

Mr Steven Richard Dodds

Old Court Barn Residential Care Home

Inspection report

Old Court Barn
Lumber Lane
Lugwardine
Herefordshire
HR1 4AQ

Tel: 01432851260

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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 ●

Summary of findings

Overall summary

About the service: This service supported people with learning disabilities and/or autism.

The home was bigger than most domestic style properties. It was registered for the support of up to seven people. Seven people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by how the building was used. There were no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear anything which suggested they were care staff when coming and going with people.

What life is like for people using this service:

- People enjoyed living at Old Court Barn had developed caring relationships with staff who promoted people's rights to independence, dignity and privacy. Staff knew what was important to people and what interested them.
- Staff understood people's safety needs well and supported them so their individual risks were reduced.
- People's communication preferences were supported and staff assisted people to make their own decisions about their day to day lives.
- There were sufficient staff to care for people and people were comfortable to ask for assistance from staff when they wanted this.
- People were supported to have their medicines safely. People's medicines were regularly checked and reviewed.
- Staff supported people to have enough to eat and drink so they would remain well.
- People had access to health care and support from other health and social care professionals. This helped to ensure people had good mental and physical health outcomes.
- People's care preferences and needs and the views of their relatives were considered when care was assessed, planned and reviewed, so people's needs continued to be met.
- People were supported to keep in touch with others who were important to them. Ways of working with people's relatives were agreed which provided a consistent approach to the care people received.
- Staff received the training they needed and to develop the skills they required to care for people.
- The risk of infections and accidental harm was reduced, as staff used the knowledge and equipment provided to do this.
- 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.
- People had opportunities to spend their time doing things they enjoyed. This included maximising people's opportunities to enjoy spending time in the local community.
- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence, inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

- Systems were in place to take any learning from complaints and to further improve people's care.
- The registered manager sought suggestions for improving people's care further and suggestions were listened to and acted on.
- The registered manager and staff reflected on the care provided, so improvements in people's care would be driven through. The registered manager planned to continue to develop the facilities at the home and to further develop their strategy for supporting people at the end of their lives.
- We found the service met the characteristics of a "Good" rating in all areas; For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good. The last report for Old Court Barn was published on 13 September 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: 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?

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 well-led.

Details are in our Well-led findings below.

Good ●

Old Court Barn Residential Care Home

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: One inspector carried out the inspection.

Service and service type: Old Court Barn is a care home. People in care homes receive accommodation and nursing or personal care. 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 when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually 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, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We spoke with two relatives and a health and social care professional to gain their views about the care provided. We spoke with the registered manager and five care staff,

including a temporary staff member.

We reviewed a range of records. This included three people's care documents and multiple medication and records. We also looked at records relating to the management of the home and checks undertaken by the registered manager. For example, systems for managing any complaints, checks on medicines administered, minutes of staff meetings, compliments received and records showing people had opportunities to do things they enjoyed.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes

- The registered manager and staff knew how to safeguard people from abuse.
- Staff had received training and developed the skills needed to support people in the event of any concerns for people's safety.

Assessing risk, safety monitoring and management

- Staff had identified risks to people and put plans in place to meet people's safety needs.
- People's relatives told us their views were considered when their family member's safety needs were assessed, and when safety plans were developed and reviewed.
- Information in people's care plans and risk assessments gave staff guidance on how to support people safely.
- Relatives and staff were encouraged to raise any concerns they may have for people's safety or well-being, so any risks would be further reduced.

Staffing and recruitment

- The provider undertook checks on the suitability of potential staff to care for people living at the home.
- People received the care they wanted at the time they preferred. There were sufficient staff to care for people and to reduce the chance of people becoming isolated or anxious.
- Staffing levels were based on the needs of people living at the home.

Using medicines safely

- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- The home was well maintained and clean.
- Staff followed the training they received to reduce the likelihood of the spread of infections and people experiencing poor health. This included using equipment such as gloves and aprons.

Learning lessons when things go wrong

- Staff communicated information about incidents and accidents, including reviewing incidents at other homes, so any learning could be taken, and risks to people further reduced.

Is the service effective?

Our findings

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

Good: 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

- The views of people, their relatives, and staff were considered when people's needs were assessed.
- People's assessments were informed by specialist advice provided by other health and social care professionals. Staff gave us an example of increased well-being and improved health outcomes because of joint assessments undertaken for one person. This had led to a reduction in the amount of medication the person was administered.

Staff skills, knowledge and experience

- People were confident staff would respond when they wanted assistance.
- New and temporary staff were supported by more experienced staff, so senior staff could be assured people were receiving care from competent staff, who knew people's care needs and preferences well.
- Staff told us they had good support and opportunities to develop their skills further. One staff member told us about the training they had done, and said, "It means we understand people more."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have enough to eat and drink to remain well. Where people needed support to maintain their safety when eating this was provided by staff.
- People decided where they wanted to eat and drink and chose what they would like to eat and drink.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- Relatives were complimentary about the way their family member's health needs were met. One relative explained because of the plans put in place to support their family member, they were now less anxious when attending the dentist and GP, and had access to the healthcare they needed.
- A health and social care professional who regularly provided care to people at the home told us staff knew people's health needs well, and said, "They do a really good job and follow up on any advice given."
- Protocols and strategies had been put in place to support people who experienced sudden severe illness, or who were anxious, so people would continue to enjoy the best health possible.

