

## Prospects for People with Learning Disabilities

# Barnabas House

### Inspection report

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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?

Good



### Overall summary

The inspection took place on 9 September 2015. Barnabas House is a domiciliary care agency which offers personal care, companionship and domestic help to support people. There are currently 5 people using the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from the potential of harm and their freedoms protected. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had up to

# Summary of findings

date information about people's needs which meant they were more effective in delivering appropriate care. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff had received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care. The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance were sought from health care professionals, including GPs, community learning disability teams and consultant psychiatrists. People were supported with their nutrition and hydration needs. Staff supported people with their medication as required.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff were attentive to people's needs and treated people with dignity and respect.

People were supported with activities which interested them. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The manager had a number of ways of gathering people's views including talking with people, staff, and relatives. They carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

# Summary of findings

## 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.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication if required.

Good



### Is the service effective?

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to, and they were supported with their nutritional choices.

People were supported to access healthcare professionals when they needed to see them.

Good



### Is the service caring?

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

Good



### Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



# Barnabas 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 September 2015 and was unannounced. The inspection was completed by two inspectors.

Before the inspection we reviewed the information we held about the service, including the Provider Information

Return (PIR) which the provider completed before the inspection. The PIR 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. We also reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority.

On the day of the inspection we met the manager at their office and spoke with them and two members of staff. We reviewed three care records, training records, two staff recruitment and support files, audits and minutes of staff meetings. We met and spoke with two people who used the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service, one person said, “I feel safe, I let the staff know if I am going out, and I have my own key to my room.”

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, “If I had any concerns I would report it to the manager or I would go higher, if necessary I would go to social services or the police.” The service also had a ‘whistle blowing’ policy where staff could discuss any issues confidentially. Where appropriate the manager had made safeguarding referrals to the local authority to investigate.

There were arrangements in place to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. This was recorded in people’s records and all receipts were kept.

The service undertook risk assessments to ensure people were supported safely. The risk assessments included making sure the environment was safe. Staff supported people to carry out their own health and safety checks and report any concerns or issues that needed attending to.

Staff knew what to do if there was an accident or if people became unwell. Staff told us, “If I was concerned I would call for an ambulance.” Staff had reporting procedures to follow which included talking to the manager and recording any concerns in the case notes.

There were sufficient staff employed to keep people safe. The manager ensured there were sufficient staff employed

to meet people’s needs. A member of staff said, “We always have enough staff.” One person told us, “The staff always come to help me in the evenings.” The manager told us they had permanent staff and also employed relieve staff for occasional shifts. Staff had mostly worked at the service for a number of years, which provided stability for the people who used the service.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

Most people who used the service were responsible for their own medication, however some people needed more support with their medication. These were usually provided in a monitored dosage system for medicines. The system supported people to manage their medicines more easily because each dose of medicine was pre-dispensed by the pharmacist in a sealed tray. Where required staff supported people to take their medication. One person told us, “The staff always give me my medication when I need it.” A member of staff said, “I support one person with their medication by checking they have taken it and that they have the correct supply of medication.”

The manager told us that all staff had received training in medication administration and that this is updated at least yearly. One member of staff said, “I have my medication training update every October.”

# Is the service effective?

## Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. We asked people if they thought staff had the correct training to do their job. One person said, “The staff are well trained, they are used to me and know what I need.” Staff told us that they were supported to complete nationally recognised training courses. One member of staff told us, “I have completed my diploma in health and social care and will be updating my medication training soon.”

Staff undertook a thorough induction when they started at the service. The manager worked alongside new staff to ensure they had a good understanding of people’s care needs. The manager had regular meetings with new staff during their induction and probation period to review their performance and provide appropriate support and training. A member of staff told us, “When I first started I met people to get to know them then I worked with other staff.” The manager told us that any new staff are supported with training and would now commence the new care certificate if required. The Care certificate is a training course which can enable staff who are new to care to gain the knowledge and skills that will support them within their role. Staff received regular supervision, one member of staff said, “We have supervision with the manager every couple of months.” This helped staff to identify any additional training or support they might require.

People who used the service had capacity to make their own decisions and choices about their care. Staff were aware that people had to give their consent to care and had the right to make their own decisions. The manager was aware of the Mental Capacity Act 2005 and was aware of how to protect people’s rights. The manager used staff meetings to keep staff up to date with the capacity act and to discuss any concerns that arose about capacity.

Where required people were supported with their dietary needs. Staff supported people with planning their meals, cooking and shopping. One person told us, “I like going shopping with [staff name].” We were also told, “[staff name] helps me with cooking, and my favourite is sausage and mash.” Mostly people were able to support themselves with breakfast, lunches, snacks and drinks but required support with cooking one main meal a day.

