

United Response Barnfield

Inspection report

Barnfield Farm
Luppitt
Honiton
Devon
EX14 4SJ

Tel: 01404891627

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of Barnfield on the 26 June and 5 July 2018. The first day of inspection was unannounced; we arranged the second day of inspection before we visited.

Barnfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 11 people in a main farmhouse and two adjoining buildings. The home provided accommodation for more than the six people recommended in Registering the Right Support and other best practice guidance. However, in many other respects the service demonstrated the values that underpin the Registering the Right Support ethos. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At Barnfield, people were encouraged to do activities of their choice in the home, the village and in the wider community. The registered manager supported them to do this by ensuring they could use both private and public transport and staff were available if they needed to be accompanied.

This was the first inspection of this service since the provider, United Response, had registered it with the CQC in June 2017. The home had previously been registered under another provider, Robert Owen Communities, who had merged with United Response. United Response is a UK wide registered charity that supports adults and young people with learning disabilities, including autism, sensory impairment, and people living with dementia, mental health needs and physical disabilities.

Staff demonstrated the provider's values, to deliver person-centred care that recognised, promoted and respected people as individuals. This approach helped people to fulfil their potential to lead a full and active life in society. The home offered each person a weekly programme of activities which they had helped to choose. Activities were offered both within the home and in the local community which helped support people to maintain and expand their interests. Activities included swimming, participating in art and craft sessions, playing a musical instrument, going to college, working, attending day services in a local town, socialising and attending church. People were supported to have life skills such as cooking, laundry and housework.

There was a positive, open and empowering culture shared by staff and people. Staff were dedicated to helping people realise their goals and ambitions.

People were placed at the centre of their care by staff who were knowledgeable, enthusiastic and positive about providing care which fulfilled people's ambitions and needs. Staff were very caring, compassionate and passionate about supporting each person to achieve their dreams and ambitions. They recognised each person as an individual and worked with them to develop skills and interests. People were encouraged to do a wide range of activities. These activities helped people have fun and improve skills as well as meet physical, mental and social inclusion needs.

Throughout the inspection we observed numerous interactions where staff showed gentleness, compassion, kindness and respect to people.

The home was a key part of the local village community. It was located a short walk from the centre of the village and some people were able to walk to the village independently. People in the home enjoyed the benefits of village life, as they used the village hall for a weekly lunch and dance club, rang the local church bells and had friends in the village. The home also joined in events run by the village such as an annual scarecrow contest. In turn the local community were very supportive of the home, and villagers regularly attended events such as quiz nights, concerts and carol services which the home ran. This helped people feel part of community life.

People took a real pride in Barnfield Farm and enjoyed working both indoors and in the extensive gardens. Fund raising events were run regularly by people and staff, including an annual open day, a concert, quiz nights and a carol service. These events were opportunities for the people at Barnfield to invite family, friends and neighbours in the local village. People were really enthused by these events and described how the events gave them an opportunity to display their skills and things they had made.

Funds raised had led to improvements to the home, which as a consequence had a computer room and a sensory room which people used. Further fund raising was planned to develop a sensory garden within the grounds.

People were encouraged remain in touch with family by visits, phone calls and the use of social media. People were also supported to have friends both in the home and in the community, who they met at social functions and by visiting each other's homes.

Care and support was based on thorough and detailed care plans which were reviewed regularly and kept up to date with their changing needs and preferences.

People said staff were very kind and helped them achieve a full and happy life. There was also very positive feedback from relatives who all described the home as "very caring", "Excellent" and "Fantastic." Relatives and visiting professionals all said the staff were very responsive to people needs and preferences.

Care records described the care people needed to support them. There was detailed information about people's individual risks and needs well as information about their preferences. Staff knew people very well and were able to describe the care and support they needed. Where people were newly arrived in the home, there had been detailed planning and preparation to ensure that their risks, needs and preferences were known and understood by staff prior to them coming.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. This included

supporting people to travel independently, hold down jobs and study for qualifications.

Staff worked in partnership with people when planning care and support. Information was provided to people in an accessible format to enable them to make decisions about their care and support. Before new people were invited to come and live at Barnfield, people living there already had an opportunity to meet them. People were then able to feedback whether they felt they would like the person come to live at the home.

Health and social care professionals said staff contacted them appropriately. Where the professionals gave advice about a person's care, there was evidence that staff followed this. For example, some people were supported to do hydrotherapy exercises which had been developed by a specialist. Staff ensured the person was supported to do the exercises correctly as the home had made training videos which staff could watch to refresh their memory.

There were exceptionally thorough arrangements to assess and manage people needs before they joined the home, during their stay and to prepare them to move on to another home.

People's consent to care and treatment was sought. Staff used the Mental Capacity Act (MCA) 2005 and understood how this applied to their practice. Staff had undertaken training about the MCA. They were able to describe what it meant and understood their responsibilities in relation to the Act.

Staff also understood how to keep people safe from the risks of abuse by others. The registered manager understood what they needed to do if they identified possible abuse, which included reporting to the local authority safeguarding team as well as informing the CQC.

Staff took time to ensure people had a meal of their choice, which they had helped to prepare. There were details about food that people liked and disliked which meant people always had alternative meals if they wanted something else. Drinks were available throughout the day to ensure people remained hydrated.

