

# Jeesal D C Limited

# The Old Barn

## 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 ●

# Summary of findings

## Overall summary

The inspection took place on 13 April 2016 and was announced.

The Old Barn is a domiciliary care service that provides support to adults with autistic spectrum disorder and learning disabilities.

The service provides outreach support for people, in order for them to access the community from their own homes. The service provides care and support for people during daytime hours.

At the time of our inspection the service was providing outreach support and care for two people.

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. There was a registered manager, however, they were no longer managing the service on a day to day basis. A new manager had been managing the service since February 2016. They were yet to apply for registration with us. We have referred to this person as the manager throughout this report.

Staff had a good understanding of safeguarding and knew what constituted abuse. Staff knew how to keep people safe and reported any issues of concern appropriately. Risk assessments were clear and detailed and reviewed regularly. Staff acted in accordance with the guidance and protocols that were in place, to help reduce the risks for people.

Staffing levels were sufficient to meet people's needs appropriately. The staff on duty had the skills and knowledge to support people effectively and meet their needs in a timely manner. Appropriate and safe recruitment practices were followed, to ensure staff were suitable to work with people in a care environment. Staff received support from the manager.

People and their families were involved in planning and reviewing their own care and staff appropriately supported people, when necessary, to make informed choices for themselves. The staff were kind, caring and compassionate. People were treated with dignity and respect and their privacy was upheld. People were also supported to do as much for themselves as possible, in order to enhance and maintain their independence. People were able to make their own decisions and choices as much as possible.

Record keeping and management systems were in good order, with effective auditing and follow up procedures in place for incidents and accidents.

## 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.

Relatives of people who used the service were confident that that staff had the skills and knowledge to keep their family member safe.

The service had explored risks to people and developed plans to minimise their impact with minimal restriction on the individual.

Staff had been appropriately recruited.

Staff were knowledgeable in safeguarding procedures.

### Is the service effective?

Good ●

The service was effective.

Staff received sufficient training in all necessary areas.

Decisions taken for people were made in their best interests.

The service had plans in place to support people to access healthcare if needed.

### Is the service caring?

Good ●

The service was caring.

Staff had built very caring relationships with people and had a good understanding of their needs.

People and their families were as involved as possible in decisions about their care.

People's dignity was promoted and respected.

### Is the service responsive?

Good ●

The service was responsive.

The service had developed care plans in conjunction with

people's families that were comprehensive and person centred.

The service routinely listened to people's views.

Complaints and concerns were listened to and acted upon appropriately.

**Is the service well-led?**

**Good** ●

The service was well led.

The service had a culture that was open, person centred and positive. Staff felt well supported and valued by the manager and able to contribute to improvement of the service.

The registered manager was visible in the service and in regular contact with relatives of people who used the service and staff.

The registered manager maintained a good standard of quality control of the service.

# The Old Barn

## 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 registered persons were 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.

Before our inspection visit to the service, we reviewed notifications of incidents that the registered manager had sent us in the preceding twelve months. A notification is information about important events which the provider is required to send us by law.

We visited the service on 15 April. The inspection was announced and carried out by one inspector. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection.

During the inspection we spoke with the relatives of two people who used the service to obtain their views about how well the service was meeting people's needs. We spoke with the registered manager and two members of staff.

We viewed the care records for two people who used the service. We also looked at records that related to the management of the service. These included staff training records, quality auditing systems, some health and safety records and minutes of meetings.

# Is the service safe?

## Our findings

Relatives we spoke with told us that they felt confident that their family members were safe while being supported by staff from the Old Barn. One relative told us that they were confident in the staff's ability to keep their family member safe. They told us, "I just let them get on with it". Another relative told us that they, "don't worry about [their relative] when they are with them".

Staff were well trained in safeguarding procedures and were able to explain to us what they would do if they suspected someone was at risk of or experiencing abuse. Overall staff received comprehensive training in a number of areas including: non abusive psychological and physical intervention (NAPPI), health and safety, food hygiene and first aid. Staff told us that their training was refreshed every three years.

We saw records showing that staff had been recruited safely and appropriately to ensure that they were well matched to the role. People's relatives told us that they felt staff had the skills and knowledge to meet the needs of those they supported. They also felt that the staff were well matched to meeting people's needs.

Care plans that we looked at contained detailed risk assessments for each person. Risk assessments had been carried out for all activities to ensure that all involved were safe. They also ensured that the person concerned was able to enjoy as much freedom as possible. The service had identified all possible triggers and indicators for behaviours that might harm others and listed the best ways for staff to manage these for people. These included how to de-escalate the situation for the person to relieve their distress. Within this was detailed information of how to interpret each person's unique communication methods, to ensure that staff would be able to understand what the person wanted. Staff had detailed information on how to deal with emergencies. For instance, when one person had a seizure and needed to attend the hospital, staff had a clear plan of what to do and who to contact to ensure the best possible outcome for the person.

