end of life and to ensure people's final days were dignified and pain free. To support families, the registered manager told us, "If families are tired I refer them to hospices." The registered manager understood how end of life affected the wider family.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has stayed the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The last inspection in 2017 identified areas for improvement in well-led. This was because the registered manager played such an active role in delivering care to people, records sometimes did not accurately reflect people's care. For example, assessments of risk had not been recorded and diabetes care plans were not completed. The registered manager assured us this would be done.
- At this inspection, we found the same concerns remained.
- A staff meeting in February 2019, described written care plans as 'poor'. We found care plans remained incomplete. In care files for people who had diabetes or a catheter, there was no written care plan to tell staff what their responsibilities were to provide consistent care, or when health professionals help should be sought.
- Systems and processes to identify, monitor and improve the service continued to fall short of meeting the regulations. There continued to be no formal audit process to record what had been checked and what actions had been taken. There was no evidence presented to us for audits we would expect to be completed, such as care plan quality, medicines, daily records and call monitoring.
- People's feedback to us about the service was mixed. Where people's annual survey scores were lower than expected, there was no evidence to show what had been done to improve the service. The registered manager told us they completed care calls so knew everybody, but if issues were raised, they could not show us what actions they had taken.
- People were complimentary about the quality of the care they received but felt the management of the service needed improving. One person summed this up, saying, "Great care but the administration from Barnfield is really poor." Another person said it was common to not get a response from the registered manager.
- The registered manager carried out spot checks on care staff to ensure they were demonstrating good practice and to assess whether the staff member was suited to the person they were supporting. However, where issues were identified, it was not always clear what action had been taken to ensure improvements.
- An ineffective system to check safe recruitment had potential to put people at unnecessary risk. Staff employment files had gaps in important information. In one example there was no formal contract, references or up to date criminal record check. In other staff files, it was not clear about contractual relationships between the provider and the staff member. This put people at risk of receiving care and

support from staff, who may not be suitable. Where necessary checks were not completed, there was no management or risk assessment of the potential risk to people.

We found systems were either not in place or robust enough to demonstrate the provider's quality assurance systems were effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Staff told us they received good support from the management team and could access support and information from managers at all times. One care staff member told us, "You do feel supported and if you are in trouble (unsure what to do) there is always someone at the end of the phone."

● Records demonstrated staff were invited to attend regular meetings where information and ideas were shared and discussed. Meetings were also used to remind staff of any training opportunities and their responsibility to report any concerns.

Working in partnership with others; Continuous learning and improving care

● The provider was in the process of introducing a new electronic care planning system. It was planned that in the future, staff would log in and out of their calls using the electronic system. If staff were late for their call this would create an alert which could then be followed up by a member of the management team to investigate and resolve. The registered manager was learning about the system's capability and they said they would become more confident once it was fully rolled out.

● Other electronic communication systems were used to inform and update care staff about people's care and health needs. However, we recommended that the registered manager seek guidance to ensure, confidentiality and security was not compromised through their use of these systems and that they met their requirement of GDPR.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not adequately assess and protect people against risks by doing all that was practicable to mitigate any such risks.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured robust quality systems or processes were fully effective to monitor the service appropriately, including people's safety.