Medicines were received, stored, administered and disposed of safely. Medicine administration records and other records relating to medicines were completed accurately.

There was a manager in post who had registered with the CQC in June 2018. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection, we found the home was well run, although some aspects of environmental safety needed improvement. The work to improve these additional safety features was carried out during and immediately after the inspection.

There were systems in place to monitor the quality and safety of the home. Evidence of what works best was used to continually review and improve systems and practice.

The home was clean and well maintained. There were systems in place, which staff followed, to ensure a safe and infection-free environment. People's bedrooms were individually decorated and furnished according to their preferences.

Staff were recruited safely. Staff undertook an induction to introduce them to the service and ensure they

had the knowledge and skills to support people safely. Staff were supported to refresh their knowledge and skills and take nationally recognised vocational qualifications.

There was a policy and procedures to deal with complaints. People said they had not needed to complain. No complaints had been received since the last inspection.

Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

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 not fully safe as not all environmental risks to people had been fully considered.

Risks to people were considered. Action had been taken to reduce the risks while maintaining people's independence as far as possible.

Systems and processes ensured that people were safeguarded from abuse.

Lessons were learned when things went wrong. These lessons led to improvements to systems.

Medicines were well managed.

There were sufficient staff who were knowledgeable and skilled to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had been trained when they first joined the home and continued to receive training to keep their knowledge and skills up to date.

Staff were knowledgeable about people and understood the support they needed.

People were supported to eat healthy food which they enjoyed.

Where people had health needs, staff involved health professionals to ensure these were managed effectively

The staff understood and worked within the requirements of the Mental Capacity Act 2005.

Good ●

Is the service caring?

The service was very caring.

Good ●

There was a strong person-centred care ethos at the home which staff demonstrated in how they worked with people.

Staff showed great compassion, sensitivity and care for people.

Staff involved people in decisions about their care as far as possible.

Staff made exceptional use of assistive technology to enable people to be involved in their care planning and reviews.

Staff were very respectful of people's right to privacy. Staff had developed individual approaches to ensuring each person had the privacy they wanted.

Staff said the provider and registered manager showed the same caring attitude to how they treated staff.

Is the service responsive?

The service was exceptionally responsive.

People received care which was very personalised and helped them achieve their goals and ambitions.

People were supported to get involved in a wide range of activities which they had chosen. Each person was supported to do activities inside and outside the home on an individual basis.

The care supported people to maintain good physical and mental health.

Care plans were reviewed and changed when people's risks, needs or preferences altered.

There were extremely thorough processes in place to manage and support people when they moved into or out of the home

There was a complaints policy and procedure. No complaints had been received since the previous inspection.

Outstanding 

Is the service well-led?

The service was well-led by a registered manager who led a team of staff who worked well together to provide high quality care and support

There were quality assurance and safety checks and audits carried out.

Good 

Where improvements were needed, action was taken to address these in a timely manner.

Barnfield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

The first inspection day took place on 26 June 2018 and was unannounced. The first day of inspection was carried out by one Adult Social Care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included mental health and autism.

The lead inspector returned to the service on the 5 July 2018 to complete the inspection and feed back to the management team. We gave the provider notice we were returning for the second day of inspection.

Before the inspection we reviewed information held on our systems, this included notifications we had received from the service. A notification is information about important events, which the service is required by law to send us.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we met and spoke with the registered manager, the deputy manager, five care workers as well as a senior operational manager who was visiting the service on the second day of inspection. We also spoke on the telephone with a director of the provider organisation. We met and spoke with all the people living in the home. As some people were unable to communicate fully with us, we also spent time in their company during activities they were doing both in the home and elsewhere.

We reviewed three people's care records, five medicine administration records, two staff records, staffing rotas and staff training records. We also reviewed records of audits and checks carried out in the home.

After the inspection we contacted 12 relatives of people living at the home to ask them about the care and support their family member received. We received five responses. We also contacted eight health and social care professionals as well as the staff at the local GP surgery for feedback. We received three responses.

Our findings

The increased safety and support needs of some people with reduced mobility had not always been fully considered when undertaking safety audits of the home and surrounding grounds. Some improvements had been made and others were planned. These improvements included changes to the environment to support people who used walking aids and wheelchairs. However, on the first day of inspection, some external areas of the home were not safe for people with a physical disability. This included a steep slope to an external building where there was no handrail. We discussed this with the registered manager, who said they had risk assessed the home's internal and external areas due to the physical needs of some people. However, they agreed that some areas had not been fully reviewed which needed additional safety features. He agreed to undertake a complete environmental survey of the home to identify areas where people with limited mobility might require additional safety features.

By the second day of inspection the registered manager had arranged for additional safety features including handrails and improvements to outside areas. For example, where there had previously been a step into the main house, improvements had been made to make this a slope. This helped to ensure that people with physical disabilities were cared for in an environment that took their disability into account.

A health professional commented that the environment was difficult for people who had a complex physical disability saying the home "[encouraged] independence, however, at times it could be said that independence is encouraged for those with a complex physical disability within an environment that is risky and not suitable for their needs. Until recently, very few changes have been made to increase safety and suitability of the environment for those with physical disability and, given its rural nature this site did pose many risks. Having said that, ... changes are being made to the outside environment to improve accessibility."

