

Coverage Care Services Limited

Barleyfields House

Inspection report

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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

Barleyfields House is a respite care service. It is registered to provide accommodation and personal care to a maximum of five people, at any one time. At the time of inspection 48 people with learning disabilities access the service for respite care at different times throughout the year.

The accommodation consists of a single-story building. There are five main bedrooms and a sleep-in room for staff. People have access to adapted bathrooms, communal space and a large garden.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's medicine requirements were updated on a regular basis. However, the guidance in place did not always contain sufficient detail to ensure medicine was given as intended. We recommended the provider reviewed the guidance in place for each person, before their next visit, to ensure it was accurate.

Risks to people's safety were assessed and action was taken to mitigate the risk of harm. Equipment used by people was assessed but there was not always clear instructions on how the person should use the equipment or to confirm checks had been made. For example, how often it should be used.

People were supported by sufficient numbers of staff and staff suitability was checked as part of the recruitment process. We found one staff file where a full employment history had not been gathered and the provider acted to rectify this.

The governance systems used by the provider had not identified the concerns we found as part of the inspection process.

People were protected from harm by staff who had been trained and felt confident raising concerns. Lessons were learnt when things went wrong, and staff maintained a high level of cleanliness in the home.

People's care needs were assessed, and a care plan developed. Staff completed observations of how well people settled into the service as part of the assessment process. Staff received training to support them in their role and accessed specialised courses in subjects such as, Makaton.

People had access to sufficient quantities of food and drink of their choosing and, staff knew how to support people with differing eating habits. People were supported with any ongoing health issues and the accommodation was adapted to meet the needs of people with additional physical disabilities.

The provider worked with others to ensure people could continue to access services which were important to them. For example, college or day services. 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 treated with kindness and staff ensured people and their families were involved in decisions about their care. Dignity and privacy were promoted, and staff encouraged people to complete tasks independently before offering additional support.

People's care was personalised to their needs as staff had a good understanding of people's likes and dislikes. The accessible information standard was being met and various communication tools were seen around the home.

People were supported to maintain their relationships while receiving respite care and access activities in the community. People had access to a complaint's procedure should they need to raise a concern.

Barleyfields House did not provide end of life care.

People were complimentary of the service and staff told us it was a good place to work. Staff told us the management team were approachable and new ideas were welcomed. The provider was able to evidence continuous learning and ongoing work with other agencies.

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

Rating at last inspection

The last rating for this service was good (published 25 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Barleyfields House

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

The inspection was carried out by one inspector

Service and service type

Barleyfields House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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 before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and observed the care being delivered to two other people. 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 also spoke to one relative about their experience of the care provided. We spoke with seven members of staff including the deputy manager, senior care workers, care workers and quality and performance managers for the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We were not able to speak with the registered manager as part of the inspection process, due to them having a pre-arranged leave of absence.

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.

Using medicines safely

- People and their families were asked to provide a medicine update prior to each visit. This was to ensure staff had up to date information about the medicine being taken and the support required.
- We checked the guidance staff followed to ensure people's medicine was given safely and found there were improvements needed. In one instance staff were following directives given by a family which was to give the person their medicine on food. However, the staff had not completed the formal assessment process to ensure the practice was in the person's best interests and confirm the medicine was not being given covertly.
- Another person had no protocol in place for two 'as required' medicines which we saw had been given during their recent stay. Staff could explain why it was given but could not evidence they were following an agreed protocol.
- We discussed our findings with the provider who took immediate action to address these concerns. We observed staff liaising with a pharmacist and a GP in order to update their internal guidance.

We recommend the provider takes action to update their policies and practice in line with the Mental Capacity Act 2005 Code of Practice and current NICE guidance on managing medicines in care homes.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and measures identified to mitigate the risk of harm.
- The equipment people used was assessed but, in some cases, there was limited detail about how the person used their equipment day to day. For example, one person used a repose cushion to relieve pressure when sitting down. We observed the person eating breakfast and later waiting for their bus without the cushion in place. The risk assessment did not clarify if the cushion should always be used or if it was for longer time periods only. Another person used a posture belt and there was a clear description of how inappropriate use could lead to breathing difficulties. However, there was limited detail confirming how to use it correctly.
- We looked at the records related to the safe use of bedrails and found there was detailed instructions in place for staff to check their safe usage. However, the records had not been completed to confirm checks were made in the past month. Staff gave reassurance they had been carried out but acknowledged the records should have been completed.
- Risk associated with the property were being managed. The buildings fire risk assessment was in date and people had emergency evacuation plans.
- People had access to life saving equipment which staff could use in the event of a health emergency. Equipment included a defibrillator and de-choking device.

