Achieve Together Limited

Barron Winnicott Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Barron Winnicott Home is a residential care home providing personal care without nursing for up to nine people. At the time of the inspection seven people were living at the home. All people at the home were Deaf and/or deafblind. They also have a range of complex needs including mental health, dementia, learning disabilities and/or autism.

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

Right Support:
People were supported by staff who knew them well and had assessed individual risks. However, improvements were required around fire safety and unauthorised people's entry to the home. The management were proactive at ensuring people received support from enough staff to keep them safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were encouraged towards independence as much as they could be.

Right Care:
People's care was centred around their individual needs and wishes. Their dignity and privacy were protected except for the storage of their records. Activities were personalised and people were seen to be supported to be as independent as possible.

Staff were clear about protecting people's human rights and when this was compromised worked with other health and social care specialists.

Right Culture:
People were supported by a management who led by example and created a positive culture at the home. Managers were regularly working in the home on shift. The provider led a culture of learning.

Further work around embedding the Deaf culture and community could be explored as relatives explained it was limited to the site and in the past.

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

Rating at last inspection
This service was registered with us on 30 June 2021 and this is the first inspection under this provider. The last rating for the service under the previous provider was good, published on 20 March 2019.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well led key questions. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to fire safety and access to unauthorised people at this inspection. Please see the action we have told the provider to take at the end of this report.

We have also made a recommendation around staff recruitment.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Barron Winnicott 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
One inspector, one internal specialist advisor for Deaf people who is a British Sign Language (BSL) user and a member of the medicine team carried out the inspection. An interpreter in BSL accompanied the team on the first day of inspection. An Expert by Experience made phone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Barron Winnicott Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Barron Winnicott Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, they were not present at the inspection. A follow up video call was arranged with them on their return.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information gathered as part of monitoring activity that took place on 1 June 2022 to help plan the inspection and inform our judgements. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection
We spoke with four people using BSL and to capture the experience of other people we used a range of observations and informal interactions. We spoke with six staff including a representative of the provider, the deputy manager and care staff. Five relatives were spoken on the telephone about their experiences of the care provider.

We reviewed a range records including five people's care records and a range of medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and health and safety.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People and staff were placed at risk of harm in the event of a fire. Multiple vibration alert pads were broken including one in the staff sleep-in room. These alerted people who were Deaf to the event of a fire at night or in their bedrooms. Systems had recognised this had been an issue for months. The inspection team requested this needed to be rectified during the inspection and the provider took action to do this.
- The fire risk assessment for the home was out of date in line with requirements and their own policies. A new one had not been written by a suitably qualified person. This meant there was a risk issues not in line with current fire safety legislation could be missed leading to people getting hurt.
- The provider had not identified a system in place to check fire alarms were working so potentially placing people at risk of harm. This was because the home was part of a complex of homes that all shared the same fire alarm system. The staff were not always aware a fire test was completed in another area of the complex which led to many gaps in their weekly fire door and system checks.
- People were placed at risk of unauthorised individuals entering the home. Two members of the inspection team entered the home using the lift. They were able to walk around and greet people plus enter the office where records were in unlocked cupboards without challenge from staff.

Systems were not in place to ensure the premises was secure, suitable and properly maintained. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, we raised our concerns about the systems with the fire service. The provider told us there was a temporary waking night staff member supporting one person who could assist waking people and staff whilst the vibration mats were resolved.
- Risks were being assessed and ways to mitigate them found for a range of areas in people's lives. For example, travelling on the train, health conditions, managing finances and various tasks within the house. However, there were occasions that risk assessments lacked signatures or dates to confirm when they were completed and by who.
- People were supported to take positive risks such as people managing their own medicines as much as possible, going to the shops alone and cooking for themselves. Relatives confirmed this, "They allow him to cook on his own like a boiled egg for breakfast." Whilst another told us all the activities their family member had been encouraged to participate in which had risk assessments.
- People who could get upset and distressed and express this through behaviours had staff who could recognise how to support them. However, there was limited information in their care plans on how to manage the risks in line with current best practice. A member of staff told us referrals to the new provider's behaviour team for support had already been made.

Staffing and recruitment

● People were being supported by staff who went through a safe recruitment system. This included checks from previous employers. However, since the change of provider some of the records had been lost. The provider had already recognised this issue.