There were some aspects of environmental safety inside the home that had not been fully considered. This included window restrictors on upstairs windows. There were two windows which had a bar across them, however it was possible that these would not prevent someone from falling out. A radiator on a stairway also did not have a cover on it. After the inspection the registered manager confirmed that both these issues were being addressed. While they were waiting for the work to be completed, they were ensuring the windows were kept closed to prevent the risks of someone falling out and the radiator was not turned on. This meant people were being kept safe.

The home had regular fire drills as well as checks of fire equipment such as fire alarms. There were

contingency plans to ensure people were kept safe in the event of an emergency. These included being able to access shelter in a local hall if the home needed to be evacuated.

People were supported by staff who understood their roles and responsibilities to keep vulnerable people safe. Staff had undertaken training on how to safeguard vulnerable adults when they first joined the organisation. Staff had also refreshed their training regularly and were aware of the policies and procedures to follow if they had a concern.

The registered manager had reported concerns to the local authority safeguarding team and worked with them to ensure the issues were investigated and addressed. Appropriate actions such as reviewing risk assessments and care plans had been carried out to reduce the risk of a reoccurrence of issues. For example, one person had showed some behaviour that had challenged another. Records showed actions had been undertaken to support both people to keep them safe.

Risks to people had been identified and there were individualised care plans which described how to manage people's care to ensure they were kept safe whilst supported to be as independent as possible. For example, one person's care review described how staff were considering, with the person and a relative, whether it would be safe for them to travel independently by train. There was evidence that this was being kept under review with the possibility of gradually introducing greater independence over time. One relative commented "We have never felt him to be unsafe." They also said about a change of his care plan which was being considered: "This we will be discussing again in his Review and I know the Managers will consider this very carefully in terms of his safety and no decision will be made to place him in danger. "

Another person had been assessed as safe to take short walks in the village on their own. Staff ensured that they were aware of when the person was going to do this and when the person was expected back at Barnfield.

Staff were recruited safely. Staff records showed evidence of checks carried out to ensure new staff were safe to work with the people at Barnfield. This included interview notes, which showed gaps in employment had been explored with the interviewee. There were also checks undertaken including references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager said they recruited staff who offered skills which would enhance the service as well as personal qualities needed to support people well. They described how they had recruited one member of staff recently who had particular skills around physical activities and another who had skills in crafts.

There were sufficient numbers of staff to support people to do the activities they wanted to do without rushing them. During the inspection, we observed staff working in a calm and unrushed way with people, taking time to listen to what the person was saying to ensure they met the person's needs. The registered manager considered what activities people wanted to do and adjusted staffing levels to match the needs. They described how they ensured they matched staff skills to these activities. For example, one person enjoyed physical exercise. Particular staff were involved in supporting them with these activities. A member of staff said both people and staff found it helped to promote positive engagement in the activities.

People received their medicines safely and on time. Medicines were stored, administered, recorded and disposed of safely. Some people were on medicine dosage systems (MDS) supplied by the local pharmacy, there were systems to ensure they were administered safely. Where medicines were not supplied in MDS, there were systems to ensure they were administered safely.

Staff had completed medicine administration training which was updated regularly. Care records contained details of what medicines people were prescribed as well as how they should be supported to take their medicine. People had been risk assessed to see if they were able to administer their own medicines. Care plans also included details of where people preferred to have their medicines administered, for example in their bedroom, or in the room where their medicines were stored.

Staff described how they supported each person to receive their medicines. Staff followed good practice guidance when administering medicines to each person. Staff were observed taking time when giving a person their medicine. They asked the person if they were happy to take their medicine at that time and proceeded to administer the medicine with a drink, watching while the person took the medicine before signing the medicine administration record (MAR) to say the person had had it.

Audits were carried out regularly to check that medicines were in date and that MAR were completed and accurate. Where issues or errors were identified, appropriate actions were taken to reduce the risk of recurrence.

The home had a proactive approach to learning when things went wrong. Where incidents and accidents had occurred, staff had taken action to reduce the risks of a recurrence. They had taken time to consider any issues which led up to the incident, what had happened at the time and afterwards. They also looked at what could have been done differently which might have reduced the risks.

The home was clean and free from odours. Staff used personal protective equipment (PPE) such as disposable gloves when supporting people with personal care. There were cleaning rotas in place to ensure to ensure high standards of cleanliness and hygiene. This included cleaning of kitchen and communal areas as well as supporting people to keep their bedrooms clean.

Our findings

The home provided accommodation for more than the six people recommended in Registering the Right Support and other best practice guidance. This was because up to 11 people lived at Barnfield Farm. However, in other respects the service demonstrated the values that underpin the Registering the Right Support ethos. These values include choice, promotion of independence and inclusion. People living at Barnfield Farm were supported to live as ordinary a life as any citizen.

The layout of the home which was made up of three separate units also provided people with alternative spaces where they could choose to go. This included a separate lounge and dining area in each of the units, and a kitchen in two of the units. This enabled people to develop independent living skills as well as provide them with alternative communal areas to occupy if they chose.

