Mrs D J Webster

Barnfold Cottage Residential Home

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?	Requires Improvement

Overall summary

This unannounced inspection of Barnfold Cottage Residential Home took place on 9 December 2014. Our previous Inspection was undertaken in June 2013 when we found that the service was meeting all of the outcomes we assessed. This inspection was undertaken by one Adult Social Care Inspector.

Located in a residential area and near to local facilities, Barnfold Cottage is registered to provide personal care and accommodation for up to fourteen people. There were fourteen people living at the home at the time of our inspection.

Because the registered person is an individual, under current legislation there is no requirement to have a manager registered with the Care Quality Commission to

Summary of findings

manage this service. The registered person has responsibility for the day to day operation of the service. They have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe living at the home and were supported in a safe way by staff. Staff understood what abuse was and the action they should take to ensure actual or potential abuse was reported.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. There were enough qualified and skilled staff at the service. Staffing was managed flexibly to suit people's needs so that people received their care when they needed it. Staff had access to information, support and the training they needed to do their jobs well. The provider's training programme was designed to meet the needs of people using the service so that staff had the specialist knowledge they required to care for people effectively.

People were provided with a range of activities in and outside the service which met their individual needs and interests. The service supported people to be as independent as possible.

Care plans contained information about the health and social care support people needed and records showed they were supported to access other professionals when required. People agreed to the level of support they needed and how they wished to be supported. Where people's needs changed, the provider responded and reviewed the care provided. Our review of a selection of care records informed us that a range of risk assessments had been undertaken depending on people's individual needs.

People told us they received their medication at a time when they needed it. We observed that medication was administered to people in a safe way.

The building was clean, well-lit and clutter free. Measures were in place to monitor the safety of the environment.

People we spoke with told us the deputy manager and staff communicated well and kept them informed of any changes to their health care needs. People said their individual needs and preferences were respected by staff. They were supported to maintain optimum health and could access a range of external health care professionals when they needed to.

People spoke highly of the meals and the general meal time experience. They told us the food was very good and they got plenty to eat and drink.

People described management and staff as caring, considerate and respectful. Staff had a good understanding of people's needs and their preferred routines. We observed positive and warm engagement between people living there and staff throughout the inspection.

Staff told us they were well supported through regular supervision and appraisal. They said they were up-to-date with the training they were required to undertake.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the location to be meeting the requirements of DoLS. There had been no applications made in respect of an individuals under the DoLS process but we were informed that an application was being considered with respect to one person living at the home.

The culture within the service was open and transparent. Staff, people living there and a visiting professional said the registered provider was approachable and inclusive. They said they felt listened to and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it. Opportunities were in place to address lessons learnt from the outcome of incidents, complaints and other investigations.

A procedure was established for managing complaints and people living there were aware of what to do should they have a concern or complaint. We found that complaints had been managed in accordance with the complaints procedure.

Audits or checks to monitor the quality of care provided were in place and these were used to identify developments for the service.

Although records of events occurring within the home were well recorded we found that the registered provider

Summary of findings

has failed to notify CQC of certain reportable events. We found a number of breaches of the Health and Social Care Act 2008 (Registration) Regulations 2009. Youcan see what action we told the registered provider to take at the back of the full version of this report.

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.

Good

Relevant risk assessments had been undertaken depending on each person's individual needs. Measures were in place to regularly check the safety of the environment.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

We observed that medication was administered safely.

There were enough staff on duty at all times. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?
The service was effective.

Good

Staff followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and got plenty to eat and drink.

People had access to external health care professionals and staff arranged appointments when they needed it.

Staff said they were well supported through supervision, appraisal and on-going training.

Is the service caring?
The service was caring.

Good

People told us they were happy with the care they received. We observed positive engagement between people living at the home and the staff caring for them. Care staff had a good understanding of people's needs and preferences.

Care was centred on people's individual needs. People were involved in the assessment of their needs and they helped create their care plans. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

The service was committed to the principles of dignity, equality and diversity.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People using the service had personalised care plans, which were current and outlined their agreed care and support arrangements. Care records were detailed and the service was responsive to people's changing needs or circumstances.

The service encouraged people to express their views and had various arrangements in place to deal with comments and complaints. People were confident to discuss their care and raise any concerns. People felt listened to and their views were acted on.

People had access to activities that were important to them. Staff were instrumental in finding ways to support people to live as full a life as possible.