● People were supported by enough staff to keep them safe. However, due to the current national staff crisis in care people's quality of life was being limited. One relative said that sometimes their family member had to wait to go out until a staff member was available.

● The management of the home were regularly having to work shifts at the home due to staff shortages. This meant their work was not being completed or only essential work was.

● Some staff raised concerns that there was a limit on how many agency staff they could use. A provider's representative explained the provider had commissioned a review since acquiring these new services to ensure staff levels were safe and meeting people's current needs.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe and we saw they were comfortable in the presence of staff. Relatives were positive about how safe their family members were. Comments included, "She is safe in that they do not let her go out by herself", "I feel like he is really safe" and, "I know he is safe down there. He seems to like it down there. He asks when he can go back."

● Staff knew how to recognise signs of abuse including for those who were less able to communicate their needs. Staff knew how to raise their concerns and confirmed they felt appropriate action would be taken.

● Systems were in place to manage safeguarding concerns. A member of staff told us they felt the new providers systems had improved their management of concerns. However, we did identify some low-level concerns which had not been raised in a timely manner in line with the provider's policies. People were being kept safe because regular contact with the local authority had been occurring in relation to some ongoing concerns.

Using medicines safely

● People received their medicines safely. Small improvements were identified that personalised; accessible medicine records had not always followed best practice. The deputy manager and provider's representative were informed so they could rectify the issue.

● People were supported by staff who knew their preferences around medicine administration. Some people had been risk assessed to self-manage their own medicine and it was safe for them to do so. People confirmed they had their medicine. Relatives comments included, "He receives medication at a set time" and, "They are keeping on top of her mental health medication."

● The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff implemented the principles of STOMP (stopping over-medication of people with a learning disability, autistic people or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

● Guidance for staff to follow was in place for people who needed 'as required' medicines to ensure consistency. There were suitable arrangements for ordering, storing and disposing of medicines.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● People were supported to have visitors or visit their family members. Arrangements had been put in place during the COVID-19 pandemic to help people stay in touch with those who were important to them. Relatives had some mixed views on how successful this was. Comments included, "We [video call] every Thursday. They have been excellent at keeping in touch" and, "We had someone translate through the phone because of his hearing. I want to do [video calls] but it has not happened yet."

Learning lessons when things go wrong
● Systems were in place to learn lessons when things went wrong. Accidents and incidents were reported so learning could be put in place if needed. For example, if there was a medicine error, people had increased falls or there were an increase in certain types of incidents.
● The new provider had systems to analyse incidents across multiple services so they could learn from each other. Relatives confirmed they were informed about any accidents and incidents when it was appropriate and appropriate action had been taken by staff.

Good

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported by staff and management who were delivering care in line with current standards, guidance and the law. Examples were seen where health care plans were in line with best practice.
- People were supported in a home which had the ethos of right care, right support, right culture. However, improvements were required to ensure consistency of any strategies were applied.
- People's needs were assessed prior to them moving in and whenever their needs changed. One person had become more restless overnight, so action had been taken in conjunction with other health and social services. Their care plan had been updated as a result of changes made.

Staff support: induction, training, skills and experience

- People were supported by staff who had a range of training including safeguarding and communication systems. Staff were using a range of communication systems this included British Sign Language and pictures or symbols.
- Relatives comments when asked if staff had enough training included, "Yes, because they can sign. They look after him well" and, "They can all sign. We have always been very pleased with the [staff] working there." Staff were positive about the level of training they received. Although some were struggling to access training with the new provider's systems.
- However, some of the practical training to keep people safe was out of date. For example, moving and handling and diabetes training were overdue. A member of staff told us this was because there were issues with staff levels and limited resources. A representative of the provider organised an additional electronic tablet for the home during the inspection for staff to complete training on.
- Systems were in place for new staff to complete an induction which included working through the Care Certificate. The Care Certificate is a set of standards all staff new to health and social care should complete. One member of staff confirmed they undertook the Care Certificate and was, "Confident with the amount of shadow shifts" they completed.