People's physical, mental and social needs had been assessed holistically when the first came to live at Barnfield Farm. For example, consideration had been given regarding the needs of one person when they came to live at the home. The plan had been developed with input from an occupational therapist as well as health professionals in the learning disability service. The plan described how the person enjoyed preparing food and therefore a perching stool was needed for the kitchen area. This meant that the person continued with activities they enjoyed when they moved into the home. The registered manager had also altered aspects of the person's bedroom and bathroom to ensure they were able to move around the rooms easily.

As the home was a listed building there were some restrictions in terms of changes to the building and its grounds. However, staff had ensured that where necessary, adaptations had been made which supported people to live in the home. This included altering steps so that there was a slope, which made it easier for people with limited mobility to move around when using a mobility aid. A staircase which was very steep and curved with small treads was not in use for service users – a door across the stairs prevented access. Handrails had been added to paths to aid people when moving.

People's ongoing needs were also reassessed regularly and where changes in their needs were identified. For example, staff had identified that one person was not happy at the home due to changes in the way they presented. Action had been taken to support the person to move to an alternative home which suited their needs better.

Staff undertook an induction programme when they started working at Barnfield Farm. The induction

programme was aligned to the Care Certificate. The Care Certificate is a national set of minimum standards designed by Skills for Care for social care and health workers that should be covered as part of induction training of new care workers.

Staff also refreshed their knowledge and training at regular intervals. This helped to ensure they remained up to date with the knowledge and skills necessary to support people effectively. The provider supported staff to undertake nationally recognised qualifications in care.

Staff also undertook specialist training so they could support people with particular needs. For example, staff had completed training in supporting people with epilepsy.

Staff received regular supervision from a senior staff member. This was confirmed by records of the supervision meetings. Supervision provides an opportunity for staff to reflect on their performance and identify any training needs they might have. Staff also had an annual appraisal each year. Staff said they felt supported by senior staff and could ask for advice when necessary.

People chose what they wanted to eat and drink. Meals were prepared in two kitchens in the home. People were encouraged to help prepare and cook meals. Meals were discussed at resident meetings and people could choose what the menu for each day was. Where people did not want to have the main meal that was offered, they were able to choose an alternative. Staff had worked with people to understand their likes and dislikes. Information in the kitchen areas meant that staff could refer to people's preferences easily.

People were supported to eat healthily. For example, one person wanted to lose weight. They had been supported by staff to attend a slimming group. The person said, "Every Wednesday I go to slimming world, tomorrow I do it again." Staff had supported the person to understand what foods were more fattening than others and to follow the recommended diet. The person had been encouraged to keep attending the group and had been very successful in losing weight. They had received an award from the group as 'slimmer of the year' which they were very proud of. A relative commented "I am thrilled to see how [person] has been supported to lose weight." Another relative said "His meals are regular and more than adequate. Thought and planning is put into ensuring healthy eating, which we support as parents."

One member of staff said they had also learned more about diets and food through this person's activity. This had led to changes in the home so that everyone was offered healthier alternatives.

Food was locally sourced and delivered each week to the farm so that it was fresh. The home had also developed links with a local supermarket who were part of a 'fair share' scheme. People supported by staff would visit the supermarket each week. The supermarket would give them food and other items such as plants, which were close to their sell-by date. For example, the home had been given six box plants in tubs which they had used to enhance the areas outside. The free food offered had also enabled staff to introduce different food items which helped vary the menu. People said they enjoyed the alternatives they had tried.

Fresh fruit was readily available to people as there were bowls of fruit in communal areas. People could also help themselves to jugs of cold drinks as well as tea and coffee throughout the day and night.

Staff worked with health professionals to enable people to maintain good health. Staff contacted health professionals appropriately to ensure people's physical and mental health needs were met. This included their GP as well as specialists such as speech and language therapists and learning disability professionals. Care records contained details of appointments with health professionals and follow up information from appointments. This included appointments with the person's dentist, GP, opticians as well as health

specialists, including staff in the local learning disability team. For example, staff had detailed information for each person to support them with maintaining good oral hygiene. This information had been developed so that it followed the dentist's advice.

People's bedrooms had been personalised with décor and furnishings of their choice. For example, each person had chosen the colour for their room and had personalised it with pictures and ornaments which reflected their preferences. One member of staff said a person was particularly keen on wild animals so they had worked with them so that their wardrobe doors were now covered by a frieze of a large wild cat. Other bedrooms were also personalised.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). An application for a DoLS authorisation had been made for each of the people living at Barnfield Farm. Records showed five applications had been authorised. There were systems to ensure staff were aware of when an authorisation would expire. This meant they could apply for a re-authorisation in good time.

We checked to see whether the home was working within the requirements of the MCA. Where there were concerns about a person's ability to make a decision, best interests meeting had been held. Meetings had involved, where possible, the person, their family, staff and professionals.

Staff had been trained and understood their responsibilities to work within the MCA. Staff described how they worked with people to support their independence as much as possible, taking into account the person's understanding of particular decisions to be made. For example, they described how they had worked with other health professionals around a particular decision. This had been to ensure that a person was assessed to see they were able to choose to have extensive dental work carried out. A health professional commented "[People] seem well cared for and happy, they attend for booked appointments when requested. Concerns regarding [health] matters have been responded to appropriately. The supporting staff seem to relate well to [people]."

