

Forward Plus West Midlands Ltd

The Barn

Inspection report

East Barn, Birmingham Road
Hopwood, Alvechurch
Birmingham
B48 7AJ

Website: www.ibchealthcare.co.uk

Date of inspection visit:
18 May 2022
23 May 2022

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16 June 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

The Barn is a residential care home providing personal care for up to six people with a learning disability and autistic people. The service provides short-term stays for people (respite). At the time of the inspection one person was using the service.

People stay in single bedrooms and there are shared areas including the kitchen, lounge and garden areas.

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

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.

There were systems to keep people safe from avoidable harm or abuse. Risks were appropriately identified and assessed and there were enough staff to ensure people had the level of support they needed to keep them safe.

Medicines were managed safely, and people received their medicines in line with their prescription.

There were detailed assessments of people's needs before people started with the service. Staff understood people's own communication needs and were able to support people's wishes and choices.

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.

Relatives told us their family members were supported by staff who were kind and caring. They told us that staff understood the needs of their loved ones and always ensured people were treated with dignity and respect.

The registered manager had established systems of governance and oversight of the service. They carried out regular audits and checks to monitor and review the quality of the care and support.

Where needed the registered manager and staff worked with external health and social care professionals to ensure that people's care and support needs continued to be met.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support

The model of care promoted people's choice, control and independence. The environment was spacious and homely and was designed to allow easy access for people regardless of need.

Right care

Care is person-centred and promotes people's dignity, privacy and human rights. People were supported by staff who knew them well and understood their needs.

Right culture

Care and support was provided in line with least restrictive practices and staff had a positive person-centred approach.

The provider and registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

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 25 July 2019 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care, right culture. This was a planned inspection for this newly registered 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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information 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?

Good ●

The service was 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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Barn

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 Care Act 2014.

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

The inspection was completed by one inspector.

Service and service type

The Barn is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

The inspection was announced. We gave a short period notice because it is a respite service and there is not always someone staying there. We wanted to make sure someone was available to support us with the inspection process.

What we did before inspection

We reviewed information we had received about the service since their registration with us. We sought feedback from the local authority. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our

inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two members of staff and the registered manager. We met one person who was using the service at the time. Although, the person could not communicate verbally with us, we spent time observing how staff supported and interacted with them. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed two agency staff files in relation to recruitment checks. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We spoke with three relatives and two staff. We continued to seek clarification from the provider to validate evidence found.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- The registered manager understood their responsibilities to investigate and report any safeguarding concerns and worked well with other agencies to do so.
- Staff had the knowledge and training on how to recognise and report abuse. One staff member said, "It is our responsibility to ensure people are kept safe. I would not hesitate to report any concerns."

Assessing risk, safety monitoring and management

- People had detailed risk assessments that were reviewed each time the person used the service. The registered manager told us, "I recognise that people's risks may change between stays with us, so we always make sure plans continue to reflect people's needs."
- Staff told us that information contained in people's care records was accurate and up to date. One member of staff said, "We are all consistent because the information is detailed for staff to follow."
- The registered manager and staff worked to the principles of least restrictive practice. Although staff had training in restraint and for some people restraint was written into their care plans, it had only ever been used as a last resort and only when de-escalation techniques had failed and when necessary to keep the person or others safe. After staff used restrictive practice, they took part in post incident reviews and considered what could be done to avoid the need for its use in similar circumstances.
- People had personal emergency evacuation plans (PEEP) in place. This provided staff with information about the level of support the individual would require to evacuate the building in an emergency.

Staffing and recruitment

- Staff recruitment and induction training processes promoted safety, including those for agency staff. The registered manager told us how agency staff were included in supervision and training the same as the permanent staff. One relative said, "The agency staff have been there so long they are just like the other staff. You can't tell the difference."
- There were comprehensive pre employment checks which included reference checks and checks with the Disclosure and Barring Service (DBS). DBS checks provide information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff on duty to provide people with their assessed level of support.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of

people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

- Peoples' medicines were administered and managed safely. Records were completed accurately and reflected the quantity of medicines in stock. Clear processes were in place to make sure people arriving for respite, continued to receive their prescribed medicines.
- Staff had completed medication training and had their competencies assessed to ensure they knew how to administer medicines safely.
- Detailed protocols were in place for medication prescribed to be taken on an 'as required basis'.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the home.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people living in the home and staff.
- 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.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. There were systems to support the manager to investigate incidents and share any lessons learnt.

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.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards and was able to share with us when they had applied for DoLS to keep people safe.
- Staff were able to explain to us the principles of the MCA and how to promote people's best interests. One staff member said, "You always promote choice and if they do not have capacity for some decisions you make sure that we don't unnecessarily restrict people and things are in a person's best interests."

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

- People's needs were assessed by the registered manager prior to any respite care. There was a person-centred pre-admission process which involved the person, their family and other people important to their care and support needs. The registered manager was in the process of revising the preadmission process to further improve the consistency of information gathered.
- Staff were able to tell us about people's specific needs and were knowledgeable about the support that people needed. One relative said, "(person) has been there only a short time, being an emergency admission. The manager and staff have shown a real care in getting their approach right. I couldn't ask for more."