Is the service well-led?

Requires Improvement

The service was not always well led.

We looked at how incidents and accident were recorded. We saw evidence of accident reporting taking place however the registered provider had not informed the Care Quality Commission of three accidents that had resulted in a hospital admission. The registered provider had also failed to notify us when a person using the service had died.

Staff spoke positively about the open and transparent culture within the home. Staff and people living there said they felt listened to, included and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it to report poor practice.

Processes for routinely monitoring the quality of the service were established at the home.

Barnfold Cottage Residential Home

Detailed findings

Background to this inspection

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

This unannounced inspection of Barnfold Cottage Residential Home took place on 9 December 2014. This inspection was undertaken by one Adult Social Care Inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local commissioning team for information.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We looked at a sample of records including three people's care files and other associated documentation, two staff recruitment files and training records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and audits. We spoke with six people who lived at the home, the provider, three care workers and a visiting professional.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person we spoke with said, "The staff look after me very well, I know I am safe in their hands." Another person told us, "My family worried about me because I fell at home and ended up in hospital; I am safe here."

Care workers had completed training in relation to the safeguarding of vulnerable adults and were aware of their responsibilities to report any concerns. During discussions with care workers we were told, "If I saw something or heard something I didn't like I would report it to the senior staff straight away", "I have worked in care for a long time, both in homes and in the community, so know I have to report any bad practice but things like that don't happen in this home" and "I know I have to report abuse and I can do that by speaking to my manager or I could call the safeguarding team."

We saw the local authority safeguarding team's contact details were readily available to ensure safeguarding concerns could be reported as required. The registered provider told us, "We review policies and procedures in the team meetings so all the staff are aware of the safeguarding, whistle blowing and bullying policies." This helped ensure that people were protected from abuse and avoidable harm.

Personal emergency evacuation plans were in place for each person who lived at the home. A care worker said, "We do training for emergencies so we know how to evacuate people quickly and safely" and "We do fire alarm tests regularly."

Personalised risk assessments had been produced in a number of areas including moving and transferring, falls, the use of bed rails and pressure sores. When a risk had been identified, guidance had been produced for staff to reduce the likelihood of its occurrence. A senior care worker told us, "We review the risk assessments and they get updated when people's needs change." This meant steps were taken to identify and manage risks to people's welfare.

We saw evidence to confirm staffing levels were reviewed regularly. The registered provider told us, "We have staffing levels that takes people's level of need into account and the building layout" and went on to say, "We have three care staff and ancillary staff working today." A person who used the service told us, "Whenever you need a member of staff they are always available, you don't have to look far to find someone, even during the night." Our observations confirmed people received care and support in a timely and unhurried manner.

We reviewed recruitment records in relation to three care workers employed by the service provider. Staff were only employed by the service after a successful interview had taken place, suitable references had been returned and an appropriate disclosure and barring service (DBS) check had been received. These measures helped to ensure that staff were suitable to work with vulnerable adults.

People spoken with were satisfied with the support they received with their medicines. Medication was ordered, stored, administered and disposed of safely. From records seen we noted staff designated to administer medication had completed a safe handling of medicines course and undertook periodic tests to ensure they were competent at this task. Staff had access to a set of policies and procedures, which were readily available for reference.

There were suitable arrangements in place for the storage and administration of controlled drugs. These are medicines which may be at risk of misuse. We noted the controlled drugs were stored appropriately and recorded in a separate register. We carried out a random stock check of the drugs and found the stock corresponded accurately to the register.

Is the service effective?

Our findings

People who lived at the home told us they thought staff were well trained and they had the knowledge and skills to carry out their roles effectively. One person said, “The staff know what they are doing” and “They make sure I’m eating properly and help me if I need assistance in any way” Another person said, “I think the staff know what they are doing, they have to keep notes on all sorts of things. It is much better than the home I was in before coming here.”

Care workers we spoke with said they felt supported in their roles. We saw that supervision and team meetings were held regularly and used as an opportunity for staff to raise concerns, ask questions and also to discuss any changes in best practice. The registered provider told us the issues of day to day management of the home were often reviewed in team meetings to ensure that all the care staff were up to date with current practice and able to support people effectively..

Care workers had completed a range of training relevant to their role including infection prevention and control, moving and handling and fire safety. A training schedule was in place for 2015 which incorporated all training deemed as mandatory by the registered provider. A care worker told us, “We do lots of training; we always have to keep the mandatory things up to date.” Another care worker said, “I’ve done an NVQ in health and social care; most of the staff have.”