Our findings

Without exception, feedback from people and their relatives was extremely positive and described how caring and kind staff were. For example, one person said "[staff member] is really good, I do dancing with [them]". Another said, "Staff help me and I like them." All the relatives who fed back to us used very positive comments such as "Brilliant" "Fantastic care"; "They listen to what I say" and "Very, very good with [person]." Relatives also commented on how caring the staff were when there were any concerns or issues which might impact on the person or their family. For example, one relative commented how staff ensured the person had been supported to visit them at home when it had not been possible for the family to visit Barnfield. Another commented "He is very happy and settled there and views it as his home, although, as a close family, he loves his visits home to us."

There was a strong, visible, person-centred culture which staff were motivated to provide for everyone living at Barnfield. People received support from staff who provided exceptionally kind and compassionate care. People were very relaxed with staff who were observed sharing experiences, laughing and joking with each other.

Staff spent meaningful time with people, developing relationships which clearly mattered. Staff cared deeply for the people and often went the extra mile to help each person. Staff proactively supported people, helping them to achieve their ambitions. They did this by encouraging each person to express themselves and articulate what they wished to achieve. Staff then proactively explored ways to help them with this. This meant that each person led an individual life fulfilling their aspirations while also being part of a strong community in the home. For example, people were looking forward to a concert they were giving in July and the open day at the home which was on the following day. One person excitedly described their act and said they wanted to demonstrate the break dance routines they planned to perform. Staff stopped what they were doing and sat and watched the person on stage as they did the dance to music. Staff actively supported the person by clapping along to the music and offering encouragement both during the performance and at the end. The person became visibly more confident during the performance and beamed with joy at the end because of the positive staff enthusiasm for what they had done.

Staff described how important it was that everyone felt included in the event, although some people had not wanted to do solo performances. Staff had considered other ways for people to get involved so they did not feel left out. This included arranging for everyone to join in singing a song with a local choir. One person who was not performing was having some of their art on display at the hall. Some people were also involved in refreshments, selling crafts they had made and welcoming members of the audience. This ensure that

everyone felt they played an important part.

Staff didn't rush people, but rather spent time listening, letting the person consider the options before making a decision. One member of staff commented "Each person has their own thoughts and ideas about what they want and who they want to do it with." For example, one person was unsure if they wanted to go to a dancing activity. Staff chatted to the person about why they might enjoy going there, but did not apply any pressure when the person said they would prefer to stay at the home. Later the person changed their mind, so they were driven by staff to the hall where the dancing was underway. Staff at the hall welcomed the person really enthusiastically, encouraging them to join in, which the person clearly enjoyed.

The registered manager described how it was important that the needs of everyone living at the home were considered to ensure people lived together harmoniously. For example, staff had identified that there had been growing tensions with one person they had supported at Barnfield for several years. This had not only created issues for the person themselves but also caused other people in the home to feel uncomfortable. Staff had worked with the person, their family as well as health and social care professionals to consider whether Barnfield Farm was the right place for them to live.

After consideration, it was decided with the person, family and professionals that other accommodation would be more suited to the person's needs. Therefore, staff worked with the person to support them in the move, helping to reduce the stress associated with it. The registered manager described how staff had introduced the idea of the move slowly, and had taken the person to visit their new home so they could accustom themselves to the transition. They also used storyboards to show the person what would happen in the time leading up to the move and during the move itself. This had included creating a timetable using simple pictures and information about the days leading up to and including the day of the move. Staff described how they had kept to the person's routine as much as possible as this helped the person remain calm. Staff had also accompanied the person to their new home and helped them to settle in successfully. This thoughtful care had helped to make the transition go well for the person.

Staff said the relationships that had been made by the person with others living at Barnfield as well as with staff were still important. Staff had therefore supported people to stay in touch by visits to the person's new home. Two people commented how they missed the other person but were happy they were able to see them sometimes. People described how they liked to stay in touch with "[person] as they are my friend."

The registered manager had paired people with key workers who had similar interests. They explained that this helped to create a bond between the person and their key worker. For example, one person liked to do outdoor activities, so they had been involved in choosing a key worker who was skilled in outdoor pursuits.

Staff were committed to valuing people and treating people as they would wish to be treated themselves. The provider respected and promoted the rights of people with learning disabilities. This ethos was reflected in the way the registered manager and staff behaved. For example, one person had lost a lot of weight and staff explained how this had really helped them to feel "good about themselves." The person had decided that they wanted to have significant dental treatment which they felt would improve their appearance. Staff had respected this and championed the person's right to this treatment when challenged by a dental practitioner about the intervention. This had resulted in the person having the treatment.

The service was committed to using an approach which put each person at the centre of their care. The staff encouraged people to value themselves and others. People's talents were recognised and celebrated. This positivity helped people to achieve their goals and aspirations. This included each person being encouraged to excel at things they enjoyed, whether that was a physical activity, artistic or musical activity

or related to work or study. A health professional commented that staff had "a person-centred approach in respect to knowing the person well and encouraging independence."

Staff described how much they loved working at Barnfield. Comments included "I love coming to work, it feels more like fun than work."; "Everyone living at Barnfield is amazing, they really enjoy life to the full and I love supporting them." A relative commented "We perceive that the staff work very hard to ensure effective management for the daily provision of service for all of the users, not just our son."