Staffing levels were managed to ensure that people's safety was paramount. The people supported by the service needed two staff to support them. In the event of staff absence we were told that there were enough staff available to fill any staffing gaps or that the manager would be able to support. A relative told us that there had been a few occasions when staff were late but this was due to traffic issues, as the service was based a long distance from the person's home.

Staff did not routinely give people their medicines but protocols were in place to ensure that PRN (as required) and emergency medicines were managed safely. For instance, one person experienced epileptic seizures so their medicines for this were managed between their relatives and the service to ensure that they were always available. During our inspection we observed a member of staff tell the manager that a person needed a topical cream to be applied. The manager agreed to add this to the person's medicines administration record (MAR) chart.

# Is the service effective?

## Our findings

Staff received a comprehensive induction course to prepare them to meet the needs of the people using the service. The registered manager told us that it was critical that staff had the correct preparation to provide support for the people who used this service. This extended to new staff being gradually introduced to people so as to minimise distress, as the people who used the service often found it challenging to be around staff they didn't know.

We saw that staff had received training in a wide range of areas such as autism awareness, Mental Capacity Act and DoLS, non abusive psychological and physical intervention (NAPPI), epilepsy awareness, medication awareness, mental health awareness and equality and diversity. Staff told us that they could request any additional training that they thought would be relevant to their role.

Staff were well supported by the manager who was available to staff for advice and enabled them to feedback or talk through any issues at the end of every shift. We looked at staff files and saw records of monthly supervision. Staff told us that they valued supervision sessions as a two way process and learning opportunity.

Communication between team members and the manager were good and it was clear that the registered manager knew the people using the service well. During our inspection we observed staff discussing an issue that had arisen earlier that day with one person. They discussed the person's needs with the manager and what had caused the person's distress. They considered some possible courses of action to support the person with this. There was also the option for the staff to call the office for support or advice while they were in the community with the person they were supporting.

Staff had a good understanding of the principles of the MCA and were able to demonstrate how it applied to this service. They were able to explain how they applied best interests decisions for the people they supported. We were satisfied that the service was meeting it's obligations under the MCA.

Staff told us that they sought consent from people by explaining carefully what they needed to do and by having a consistent staff team, so that the person knew who was providing their care and trusted them. A relative of someone who used the service told us that they, "had complete faith" in the staff to seek consent appropriately.

The service was not required to monitor the food and drink intake of people using the service but were in the position to support them to eat the meals that had been sent with them by their relatives. When doing this they ensured that the person ate their food safely and avoided any risk of choking.

Staff told us that they were prepared to support people to health appointments, although this was normally managed by people's relatives. One relative told us that the service had been supportive in trying to encourage their loved one to the dentist, but that the person had refused to enter the practice. However, the relative went on to tell us that they would be happy for the service to support their loved one to any

medical appointments. We saw information in people's care plans that detailed the support people needed to maintain good health. This included information on allergies, skin, eye, ear, dental, nail and foot care.



## Is the service caring?

### Our findings

Relatives of people who used the service told us that they felt the staff were caring. They said they got on well with their loved ones and that they were, "very thoughtful". The staff we spoke with clearly knew the people they supported very well and felt able to anticipate and meet their needs. Staff told us that they aimed to promote people's wellbeing and independence as much as possible. They said they treated those who they supported and respected them as individuals. One relative told us that they were confident in the service as their family member, "seems happy".

Relatives of people who used the service told us that they had been fully involved in planning the care for their loved ones. They told us that the staff listened to what they had to say. They felt that there were no restrictions placed on their family members and that they were able to express choices regarding their care. They also told us that the staff were always respectful and polite when they picked up or dropped off their family members

Staff were aware of the preferences of people and accommodated their wishes for music which was played in the transport. People's personal possessions were respected and looked after while they used the service.

We saw in the care plans that there were details on how to manage good and challenging mornings for each person. The desired outcome was to minimise the person's distress. This showed us that the care plans reflected a further way that the person was expressing their views and the depth to which the service had assessed people's needs. The information in this section enabled staff to interpret this type of communication and provide the person with the appropriate care for how they were feeling.

During our inspection we were told that one of the people using the service was not having a good day and that it would cause them more distress if we spoke with them. We considered this to be indicative of how the service prioritised the needs of the people it supported. While we spoke with the staff allocated to that person at the time of our inspection, the person was supported by the manager with whom the person was familiar.