Staffing and recruitment

- People were supported by staff who had undergone an assessment of their background, character and qualifications to ensure they were suitable to work with vulnerable adults. We reviewed the recent recruitment files and found in one file a full employment history had not been requested. We showed this to the quality and performance manager who gathered this information before we concluded the inspection.
- People were supported by sufficient numbers of staff to meet their needs. One staff member told us, "The staffing numbers can vary depending on who we have in." We observed staff being able to provide people with one to one support and meet their presenting needs.
- The service was able to cover shortfalls in staffing from within the team.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Barleyfields House. One person said, "Staff are very good at keeping people safe and know how to support people with behaviour problems."
- People were supported by staff who had been trained in recognising and reporting abuse. Staff had access to up to date policies and told us they felt confident reporting concerns.

Preventing and controlling infection

- People were supported by staff who had been trained and understood their role and responsibilities in maintaining high standards of cleanliness. The provider had appointed infection control link workers who ensured the home had access to up to date information.
- Staff had access to gloves and aprons which they used when supporting people with personal care.
- Staff understood the importance of food safety. The provider had been awarded the top rating by food safety regulators.

Learning lessons when things go wrong

- The provider had an electronic system in place to ensure accident and incident forms were reviewed by both the registered manager and the senior management team.
- Since the last inspection there had only been two reported accidents which were logged on the provider's system. We questioned whether near misses were reported due to the fact some people using the service had complex needs. We were advised they would be recorded in the event they occurred.

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.

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

- People's needs were holistically assessed, and a care plan was developed using the information gathered.
- When new referrals were received the provider carried out observations of the person within the environment, as well as completing paper-based assessment tools. We observed one person who was on their third transition visit. We saw staff supporting the person and exploring different activities. Their relative told us, "They seem to really like it here, so far the visits have gone well."
- Care plans contained documents which were considered as best practice in learning disability care. For example, hospital passports and communication profiles.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training in a range of different subjects. Staff completed courses considered essential to working in adult social care. As well as more specialised courses such as Makaton and Positive Behaviour Support (PBS).
- New staff were supported to complete the Care Certificate which is a nationally recognised induction programme.
- Staff told us they received regular supervision and appraisal and were supported with any extra learning they requested.

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

- People were supported to maintain a balanced diet and had access to drinks throughout the duration of their stay. We observed people being supported to have their breakfast and choosing what they wanted for their evening meal. One person told us, "The food is lovely."
- People's likes, and dislikes were recorded in their care plan, as well as their eating style. For example, one person was reported to prefer to graze throughout the day instead of having big meals.
- People were supported to prepare a packed lunch to take with them to day time activities such as day services or college. Clear guidance was in place outlining the quality of the pack lunches staff needed to prepare.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their usual day to day activities while staying at Barleyfields House.
- The provider had built up a relationship with other agencies to ensure people had a smooth transition between one service and another. For example, college or day services.

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

- The accommodation was adapted to meet the needs of people with a range of disabilities.
- People had access to adapted bathrooms and there was room for people to safely manoeuvre a wheelchair around the property.
- The home was in a reasonable state of decoration and improvements were planned. New bedroom flooring was due to be fitted the week of the inspection.
- People had access to a large garden, a communal lounge and quieter space where there was a range of activities people could engage in. Part of the garden space had been developed for people to grow their own vegetables.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with any health conditions they had whilst receiving respite care. Care plans contained information about presenting conditions and the support people needed. For example, the management of epilepsy.
- District nurses were seen visiting the service to provide specialist care for people with specific health needs.
- People's oral health needs were recorded in their care plan and the support they needed to maintain good oral health.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care plans contained details about how people understood and conveyed information. This gave staff a better understanding of how to approach a person and confidently assess their capacity to make certain decisions.
- Staff were confident their action to give someone their medicine on food was in the persons best interest and the relevant conversations had been had. As a result of our findings they spoke to the pharmacist and GP and completed the providers MCA paperwork, confirming the action could continue.
- We saw that applications to deprive people of their liberty had been made. However, an assessment by the local authority had been pending for some time. The quality and performance manager confirmed they would explore this further to gather an update and see if a further application was required.