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We noted there was information displayed on a notice board about the MCA 2005 on the ground floor. According to records seen the staff team had completed work booklets on the principles associated with the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. We found staff spoken with had a basic understanding of the MCA 2005. The registered provider was aware of the new changes in the law and was presently considering a DoLS application in relation to a person using the service.

People’s capacity to make their own decisions was documented in the initial assessment that was completed before people moved in to the home. We saw that this was continually monitored and evaluated. Care workers were aware of how to gain consent from people. One worker told us, “Everyone has capacity for certain things; I always ask people if they need any help.” During the inspection we observed people being asked if they required assistance and noted that their requests were respected.

We looked at how people were supported with eating and drinking. We noted people were given appropriate support to eat their meals and staff engaged people in conversation to promote a pleasant mealtime experience. All people spoken with made complimentary comments about the food provided. One person told us, “The food is fine, you always get a choice and there is always plenty to eat”. People also told us, “The food here is lovely and there is always a choice”, “We get wonderful meals, they don’t give me too much either” and “I can have a bacon sandwich in the morning which I like, I always had them at home.” Another person commented, “The food is very good.”

People’s nutritional and fluid intake was recorded if an issue had been highlighted and we saw evidence that referrals to other healthcare professionals including dieticians and the speech and language therapists were made when required. Throughout the inspection we observed staff providing regular drinks for people in appropriate cups or beakers according to their need and providing support where necessary. This meant people were assessed and supported to get enough to eat and drink.

Is the service caring?

Our findings

People who lived at the home told us they were happy with the home and with the staff that supported them. Comments included, “Staff are nice and friendly”, “I like the staff”, “This place is excellent”, “I think it is a very good place”, “They can’t do enough for you” and “The staff are kind and lovely people.”

During our visit we observed staff interacting with people in a kind, good humoured and friendly manner and being respectful of people's choices and opinions. There was a relaxed atmosphere in the home and care and support was provided in an unhurried way. We heard conversations about various issues including a recent TV show, planned activities and Christmas events. We observed people being asked for their opinions on various matters.

We looked at three people’s care plans and found they, or their relatives had been involved in on-going decisions about care; their preferred routines had been recorded. This helped ensure people received the care and support they both wanted and needed. The deputy manager told us the care records were currently being reviewed.

There were opportunities for people to express their views about the service. From a review of records and from talking to people we found people had been encouraged to express their views and opinions of the service through regular meetings, care reviews and during day to day discussions with staff and management. Customer satisfaction surveys had been sent to people using the service, their relatives, to visiting health and social care professionals and to staff to determine their views on the service. The results had been analysed and action had been taken to respond to any suggestions.

People said their privacy, dignity and independence were respected. We observed people spending time in the privacy of their own rooms and in different areas of the home. One person commented, “They always knock on my door to see if they can come in.” We observed people being as independent as possible, in accordance with their needs, abilities and preferences. One person told us, “I like to do what I can for myself but staff are around if I need them”.

People who lived at the home were supported by care staff who knew them and what their individual needs were. Care records contained a ‘This is Me’ document that gave salient information about the individual and what was important to them. This information covered the person’s lifetime in areas of their early life, work, and families and where they lived. As staff had access to this information and the registered provider encouraged staff to read a person’s life history, they were more likely to understand a person's past and how they are now. This supported staff to know the individual well and develop good caring relationships with people.

Bedrooms had been individualised with personal belongings. People’s comments included, “I like my room; it suits me”, “It is very clean and bright” and “I have a lovely room, I have everything I need” On the ground floor there were two comfortable lounge areas and a dining room. The bathrooms and toilets were located on both floors and were fitted with appropriate locks and suitably equipped for the people living in the home.

Is the service responsive?

Our findings

Throughout the assessment and care planning process, staff supported and encouraged people to express their views, choices and wishes. This was confirmed by talking with staff and people who lived at the home. This was to enable people who lived at the home to make informed choices and decisions about their care and support and help to keep them as independent as possible within a risk assessment framework.