Staff went above and beyond their role to ensure people felt valued. For example, one member of staff spent some of their free time sewing up the knitted squares that people produced to make complete knitted items. Staff were actively involved in fund raising which was used to improve the lives of people at Barnfield. For example, recent fund raising had been used to start work on a sensory garden.

One member of staff described how they worked in people's home, rather than people living at the member of staff's place of work. They said this was important as it focussed on people who lived at Barnfield first and foremost. They described how people were very proud of the home and wanted to make the house and garden look really nice for the open day. Staff therefore supported them to tidy up the flower beds and make crafts, such as painted pebbles, to put on display. People also described food, such as scones and cakes, they planned to make for the open day which family members were going to attend. Staff showed great enthusiasm for all the extra work, explaining how much the annual event was a highlight of the year. One member of staff said "It's fantastic as families and friends from the village all come. There is a great atmosphere where all the residents and all of us have such a lovely time." A relative commented "They hold an Open Day once a year in June, which is excellent and enjoyed by parents and users equally." This showed that staff cared about people's priorities.

Where people had limited verbal communication skills, staff communicated in other ways. Staff described how they spent time with each person using images, symbols both on paper and on the computer to help people understand. Staff were sensitive to people's moods and body language as well as other ways of communicating. Staff described how one person would show they were unhappy by non-verbal signs, which staff were able to interpret. This meant staff were able to support people even if they were unable to communicate verbally.

Staff understood the importance of people's rights to a family life. People were encouraged to keep in contact with their family and friends. This included face to face contact, email, telephone and via social media. Staff helped people stay in touch by helping them to visit their family regularly. Family, friends and other visitors were also welcomed to the home whenever they chose to visit. Families described how welcome they felt when they contacted or visited the home. One relative said "We have regular contact with Barnfield staff and have no problem in raising any issues with them."

Staff knew people's background very well and could describe people's family and friends. Staff ensured that family birthdays were remembered and supported people to buy cards and presents for family at birthdays and Christmas. A relative commented "[person] is very happy at Barnfield, whose staff make every effort to encourage him to fulfil his potential... I cannot imagine [person] doing better anywhere else." Another relative said "our son receives the care and attention to ensure he has a happy and fulfilled life." A third relative commented "We are more than happy with our son's care and feel it to be excellent."

Staff also worked with families to ensure they were happy with the level of contact made. For example, where one person was using information technology to contact their family very late at night, staff worked with the person to agree guidelines which suited the family and helped the person to understand social

norms.

Equality and diversity was a central theme of the care provided; it was evident that people's differences were understood and supported by staff who had completed equality and diversity training. For example, this included people's right to religious freedom. Some people chose to be involved in local church services each week. Staff supported them to attend these.

Staff respected people's privacy and dignity. For example, one person who had hearing difficulties had a doorbell on their bedroom door. This not only played a sound but flashed a light when rung. Staff were observed using the doorbell and waiting before entering the person's room. This meant the person had some privacy and they were given a choice about when staff and people came into their room.

There were details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocacy services enable people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Personal information relating to people and staff was stored securely. Documents were also stored on computers which were password protected. The registered manager was aware of the new General Data Protection Regulation (GDPR). GDPR is new legislation which came into effect in May 2018 and gives people more control over how their personal data is used. This meant the service was ensuring they were working in line with the requirements for the change in legislation.

Staff said they also felt very cared for by the registered manager and the provider. For example, one member of staff described how they had been supported to return to work after they had diagnosed with a life changing condition. They said the registered manager had encouraged them to come back as and when they were able. The registered manager had also enabled them to develop their skills which meant they could undertake a different role in the home. The member of staff said this had been "fantastic, I have felt really supported." The registered manager commented that they valued the staff and considered it important to be caring to staff as this promoted a positive caring culture.



Our findings

The home's Statement of Purpose (SOP) stated "Everyone living at Barnfield will receive a personalised service and a plan that meets their individual needs. These will be formulated primarily with the Individual themselves but also with the help of the people who figure prominently in the lives of the person concerned." This ethos was in line with Registering the Right Support and other best practice guidance, which promote values which include choice, promotion of independence and inclusion.

People living at Barnfield Farm were supported to live as ordinary a life as any citizen. All the care plans we reviewed demonstrated this. The approach was reflected in the way care was designed and delivered with people and their families fully involved both when they first arrived and at regular intervals during the person's stay.

Care was really individualised and focussed on people strengths and aspirations. A relative said "[Person] receives the care and attention to ensure he has a happy and fulfilled life... The manager and his staff members are both listening and proactive to enable our son to reach his full potential." Another relative commented "We feel the service is immensely effective. Our son is supported to lead an active and exciting life. He is able to undertake all activities he is interested in: supported by staff."

Care plans, which were called working policies at Barnfield Farm, were very personalised. They contained risk and needs assessments and information about people's preferences and aspirations. Working policies contained detailed descriptions as well as photographs and videos of the care and support the person needed. It was clear from talking to people that they had contributed to their working policy and understood and 'owned' its contents. It was also clear that they were supported to engage with choices in everyday activities which helped people become as independent as possible.

People did activities which met their needs to have a life which engaged them fully. One person had been supported to find two jobs; one at a local pre-school nursery. The person described how they helped with the children at the nursery. They said they really enjoyed this. The person also worked at a local charity shop which they enjoyed doing too. Another person was starting work so staff were helping them with training to ensure their safety. A health professional commented "Barnfield Farm take a proactive approach to promoting community and meaningful activities which are well rounded in terms of physical health, occupational and creative activities."

