

# Godfrey Barnes Care Limited

# Field House

## Inspection report

84 Field Lane  
Burton On Trent  
Staffordshire  
DE13 0NN

Tel: 01283480810  
Website: [www.godfreycare.co.uk](http://www.godfreycare.co.uk)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●

# Summary of findings

## Overall summary

Field House is registered to provide accommodation for up to six people with a learning disability. At the time of our inspection six people were living at the home. A comprehensive inspection was undertaken on the 31 January 2017 and the provider was rated as good overall and was meeting all the regulations that we checked relating to the Health and Social Care Act 2008.

This unannounced focused inspection was undertaken by one inspector on the 9 October 2017. We inspected the service against one of the five questions we ask about services: is the service safe. This is because we had received information of concern regarding the numbers of staff that were available to support people and the support people received in managing their behaviours. This report covers our findings and the other key lines of enquiry (KLOEs) under the question 'is the service safe'. You can read the report from our last comprehensive inspection visit, by selecting the 'all reports' link for the Field House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

People were safe with the support they received. The staff team had a good understanding of people's identified risks and how to support them to keep safe. Staff were aware of their responsibilities to report concerns to protect people from harm. The registered manager had demonstrated their understanding regarding their responsibility to protect people from harm as they had reported concerns to the local authority safeguarding team when required.

There had been some changes in the staff team since our last inspection and new staff were in post. Some people demonstrated behaviours that put them and others at risk of harm and there was enough trained staff available to support them in a safe way. People were supported to develop their skills in independent living by staff that had guidance on how to minimise risks; to maintain people's safety whilst promoting independence.

People received their medicines when needed and practices were in place to ensure medicines were managed safely. Recruitment checks were undertaken to ensure staff were suitable to work with people.

## 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 sufficient numbers of staff that understood how to protect them from harm. Identified risks were managed to enable people to maintain as much independence as possible whilst supporting them to keep safe. People were supported to take their medicines as prescribed. Checks were undertaken on the staff employed to ensure they were suitable to support people.

# Field House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced focused inspection was undertaken on the 9 October 2017 following concerns raised regarding the staffing levels in place and the support people received in managing their behaviours.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. The local authority had also provided us with current monitoring information.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with four people who used the service and four members of staff. We also spoke with the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also checked how medicines were managed and looked at records regarding incidents and staff recruitment.

## Is the service safe?

### Our findings

We had received information from whistle blowers regarding the numbers of staff available to support people. Although there had been changes to the staff team since our last inspection; we found there was sufficient staff available to support people. When we arrived at the home two people were out with the support of three staff visiting a local zoo. A further three staff were supporting the four other people that were at home. There was also a further member of staff on duty that was on induction and was reading care plans. They told us, "I have already had some training on physical intervention but it's my first day here; so today I am reading care plans to get to know about people's support needs."

Due to staff sickness only four staff were on the late shift. The registered manager confirmed that one person had rang in sick that day and told us they would stay as an additional staff member to cover this shift. One member of staff told us, "The manager is very good and does cover shifts when needed." Another staff member said, "There has been a turnover of staff and we have got new staff starting; but we all work really well as a team to support each other." The registered manager told us, "I am very clear at interview about people's behaviours and new staff are given the training; but I think until they see for themselves they don't understand and for some people it just isn't for them."

The registered manager confirmed that the staffing levels were determined by people's needs and told us, "Currently our staffing levels are a minimum of five and a maximum of six staff, which is slightly over the required staffing levels but we try to ensure we have six staff." We saw that plans were in place for another person to move into the home. This was pending a registration change to increase the number of beds from six to seven. At the time of the inspection this application was in progress. The registered manager confirmed that once this had been agreed the staffing levels would increase by one staff member; to ensure there was sufficient staff available.

The registered manager confirmed that a recent recruitment drive had secured a further three staff who were due to commence once all of their recruitment checks were in place. They told us, "As well as these three we have employed three staff that initially came here from an agency which has ensured we have some consistency. Although I now have a full complement of staff I am going to continue to advertise as I want a bank of staff that can be available as and when needed."

Some of the information from whistleblowers stated that the staff competency in managing people's behaviours was insufficient putting people and staff at risk of harm. Two people that used the service sometimes demonstrated behaviours that put themselves and others at risk of harm. Staff we spoke with confirmed they had received training to enable them to support people in a safe way. A Non Abusive Psychological and Physical Intervention (NAPPI) method was used. One member of staff told us, "Everyone receives NAPPI training. I wasn't able to be involved in any physical intervention until I completed it and was signed off as competent." Another member of staff told us, "The safety of the people we support is our priority. Without NAPPI training staff can't get involved; it would put people at risk of injury." Discussions with staff demonstrated they had a clear understanding of people's behaviours and the indicators, known as

triggers that alerted staff when a person was feeling anxious or upset. Staff had a good understanding on how to support people and the behaviour management plans in place reflected what staff told us and provided them with clear guidance to support people in a safe way.

Information was recorded when staff used physical interventions to support people from harming themselves and others. We saw that this information was detailed and provided a clear picture of the person's behaviour, the physical intervention provided, the communication with the person throughout the intervention and the length of time it was undertaken for. We did note that the actual time that the physical intervention started and ended was not recorded. We discussed this with the registered manager and advised best practice would be for this to be clearly documented; to ensure an accurate record was maintained. We saw from incident records that physical interventions were only used as a last resort to maintain people's safety. This demonstrated that people were protected against the risk of unlawful or excessive control or restraint.

People told us they liked the staff and we saw there was a good rapport between the people that used the service and the staff team. One person told us, "The staff are nice and the manager is in charge and is nice too." Staff had a good understanding on how to keep people safe and recognise abuse and understood their responsibility to report any concerns. One member of staff told us, "Safeguarding is covered in training and any concerns are reported to safeguarding." We saw information regarding reporting concerns was on display and included the local authority safeguarding contact details. The registered manager had reported concerns to the safeguarding team as required.

We saw that people were supported to take responsible risks to enable them to maintain and develop their independent living skills. For example we saw staff supported people as needed to access the kitchen area to prepare meals and drinks. Risk assessments were in place to support people to be as independent as possible whilst managing identified risks. This enabled people to access the community and undertake activities of their choice.

Personal emergency evacuation plans were in place that provided information on the level of support each person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to the person's individual needs. Weekly checks were undertaken on the fire alarm system, emergency lighting and checks on the fire exits to ensure they were kept free from obstruction. A grab bag was in place that contained essential items that may be needed in the event of emergency evacuation. This showed us the provider had proactive measures in place to minimise risks to people's safety.

Medicines were managed safely as people were supported by staff trained to administer medicines. A medicines administration record was kept and staff had signed when medicine had been given or if not, the reason why. The stock balance of each medicine was recorded following each administration. This demonstrated that a clear audit of medicines was in place.

Checks had been undertaken before staff commenced work to ensure they were suitable to work with people. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.