People received personal care and support that was responsive to their needs. We looked at a completed pre admission assessment and noted before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs and gathered information from a variety of sources such as social workers, health professionals, and family and also from the individual. We noted the assessment covered all aspects of the person's needs, including personal care, mobility, daily routines and relationships. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

Processes were in place to monitor and respond to changes in people's needs and circumstances. We saw the care plans had been updated on a monthly basis or more frequently, in line with any changing needs and people had been consulted about their care. The care plans contained information about people's likes and dislikes as well as their care and support needs. We saw they contained information about how people communicated, any risks to their well-being and their ability to make safe decisions about their care and support.

From looking at records, photographs, and from discussions with people who used the service, it was clear there were opportunities for involvement in many interesting activities both inside and outside the home. People were involved in discussions and decisions about the activities they would prefer which should help make sure activities were tailored to each individual. People were also supported to follow their chosen faith. Activities were arranged for groups of people or on a one to one basis. On the day of our visit people told us of their plans to visit a local venue for a Christmas meal and concert. People said, "There are things to join in with but I prefer to spend time in my room; staff respect what I want", and "We can do different things; staff let us know what is going on".

People told us they were able to keep in contact with families and friends. Visiting arrangements were flexible and people could meet together in the privacy of their own rooms or in the lounges. One person told us, "My relative is made to feel welcome when she visits. She is always offered a cup of tea."

The registered provider had a complaints procedure which was made available to people they supported and their relatives. Although they had not received any complaints since the last inspection, the registered provider told us complaints had been recognised as a positive source of information and they would be fully investigated and outcomes reached to answer and act upon any concerns or issues. One person we spoke with said, "Never had to complain but I would do if I needed to."

People who lived at the home felt they never needed to complain or raise concerns. They told us they were aware of how to make a complaint and felt confident these would be listened to and acted upon. One person who lived at the home said, "If I think something is wrong I tell them and they always help me out. I have never had to make any serious complaint to anyone." Complaints information was available for people who lived at the home and for visitors. The procedure and contact numbers were available in the reception area.

People who used the service and their relatives were encouraged to discuss any concerns during regular resident meetings, during day to day discussions with staff and management and also as part of the annual survey. One person said, "I can say if things are not going well and I feel they listen and do what is necessary."

Is the service well-led?

Our findings

We saw details in the home's accident recording book relating to three accidents that had resulted in the individual being referred to hospital. The registered provider could not produce evidence that the accidents had been reported to the Care Quality Commission (CQC) in line with their legal duty. This was confirmed by a check of our own records. This is a breach of Regulation 18 HSCA 2008 (Registration) Regulations 2009 Notification of injury to service user.

Furthermore the registered provider has failed to notify CQC of the deaths of two people who used the service. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Registration) Regulations 2009. Notification of death of a service user.

We found the service had clear lines of responsibility and accountability. All the staff we spoke with were knowledgeable and dedicated to providing a high standard of care and support to people who lived at Barnfold Cottage.

Under current legislation there is no requirement to have a manager registered with the Care Quality Commission to manage this service. The Registered person has the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Staff spoke positively about the leadership of the registered provider.

The views of people were sought in various ways. For example through resident's meetings, relative's satisfaction surveys and regular care reviews with people and their family members. We looked at the records of resident's meetings that were held monthly and any comments, suggestions or requests were fed back to the registered provider. This meant people who lived at the home were given as much choice and control as possible into how the service was run for them. This showed how people's opinions were sought and acted upon.

All staff spoke of a strong commitment to providing a good quality service for people who lived at the home. Staff confirmed they were supported by the registered provider and enjoyed their role. One staff member told us, "The owner is always approachable and will try and sort things out if there are any identified shortfalls that may affect the residents."

Staff attended handover meetings at the end of every shift and monthly staff meetings. This kept them informed of any developments or changes within the service. Staff told us their views were considered and responded to. Staff received regular supervision and appraisal, where they discussed their performance, development and any issues with the registered provider or deputy manager. This helped to ensure the staff team had support and any problems with performance could be addressed.

The registered provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who lived at the home. Records reviewed showed the service had a range of quality assurance systems in place. These included health and safety audits, medication, staff training and supervisions as well as checks on infection control and housekeeping. Various audits were available to the registered provider to assist them in the on-going monitoring and assessment of the quality of the service provided at the home. These covered a wide range of systems which included care planning, medication and the environment. This showed that there were systems in place to regularly review and improve the service, and they were being fully utilised.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services **The registered provider failed to notify the Care Quality Commission of the death of a service user.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered provider failed to notify the Care Quality Commission of an injury sustained by a service user.**