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

- People were supported by staff to eat a healthy, balanced diet. Staff knew their preferences and involved them in making decisions about the menus. One person told us how they liked chicken and they could have this. Other people were supported to prepare drinks for themselves or were making drinks independently throughout the inspection.
- Relatives had mixed opinions about the food on offer. Comments included, "He is offered a choice about what he would like to eat. Through pictures and sign" and, "They have a system. There are menus. They can pick what they want to eat." Some felt cultural needs were not being met and others were concerned about

elements to do with their family members.
● A staff member explained they were supporting adults and had to be respectful of the person's choices. They provided examples that cultural options have been offered although people have preferred other cuisines. Another staff member explained the impact of staffing limited how many meal options were available currently.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to see a range of health and social care professionals to meet their needs. One person communicated they could see a doctor if they felt ill and had been to the dentist recently. Others had records which demonstrated they regularly saw specialists in line with specific health needs.
● Staff were able to recognise changes in people and knew who to contact in line with their health needs. One staff member confirmed they also regularly checked whether people were in pain.

Adapting service, design, decoration to meet people's needs
● People were able to personalise their own bedrooms. They had been involved in picking the colours their bedrooms were painted.
● The provider was leading a programme of redecoration in parts of the home which were tired or damaged. On the second day of inspection the kitchen floor was being measured for a replacement in line with this plan. People were actively involved in helping to choose how the home was decorated.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People were supported to make choices throughout the day which staff respected. When staff felt people may lack capacity or have fluctuating capacity about specific decisions appropriate actions were taken.
● People were asked whether they wanted the COVID-19 booster and flu vaccine. A member of staff had visual, easy read information to explain the decision. They supported people using BSL at their level as well to make informed decisions.
● Records demonstrated when people lacked capacity or had fluctuating capacity guidance was followed. This included making decisions in people's best interest and those important to them were involved.
● People had deprivation of liberty considered and applications were made when relevant. No one had DoLS with conditions.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff who respected their choices. Throughout the inspection positive interactions were seen between staff and people. Staff were aware of people's likes and interests and embraced these when speaking with people.
- Relatives were positive about the staff members and their interactions with their family members. Comments included, "[Staff] are excellent. No concerns about the staff. We give them full marks for the care and attention" and, "[Staff are] very professional, caring, they do try and go beyond their duty of care."
- The management led by example. When they arrived at the home, they greeted people. They chose not to rush them, and it was clear people knew who they were interacting with well.
- The provider had started to put training and systems in place to increase staff understanding of people's Deaf culture.

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

- People were able to express their views and were involved in making decisions about their care. Staff were aware of their responsibility to involve people as much as possible in making choices.
- Relatives felt their family members were involved in making decisions. One relative also shared that an advocate had been involved in supporting decisions. Another relative commented, "We are involved, and she is too. They [staff] use visuals with her to see if she agrees to things."
- Some staff worked hard to create a variety of communication strategies to help people communicate their preferences. This included visual boards in their bedroom. Staff told us one of the consequences of low staffing was people were not consistently being supported to use these boards. One person's still displayed options from the previous month.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff respected their privacy and dignity. Some people were able to access the community without staff, whilst others were able to administer their medicines with little support.
- However, relatives felt some people had become less independent since living at the home. Some felt it was related to the mix of people they were living with and others felt it was down to staff levels.
- Systems were in place to alert people there were visitors to their bedrooms such as flashing of the light prior to entering. Relatives agreed that people's privacy and dignity was respected. Comments included, "She has her own bedroom. She is cared for as an individual. She has her own bathroom", "As far as I know he is treated with respect" and, "He is respected. Like small things like knocking on his door before they enter."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had their interests and hobbies considered as part their care and support. Although their quality of life was limited by current staff levels as to where they could go and how frequently. Staff told us they used to be able to get people out more frequently and further from the home. Throughout the inspection people were communicating with staff about their interests. One person was completing puzzles at a table and others were accessing the day service. Some went to the local shops with staff or independently.
- Staff knew people well and could tell us their interests and hobbies. Some staff expressed they had been limited recently due to staff levels and understanding changes the new provider were making. A representative of the provider explained the current issues they were facing around staff levels. Systems were already underway at provider level to try and help rectify the issue.
- Relatives had mixed views on the amount of activities their family members participated in. One relative told us, "There is a fantastic [staff member] there who does art with her. They help her to write letters." Whilst others felt that there were not enough activities currently. They said, "I do not know what he does down there…I know they go for a walk. They used to go for days out but I do not know now" and, "They do not encourage her to do enough."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that provided detailed guidance for staff to ensure consistent support in line with their needs and wishes. Relatives told us they were involved in people's care plans and reviews that happen. Comments included, "There is a care plan. It was reviewed in May" and, "The care plan is assessed every year. We attend. The social worker comes to the review."
- The provider had identified care plans needed to reflect the new provider systems. The home management explained they had currently been prioritising delivering care to people rather than transferring all the information to new systems.
- However, improvements were required in some areas of the care plans to ensure consistent support was provided. These had been identified in other areas of the inspection.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People had communication plans and their needs considered. Staff were regularly using BSL during the inspection and adapting it to people's level of understanding. Currently, consistent use of some of the pictorial strategies was limited due to staffing levels and use of agency staff. The management identified specific staff with the skills needed to communicate when key decisions needed to be shared with people.