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

- The layout of the home reflected how people wanted to live their lives, and provided people with areas for socialising or spending time quietly on their own as they wished. Picture boards reflecting people's interests and sensory items were in place for people to enjoy using.

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 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. The application procedures for this in care homes and hospitals are 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 were being met.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ 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 relaxed around staff, and wanted to engage with them. One relative told us they knew their family member got on well with staff, as they always wanted to hug and greet staff when returning to Old Court Barn. The relative told us, "[Person's name] is as happy as Larry with the staff."
- Another relative highlighted how well staff knew their family member. The relative said, "Staff have gone out of their way to understand [person's name]. Nothing is too much trouble for the staff." The relative said because of this, "[Person's name] loves the place,"
- Staff understood what was important to people and spoke warmly about them and reassured people in the ways they preferred. One staff member said, "You make people feel comfortable, and you see their smiling faces."

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

- People decided many aspects of their day to day care, such as how they wanted to spend their time. People were confident to let staff know if they wanted anything, and staff focused on people's wishes. For example, if people wanted to spend time enjoying a walk round the garden, staff supported them to do this.
- Staff supported people to make their own decisions, when required. One staff member said, "We know people's preferences, we do promote choice, but too much choice can cause agitation. For some people, we are gradually introducing choices using boxes containing snacks for them to choose from."
- Staff let people know they were valued by acknowledging people's achievements and marking their birthdays. Photographs showed us how much everyone living at Old Court Barn enjoyed these celebrations.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was promoted by staff, who took time to suggest things people might like to try to increase their independence, such as contributing to running the home.
- One relative highlighted their family member was now able to enjoy doing a wider range of interesting things out in the community, because of the support they had received to increase their independence.
- People's confidential information was securely stored.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care; accessible information; choices, preferences and relationships

- Care plans recorded people's interests, histories and relationships which mattered to them.
- People's care plans supported staff to understand how they liked to be cared for. For example, if people liked to communicate or to be reassured in a specific way.
- One staff member told us, "Care plans give us enough information about people's likes and dislikes, but it's the hands on that really teaches you about people."
- Staff gave us examples of times when people's care plans were adjusted, as people's needs and preferences changed. This included in consultation with speech and language and mental health professionals, so people would continue to have the care they needed, and their freedoms respected.
- People were supported to maximise their opportunities to enjoy their lives. One relative told us staff had set small achievable goals which increased their family member's confidence when spending time in the community. The relative said because of this approach, their family member was now able to enjoy spending time at local cinemas and attending community fayres.
- We saw photographs showing people had opportunities to do a wide range of interesting things to do. 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 choice, promotion of independence and inclusion. People living with learning disabilities at Old Court Barn were supported to live as ordinary a life as any citizen.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such information on planned activities and supporting people to understand how they could make a complaint. One staff member told us, "We are trying some information technology based communication tools with people. Some people love it, but we recognise other people are not so keen." The staff member explained using people's preferred ways communicating gave them assurance people were making their own choices.

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to any complaints or any concerns raised.

End of life care and support

- One relative told us they had been asked for their views on the care their family member would prefer at the end of their life. The registered manager was in the process of developing a strategy to further meet people's needs at the end of their lives, so people's wishes would be respected.

Is the service well-led?

Our findings

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- People were at ease in the company of the registered manager and relatives were positive about the way the home was run.
- One relative told us, "[Registered manager's name] runs a tight ship. Everything she does is done with thoughtful planning, and we have conversations and pool our ideas. [Person's name] can now participate and they enjoy it."
- Staff were supported to provide good care and enjoyed working at the home. One staff member told us, "They [senior staff and the provider] know the guys off by heart and have respect for us and them, so people get good support."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff understood the registered manager's vision for the home. One staff member said, "I am proud to work here because people are treated so well, and are part of a family."
- The registered manager told us, "The staff we have go the extra mile. Sometimes it is little things, like making sure people have their favourite things in their room. It shows staff here really care."
- The registered manager told us they were supported by the provider to further develop and improve people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- One relative explained they and staff worked together, so their family member benefited from consistent support, including during home visits. The relative said, "This has helped [person's name] behaviour to improve out of all recognition, and they can now make their views known."
- The registered manager sought the views of people's relatives through surveys. We saw the surveys had been positive. Where any suggestions had been made for improving people's care or the home further, these had been actioned.
- Staff told us they were encouraged to make any suggestions to further develop people's care. Staff said their suggestions were listened to.
- Links had been developed with the local community, so people could benefit from spending time at other health and social care organisations and out enjoying themselves.

Continuous learning and improving care

- Staff told us they were encouraged to reflect on their care practice. One staff member said, "You do reflect on incidents. You ask if there is anything you can do differently."
- The registered manager checked the quality of the care provided. For example, checks were made to ensure people's medicines were administered as prescribed, and to ensure people had care planned which reflected their needs and preferences.
- The registered manager and staff kept up to date with best practice through training, research and discussions with health and social care professionals. This had led to a beneficial reduction in medication for people living at the home.
- The registered manager told us they planned to further develop the care available to people at the end of their lives, and to continue to enhance the premises as people's needs changed.