People if required were supported to attend healthcare appointments. The manager supported people to access the correct healthcare for their needs. One person told us, “If I go to the doctors or for blood tests I like staff to come with me.” The manager worked closely with family and people to ensure healthcare needs were accessed as appropriate. Staff kept a record of people’s healthcare appointments and reviewed these monthly.

# Is the service caring?

## Our findings

People were happy with the care and support they received from staff. One person said, “I like [staff name] my keyworker.” And, “Staff are good.” People told us they felt supported by staff to carry out their everyday activities, which included acting as companions to them in the community.

Staff knew people well, including their life histories and their preferences for care. Staff used this information to support people to maintain their independence. Staff spoke fondly of people and were very positive about how they enabled people to live full independent lives.

People were actively involved in decisions about their care and treatment and their views were taken into account. The manager discussed people’s care needs with them so

that they could develop a care plan that was tailored to their needs. This care plan would then be reviewed at least monthly or sooner if required. The manager held a more in depth review with the person every six months. When appropriate, staff supported people to have other professionals involved in their care who could act as advocates, such as social workers or family members. This meant staff had up to date information on the care people required. Each person had a named key-worker who worked closely with them. People we spoke with knew who their key-worker was and spoke of them fondly.

People were treated with dignity and respect. Staff told us they always respected people’s privacy and ensured they treated people with respect when assisting them with personal care. One person told us, “Staff treat me with respect, I like it when they wash my hair.”

# Is the service responsive?

## Our findings

People received care that was individual to them and personalised to their needs. The manager met with people, to complete a full assessment of their needs and to see if these could be met by the service. During this meeting the manager gained the information needed to understand people's personal histories, their preferences for care and how they wanted to be supported. From this information a support plan was then agreed.

If people's needs did change and they needed additional support the manager worked with community services to ensure people received the support they required. For example the manager contacted social services if additional support was necessary so that this could be arranged. This would not always be provided by the service as some people used additional domiciliary care services for some aspects of their care. The manager where appropriate also supported people when having their care reviewed by other members of the care team such as consultant psychiatrists. This demonstrated the service was responsive to people's changing needs.

Staff supported people to follow their hobbies, attend colleges and to take part in social activities in the local community. One person told us, "I like going shopping, or to the library or to see my girlfriend." They told us staff sometimes went with them and they enjoyed this. Other people were supported to go to college to follow courses that interested them such as art or number skills. Staff also supported people to attend social groups and evening clubs of their choice. People were supported to have their religious needs met by attending church or fellowship meetings.

The manager told us they supported people to go on holiday or out for day trips of their choice. They supported one person to go on a steam train trip across the country. Other people had been supported to go on holiday by staff in this country and abroad.

The provider had a robust complaints process in place. The manager regularly gathered people's views on the service by talking with them. People told us they did not have any complaints about the service they received but said, if they did, they would speak with the manager. Staff knew how to support people in making a complaint should they wish to make one.



# Is the service well-led?

## Our findings

The service had a registered manager who had been in post for a number of years. People we spoke with all knew the manager well and were comfortable discussing any issues with them.

The service promoted an inclusive and person-centred culture its aim was to enable people to be independent. People benefitted from a small staff team that worked well together. Staff told us, “We all work well together.” Staff shared the same vision of the service, to support people and promote their independence, and to enable them to live a fulfilled life.

Staff felt supported by the manager to fulfil their role and were very complimentary of them. One member of staff said, “My manager is a very kind person, they try to support us in anyway.” Staff said the manager was always available to discuss any issues.

Staff felt supported through regular staff meetings. Staff said they could discuss anything at these meetings and that they found them helpful to discuss people’s care needs, or any issues arising around supporting people. Staff also received regular one to one supervision from the

manager, where they could discuss any training needs or ideas they had about the running of the service. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The manager and provider valued people’s opinions about the service they received. The manager supported people to hold a meeting every month to discuss any issues that may concern them and look at ways these could be addressed. The provider also supported people to attend a forum every few months, where people could meet and discuss issues that affected the service as a whole. For example people raised they would like to have holidays but found this could become expensive when paying for support. In response the provider has made available a mobile home in Wales which people could use to help reduce the cost of a holiday. People are also encouraged to discuss new policies the provider is considering implementing to gain their feedback. This showed that the provider and manager listened to people’s views and responded accordingly, to improve their experience at the service.

The manager had a number of quality monitoring processes in place and was very keen to deliver a high standard of care to people. They used the quality monitoring processes to keep the service under review and to drive any improvements.