Staff understood that, at times, people changed their mind about activities they wanted to do. For example,

one person decided they no longer enjoyed swimming. Staff had discussed this with them so the person understood that they could change their mind again at any time, if they decided to go back to swimming.

Each person reviewed their working policy each month with their key worker. The review form was in easy read format, which helped the person to be involved. The review considered how the person was feeling, as well as detailing health appointments attended. The form described what needed doing, by when and by whom to ensure people remained healthy. The review checked if the person was still enjoying their activities, and other activities they might like to do. For example, one person's review showed they attended college, went to a day centre to do computing and singing, did a craft/forestry club, did bellringing at the local church enjoyed nights out at the pub, and played a musical instrument. They were described as happy with this. The review also looked at the home environment, their family and friends, their shopping needs and their money. Progress on previous month review actions was recorded. For example, one action for a person was to become more independent when choosing clothes. Reviews showed how progress was being achieved.

We looked at how provider complied with the Accessible Information Standard. This standard is a framework, which came into effect in August 2016, makes it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. The service worked with other professionals to improve communication and promote people's independence.

Everyone living at Barnfield Farm had a learning disability which had an impact on how they communicated. Some people had limited verbal communication. One person's working policy provided detailed descriptions of how the person communicated and their ability to understand information. This included how staff could recognise the person's body language and facial expressions. One person's care plan included particular words they used to describe items for example using 'eggy mill' to describe a packed lunch.

Staff used storyboards which combined photos, images and simple text to explain an event to a person. Some people had visual timetables and communication boards to help them understand what they were going to be doing each day. The home had developed a computer system called 'the hub' which meant that staff could support people to electronically capture what they were doing to enable them to present this to family members and professionals at their care review.

People were supported to use electronic communications to contact family and loved ones. For example, one person had been supported to master the use of internet chat systems to contact their family independently.

People used the home's computer system to compile an ongoing personal diary of photos. During annual reviews, which professionals and families were invited to, the person would be at the centre of the review, showing what they had done. The registered manager said even where people had limited understanding of the review process, they were involved and encouraged to 'press buttons on the computer' to display parts of the review. A relative commented "We have a Statutory Review for our son annually which is led by him, although supported by his Key-worker, using excellent Power Point and IT visuals and with contributions from Staff and parents"

Staff supported people to go on a holiday each year. On the first day of inspection some people were on holiday together in North Devon. They had returned by the second day of inspection. Everyone who had been on holiday enthused about the holiday which one person said, "was brilliant." When asked what they had done, they described how they had been "dancing, had ice cream and went to the sea." Other people

were planning trips away to other holiday destinations.

People were encouraged to be part of their local community. One person visited a friend in the village with staff and also helped to clean the village church. Some activities were carried out in the local community hall. These included a weekly lunch club followed by dancing.

Villagers were welcomed to the home throughout the year and were invited to special events run by the home. In the last year, these had included a candlelit carol service, a summer open day and a concert. People and staff at the home were involved in making these events a success. For example, everyone living at Barnfield wanted to take part in the concert and some were planning to do a solo act. One person was doing break dancing; another playing some music and being a mimic. Other people at the home were involved by singing with a local town's choir who rehearsed with people living at the home. This meant everyone could be part of the entertainment.

People and staff had also run a 'bangers and mash' quiz night earlier in the year which had been well attended by villagers, as well as people from a supported living service run by the provider. One of the aims of the quiz night and other events was to raise funds. A local brewery had donated beer and a local supermarket had donated food which were sold as part of the event. People described how they had been involved the quiz night. This included running the raffle, serving food and acting as quiz master. People said it had been a really enjoyable evening. Comments included "It was fun, I liked doing it a lot."

People had also been involved in raising funds by making crafts which were sold at events. For example, people had been involved in making garlic oil, chutneys, craft and knitted items. The funds raised were used to develop areas of the home including a sensory room and a sensory garden. The sensory room had been completed so that people were now able to use the room sitting on beanbags. People selected lights and music of their choice via a tablet computer. The sensory garden was under development with staff and people getting involved in the design as well as the construction.

Funds had been raised by the home in a previous year to create an IT room which people and staff used for a variety of purposes. Features such as very large screens as well as adapted keyboards helped to make it accessible for people to use.

People were involved in events run by the village. For example, the village had an annual scarecrow contest, where villagers designed and built a scarecrow which were then judged. Each year people in the home helped to make their scarecrow which was judged along with other villagers' scarecrows.

The home's Statement of Purpose (SOP) described how staff assessed people before offering a place for them to live at Barnfield Farm. The SOP stated "Admissions are considered on a very individual basis and we would always wish to talk to the service user, their family and their local authority care manager before proceeding with an assessment of need. Once we have met with all the interested parties, we would arrange visits to the home for all involved. We would meet with the service users, their family and require adequate information and records in order to assess whether we could meet the needs of the person. This is part of our own assessment process. In all cases we would need to consider how any prospective resident would fit in with our existing group of service users."