Improving care quality in response to complaints or concerns

● Systems were in place to manage complaints. People knew they could raise their concerns with named staff and felt they would be listened to. An easy read version was available for all people.

● Relatives knew who they could raise concerns to and felt comfortable doing so. Some had mixed feelings on whether their concerns would be acted upon. Comments included, "I would feel comfortable [complaining]. I have not needed to raise anything recently" and, "I have a good relationship with all the managers."

End of life care and support

● People had their end of life wishes and needs considered when it was appropriate. It was recorded if they did not want to talk about it. For those unable to express their wishes family or those important to them had been considered.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People were not always being kept safe and receiving high quality care due to shortfalls found during the inspection or picked up by the provider's systems. For example, the health and safety audit routinely identified an issue around fire safety. Little action had been taken to rectify this despite the management regularly alerting members of the provider's central teams around health and safety.
- The provider had developed a safe staff levels due to current national staff shortages had not always considered people's quality of life. This resulted with incomplete management work and people not being able to fulfil their hobbies and interests as much. Following the inspection, the provider reviewed how much agency the management could use in a positive way.
- Records were not always being stored safely and securely in line with best practice. On multiple occasions during the inspection the office was open with staff and people walking in and out. Cupboards containing care plans and other confidential records were not locked so unauthorised people could access them. We raised our concern with the management of the home who immediately locked the doors to the cupboards.
- The provider and management demonstrated they had a culture of learning and improving the care. Systems found at this inspection had been highlighted in previous inspections of the provider's other services on the same site. For example, work had been completed on increasing training and access to Deaf awareness for staff. Learning from medicine management had also been applied.
- The management and staff were clear about their roles and responsibilities at the service. Staff told us they felt supported by the current management who had an open door policy A staff member told us they felt supported and listened to by the management.

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

- People had positive relationships with members of the management and provider. Relatives told us, "[The management] are very good. Very professional", "[The registered manager] is really lovely, caring and empathetic" and, "[The registered manager] is always very supportive. [The deputy manager] is excellent."
- Staff felt empowered by the management to express their views and help drive improvement for people. One member of staff, who was passionate, explained how she had been supported by the management to empower people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider had systems in place to manage the duty of candour when something went wrong. Relatives shared that they were informed when something went wrong, if the person wanted them to be.

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

● People were involved in discussions about their home. When required, a BSL interpreter was appointed so their views could be understood. The staff regularly communicated with them in a way they could understand to capture their views.

● People were able to say how much their relatives were involved in the home. The management engaged relatives in line with these wishes. Different forms of communication were in place to meet the needs of those who had specific requirements.

● Staff felt engaged and able to express their views to the management of the home. They felt listened to. However, some felt the communication was not as effective from members of staff representing the provider. For example, staff provided examples of changes that were made without any clear explanation of why they had been made.

Working in partnership with others

● The management were working effectively with a range of other professionals in health and social care to meet the needs of people. This ensured people's needs were being met and specialist advice could be accessed.

● Relatives expressed there had been access to the Deaf community in the past. Although recently it had been restricted to people in the home and across the site the home was located on.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Systems were not in place or effective to ensure premises were safe in the event of a fire or to prevent unauthorised access.