We saw that the care plans were regularly reviewed with the involvement of people's relatives, staff, relevant professionals and the service commissioners. This told us that the service maintained an accurate and up to date picture of people's needs.

Staff told us that they were very mindful of maintaining people's dignity if they had to support them with personal care. They told us that they did this by returning to the base of the service and using one of the bathrooms there. One relative told us that the staff appeared very mindful of their loved one's dignity, the staff, "are kind and thoughtful."

## Is the service responsive?

### Our findings

Within each person's care plan there was detailed information on how they communicated and how they made decisions. Within the care plans there was specific information for staff regarding what each person's body language or gestures could indicate. This told us that the service had considered the best way of ensuring that the person's voice was heard and that they were able to communicate their wishes as effectively as possible.

The care plans we looked at were comprehensive and person centred. We saw a one page profile of the person which provided a detailed picture of the person's needs and their likes and dislikes. There was information for staff on the indicators of when the person might be experiencing distress, and what the likely triggers were for this. There was then information available for staff on how to support the person through their distress. Staff could also telephone the manager for advice if they needed to. It was clear that staff knew the people very well and were aware of likely triggers for distress. Staff told us how they organised activities and locations to visit, that interested the person and were least likely to cause them distress. Relatives told us that their views had been sought regarding what activities their loved ones liked to do.

Also within the care plans there were descriptions of the staff characteristics needed to support each person to ensure that staff were matched as well as possible to people's needs.

There was a detailed personal history for each person and a list of the important people in the person's life. Some of the people supported by the service had been diagnosed with autistic spectrum disorder (ASD) and there was information about the support they needed within the care plan. In one person's care plan there was detailed information on how to manage their risk of epileptic seizures. This included information about certain procedures should the person need medical assistance. The staff had made themselves familiar with these so that they were prepared to support the person should they need medical assistance.

The service had a clear complaints procedure and we saw that any complaints that had been raised had been dealt with promptly and appropriately. Leaflets with information on how to complain were available in the office and were provided in full and easy read formats. The registered manager told us that family members were aware that they could complain verbally by calling the office or by using the form or by email. The relatives we spoke with told us that they had not had any reason to make a complaint. They told us that any concerns they had raised had been dealt with to their satisfaction.

## Is the service well-led?

### Our findings

The manager had a clear overview of the service. Daily logs were summarised monthly and the findings and trends were used to inform the care plan reviews. There was a good overview of staff training. We saw information detailing the dates on which staff had received training and when the refresher courses were due. This showed us that the service ensured that training was refreshed regularly so that staff had current and up to date knowledge they needed to meet people's needs.

We saw that incidents and accidents were analysed carefully. One record was in relation to an incident where a person was aggressive towards staff. Staff and management then discussed the situation to formulate a positive behaviour strategy, in order to reduce the risk of a similar incident happening again. The registered manager told us that staff were vital in this type of situation as they knew the issues for the person, and they were best placed to make suggestions for ways to solve the issues.

The registered manager completed quality assurance monitoring of the service. Any maintenance requirements, for instance, on the vehicle that was used for the service were logged in a separate book, with the priority of the issue scored, to ensure that the most important matters were dealt with quickly.

We saw that staff meetings were held monthly. It was clear that these meetings were a two way process and were used to develop the service. Staff confirmed to us that they found the meetings valuable and felt that their opinions were encouraged and valued by the organisation. Staff also received regular supervision and the manager was available for feedback and discussion at the end of each shift.

The relatives we spoke with told us that they had recently completed a survey sent to them by the service. The registered manager told us that they were in the process of analysing the feedback from the relatives of people supported by the service.

Relatives of people who used the service considered that it was well run. One relative told us that the staff were always on time. If they needed to change the times of the service, the staff were flexible.

Staff told us that they felt valued by the service. They told us that they could suggest training that they wished to undertake and were encouraged to make suggestions to improve the service. They told us that the manager undertook shifts on occasions and modelled good practice. The staff considered the management to be 'hands on'. The manager was in regular contact with the support workers and was available to give advice should they need it.

The service had a policy of staff rotation within the teams that supported people. The aim of the rotation was to promote healthy relationships between people who used the service and staff.

Overall the service was open, inclusive and person centred. Staff were valued and encouraged to be part of decisions and policy making for the service. The manager told us that the people for whom they provided the service were at the heart of what they did. This was evidenced by our observations of how the staff and

management spoke about issues regarding the people they supported. It was also evident by how the people's relatives spoke about the care that their family member received and how they were involved in planning care. The service had good communication links with people's families.