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

- People were treated with kindness. People engaged in humour with the staff and the staff encouraged these interactions.
- Staff monitored people's body language and understood how to help them when certain behaviours were displayed. For example, we observed staff reducing sensory stimulation for one person who was becoming over excited. This had a positive impact on the person who became calmer and was able to engage in a quieter activity.
- People's protected characteristics were documented within their care plan. For example, people's race and religion.

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

- People were involved in decisions about their care. We observed staff engaged in conversation with people and asked their opinion. Staff used Makaton signs to support their conversations with certain people.
- People's families were included in discussions about their care needs. Before each visit the family were asked to provide an update of any changing needs and action required.
- The provider tried to allocate people respite dates that considered the needs of the family, as well as the person attending the service.
- People were enabled to access advocacy services where necessary. Information about local advocacy groups was available for people to see.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff respected their privacy. One person said, "The staff always knock on my bedroom door before they come in."
- People's care records were kept secure and only initials were used on information which could be seen by others. For example, the daily planner.
- People were observed being treated with dignity. Staff encouraged people to do things for themselves before stepping in to offer support.

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 were supported by staff who knew their individual needs and personalities. Care plans contained information about what people liked and disliked. For example, one person liked to buy scarfs when shopping. Another person did not like people making too much noise.
- People were supported to access known hobbies and interests. People had access to art and craft materials as well as a computer. Televisions had been made available in each bedroom with a built in DVD player. Staff explained people frequently brought in their own DVD's and this meant people could watch them whenever they wanted to.
- Staff observed people during transition visits to ensure they could meet their individual needs. One staff member told us, "We get to know people, so we can work out who they are likely to get along with. It's important to ensure respite stays are a positive experience for everyone."

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 had access to accessible information in the service. Visual aids were seen around the home such as a pictorial rota, menu plan and activity planner. We were advised these were used when various people accessed the service.
- People's care plans contained detailed assessments of how people needed information presented to them to ensure they understood. For example, whether people understood the written word, signs or objects of reference.

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

- People were supported to maintain relationships while at Barleyfields House. One person told us, "I meet up with my boyfriend while I am here, he is made to feel welcome and we are going out for a meal."
- People were supported to engage in frequent activities in the community. We saw photographs of people on day trips, out for meals and engaged in leisure activities.
- One relative told us, "The reason I like this service is because people get out and about."
- The provider held events throughout the year to celebrate special occasions and had produced a flyer advertising the event to people, their families and others linked to the service.

Improving care quality in response to complaints or concerns

- People had access to an up to date complaints procedure. One person told us, "I've no complaints but I know what to do if I did."
- We reviewed the homes complaints file and saw that no complaints had been received in the past 12 months.

End of life care and support

- Barleyfields House did not provide end of life care.

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 good. At this inspection this key question has deteriorated to requires improvement. 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

- During the inspection process we identified a number of issues which had not been picked up by the governance systems in place. This meant the systems were not always effective. For example, medicine guidance was not in place for some people and a full employment history had not been taken for a newly recruited member of staff.
- We discussed our findings with the team who took immediate action to rectify the issues. The deputy manager advised they had also arranged for further audits to be carried out to ensure all documentation was accurate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were complimentary of the service and the support people received. One person said, "I am happy with everything and the staff have things under control"
- Staff all told us it was a good place to work and they felt well supported. One staff member told us, "People get a great service, the staff all get on and management are approachable. It really is a good place to work."
- We asked the local authority for feedback and they spoke positively about the service and reported no concerns.

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

- The provider was aware of their duty of candour although there had been no incident reported which required its use.

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

- People and their families were engaged in discussions about the care received and were advised of changes occurring in the home. The registered manager had a pre-arranged leave of absence and had updated key documents in the home to confirm the alternative arrangements.
- Staff told us they regularly discussed what was going on in the home and new ideas were welcomed. One staff member told us, "When I came here I was made to feel welcome and one of the staff told me the team appreciated a fresh pair of eyes."

- We looked at the quality assurance questionnaires' which had been received though noted they were over 12 months old. The deputy manager advised new forms would be sent out sometime soon.

Continuous learning and improving care

- The service demonstrated a commitment to ongoing learning and making improvements.
- A new learning venture was being undertaken which involved co-ordinated webinars with a lead organisation. New technology had been installed in the office to help facilitate increased participation and ensure several members of the team could join in.
- The registered manager, in their PIR discussed increased learning around the LGBT experience of the care sector. Staff were aware of the discussions when questioned and that this was an area they were going to be exploring further.

Working in partnership with others

- The service worked in partnership with various agencies to enable people to receive joined up care.