Staff support: induction, training, skills and experience

- We observed that staff had the appropriate skills and knowledge to safely support people's needs. Staff we spoke with told us the level of training and support was good and enabled them to carry out their roles safely. There was also bespoke training carried out by health professionals for people's more specific needs, such as epilepsy or dysphagia training.
- New staff to the service completed an induction. This included shadowing an experienced staff member and completing essential training for their role. For example, completing of the care certificate. The care

certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

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

- People's dietary needs were considered and appropriately assessed. We saw people were able to choose what they wanted to eat. We saw a person being supported to make choices of food and then helped in preparing the food.
- Where people had specific instructions for eating and drinking these were reflected in their care records and also clearly displayed for staff to follow in the food preparation areas.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider and staff worked in partnership with people and relatives. As a respite service there was limited contact with health and social care professionals. However, where this had been necessary, appropriate support had been sought from the relevant professionals.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency.

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

- People were accommodated in their own private bedroom and bathroom in a homely environment.
- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. There were areas where people could go to be alone and also to access sensory stimulation.

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

- All of the relatives and professionals we spoke with were positive in their feedback of the care and support at the Barn. One relative said, "I could not ask for more. The manager and staff are lovely and care about providing the kindest of care."
- We saw that staff were calm and attentive in their approach to support people. Staff were dignified and respectful in the way they communicated with the person.
- Care plans were person centred and documented people's wishes and choices on how they wanted to be supported.

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

- People were supported to make choices about how to spend their time in respite and what activities they wanted to do. We saw where people had been away to the seaside and on trips out. The registered manager said, "This is as much a break and holiday for the person as it is for the family. We want to make sure the person gets as much as possible out of their stay with us."

Respecting and promoting people's privacy, dignity and independence

- Staff told us they knew when people needed their space and privacy and respected this.
- All staff had training in Equality, Diversity and Human Rights (EHDR) and this was reflected in the values of the service ensuring that people were treated with dignity and respect. This was reflected in the feedback we gained from relatives and staff.

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 good. This meant people's needs were met through good organisation and delivery.

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

- Prior to each respite stay information in the care plans and risk assessments were reviewed to identify any changes in need. This ensured that any additional support or changes to health or social needs could be planned for in advance.
- People had care and support that was tailored around their individual needs and preferences. Relatives told us that people got a service that was centred around their loved one's needs and wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the Accessible Information Standard and was able to explain the various methods used to effectively communicate with people. For example, gestures, eye contact and pictorial prompts and information.
- We saw staff took time to understand and respond to individual signs, body language and sounds that people used to communicate their needs.

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 were supported to participate in their chosen social and leisure interests on a regular basis. Plans for the day were adaptable to how the person was feeling.
- Staff supported people to have freedom of choice and control over what they did.

Improving care quality in response to complaints or concerns

- Relatives we spoke with told us they would have no concerns about raising any issues or complaints with the registered manager.
- We saw there was a process in place to record and monitor complaints. Where a complaint had been received, we could see that it had been appropriately investigated and addressed.

End of life care and support

- Because this service was respite care for short stays, there was no end of life care.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service focused on providing person-centred care that embraced people's individual needs and preferences. All the feedback we received from relatives and professionals was positive about the staff and how the service was managed.
- Staff knew people well and told us they felt well supported by the registered manager in their roles. One staff member said, "You couldn't ask for better support, management are always there for you if you need them."

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 was open and honest when things went wrong. For example, after each stay the registered manager sought feedback from the relatives and always sought ideas for improvement.
- Notifications had been submitted to the CQC as legally required to do so.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems of governance which included regular audits that were undertaken by the registered manager. The registered manager told us they took a genuine interest in achieving the best, and welcomed feedback from staff, relatives, people that used the service and professionals.
- Competency checks were carried out on staff to ensure they were providing good quality care for people.
- Staff spoken with told us they felt well supported by the registered manager and received regular supervision. There were daily handovers and regular team meetings to ensure that all staff were informed of any relevant information.

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

- Although there was no formal means of gathering feedback such as surveys, relatives all told us they felt listened to and involved with the planning of their loved one's care and support.

Continuous learning and improving care; working in partnership with others

- The management team and care staff received regular training to ensure their learning, skills and knowledge were kept up to date to enable them to effectively support people.
- The provider and registered manager had a clear vision for the direction of the service which

demonstrated ambition and a desire for people to achieve the best outcomes possible.

- The registered manager kept up-to-date with national policies and evidence based practice to inform improvements to the service.

Working in partnership with others

- The provider and registered manager engaged with other external health and social care professionals.
- The provider worked with other affiliated learning disability organisations and was a member of the British Institute of Learning Disabilities (BILD). This ensures that the provider and registered manager have access to the latest resources and research to enable effective care.