Staff respected people's right to be involved in decisions affecting the home. For example, during the initial assessment of any potential new admission to the home. New people were encouraged to visit the home during the day as well as overnight. The people currently living in the home were asked their views on whether they felt they would like to share their home with the person. Where a person was moving in, this

was treated as cause for a celebration. Staff encouraged people to welcome the person and get to know them. Staff were also sensitive as moving in could be rather overwhelming for the new person. They therefore spent time helping the person to find their way around and settle into their room.

Staff worked with health professionals to ensure the physical health of people was maintained and improved. Information technology (IT) was used very effectively to support staff to understand the needs of people. For example, IT had been used to create a care plan about the correct position for one person's seated position. Photographs of the person sitting in a chair had been taken. Lines had then been drawn to show staff the impact on the person's spine and legs when they were in the correct position. This helped staff to ensure they helped the person sit in a safe way.

Staff had worked with people to help their mobility. For example, staff supported three people to visit a hydrotherapy pool in a neighbouring county several times a week. Instructional videos had been developed with professionals' involvement to support staff's understanding of the hydrotherapy exercises each person needed to do. These exercises had supported one person to remain mobile, despite health professionals advising that they would need to be supported in a wheelchair several years previously. A health professional commented "The staff at Barnfield Farm are very receptive and keen to participate with therapy staff in the delivery of therapeutic programmes and demonstrate innovative means, creating video care plans, to ensure that these can be shared effectively across the staff team. Similarly, new concerns are raised in an appropriate and timely manner."

There was a complaints policy and procedure. People and their families were supported to raise issues and concerns, which were listened to. There had been no formal complaints since the home had been taken over by the current provider. The registered manager said they worked closely with people and made sure that they had an opportunity to raise any issues they had. He described how people would raise issues individually by talking to staff or at the resident meetings that were held every month. People said they were happy and had not had to complain.

Our findings

The previous provider (Robert Owen Communities) had merged with the much larger, current provider (United Response) in 2017. United Response are a national provider; their website describes how they "support around 3,000 people, work in over 300 locations across England and Wales and employ over 3,500 staff." Staff said the transition had not had an impact on the way they worked with people. They said the philosophy and ethos of the home was supported by United Response's own values which were described on their website as "In life we all want control. We all want equality. United Response helps people with disabilities get their share."

The home's statement of purpose described how "At Barnfield we aim to maximise the potential of all service users so that they are able to live a life that is as self-determined and fulfilling as possible and move on to more independent living where appropriate."

The registered manager and staff were committed to this philosophy and worked hard to ensure that people had life choices which they felt fulfilled and happy with. All the staff we spoke with described the aims and objectives of the provider and what that meant for people. Staff were really positive about working at Barnfield Farm and demonstrated enthusiasm when supporting people.

A relative commented "Barnfield has always had a management team that is open, listening and effective. It is for this reason why we selected Barnfield as [person]'s home over ten years ago and we have always been assured that he is well catered for and is happy in his home."

There was a registered manager at the home who was supported by a deputy manager as well as senior staff from the provider organisation. The registered manager had been promoted to the post having previously been the deputy manager. He therefore knew people, staff, systems of working and the environment very well.

The home had a quality assurance and governance system to ensure that people received safe and good quality care at Barnfield House. Audits and checks were routinely carried out to monitor the environment and the care delivered. These included checks on the home's maintenance and equipment, fire safety, medicine administration and records. The registered manager had assessed the environment due to some changes in some people's physical mobility. This had led to some improvements and safety features being introduced. However, there were some aspects which had not been fully considered prior to the inspection. The registered manager therefore reviewed the home's environmental audits to take into account the

physical environment including safety inside and outside the building for people who were not very mobile.

Senior managers visited the home on a regular basis to monitor the quality and safety of the home. There were records of these visits and the actions that were undertaken to address any concerns and issues.

Where errors or concerns were identified in audits, there was evidence that appropriate actions were taken to address them. However, we discussed with the registered manager that not all environmental issues had been identified as part of these checks.

Feedback from people, their families and professionals was collected to find out what the service was doing well, what not so well and how the service could improve. The responses were analysed and fed into how the service planned to improve in the future. There were also monthly house meetings where people could raise agenda items for discussion. Staff had made sure that people were able to easily be involved by using information technology to produce agendas and minutes which were a combination of pictures, photos and some text. This meant that they were in an easy read format which people could understand. Resident meetings were held in the evening when people were all home to ensure they could all contribute. People chaired the meeting with staff support. This demonstrated how meetings were real opportunities to hear what people wanted to say.

Staff were all committed to ensuring that people were part of the wider community. This meant that they had developed close links with people in the local village. People were also involved in activities run by the provider for several of their west country locations. These included a day centre run in a nearby town, and special events including a festival.

Staff said they found the registered manager and senior staff approachable and easy to work with. One member of staff described how they had been supported to work in a flexible way. Staff commented "I love working here, the people are amazing." One member of staff said "The staff team are picked at interview carefully. They always want creative people, dedicated to what the service can offer to make people's lives happy and fulfilled."

United Response promoted the wellbeing of staff. This was because they saw it as an important part of providing high standards of care to people they supported. Staff had access to a counselling support service and occupational health services. Regular staff meetings were held and staff were encouraged to contribute to agenda items and participate in discussions. Staff also said they felt very supported individually and felt if they had ideas, these were met with a positive response.