

Chartwell Care Services Limited

Barclay Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Barclay Services is a 'supported living' service which provides personal care and support to people with learning disabilities and mental health conditions who were living in 'supported living' settings, so they could live as independently as possible.

At the time of the inspection five people lived separately in their own individual bungalows and four people lived in a house together which could accommodate six people. Each home provided 24/7 support for the person or people they looked after.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection seven people were supported in this way.

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

We found there were systems and processes in place to safeguard people from the risk of abuse. People were supported to make choices that could involve risks and these were clearly documented. The service was promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. The management team were making changes following a difficult few months, however, they and staff were clear about their roles and regulatory requirement.

A new management structure was in place that was improving communication and engagement throughout the service and externally.

Medicines were managed safely; staffing and recruitment practices ensured safe numbers of staff to care for people.

Infection Control practices to prevent and control infection were in place.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of key questions Safe and Well-Led, the service was able to demonstrate how they were meeting or working towards meeting the underpinning principles of Right support, right care, right culture. The resignation of several managers and team leaders prior to the summer months had disrupted the

culture of the organisation. However there had not been a negative impact on people receiving a regulated activity. There was work in progress to ensure the ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives across the whole of the organisation.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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

Rating at last inspection

The last rating for this service was good (published 23 April 2019).

Why we inspected

We had received a number of concerns in relation to staffing shortages, poor oversight, safeguarding, poor communication and management. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in supported living services where we find concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. Concerns that had been raised we found to be either exaggerated or unsubstantiated. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barclay Services on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Barclay Services

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.

Inspection team

The service was inspected by two inspectors.

Service and Service Type

This service provides care and support to people living in six 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had recently been appointed who would be applying to become the registered manager shortly.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 12 October 2021 and ended on 21 October 2021. We visited the office location on 12 October 2021, along with two locations and a further location was visited on 14 October.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with

key information about their service, what they do 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 three people who used the service. We spoke with seven members of staff including the nominated individual, the manager, deputy manager, team leader, senior support worker and two support workers.

We reviewed a range of records. This included three people's care records and medication audits. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives, three commissioners, one advocate, three team leaders and another deputy manager as well as two professionals who oversee the education of two people.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were supported effectively with their medicines. Support plans and risk assessments were in place and staff had good knowledge on safe medicines administration. One person told us staff helped them with their tablets.
- In one of the houses we identified errors with the recording of two medicines. One person's medicines administrations had not been recorded and some records were found to be undated. Failing to maintain accurate records created a risk of medicines being poorly managed.
- Where people needed support taking their medicines because of swallowing difficulties with medicines needing to be liquid or crushed and mixed with food, we saw that discussions had taken place, and prescriptions changed from tablet to liquid where possible. However, the authorising signatures from medical professionals was missing. This potentially put people at risk of unsafe medicine practices.

Systems and processes to safeguard people from the risk of abuse; assessing risk, safety monitoring and management.

- There were appropriate systems and processes in place to protect people living within the service from abuse.
- People were supported by staff who were aware of their responsibilities to raise and act on any concerns they may have regarding the people they supported. Safeguarding concerns were raised and acted on appropriately.
- Staff and relatives spoke of their wish to involve people in as many decisions about their lives as they could including managing risk. Staff and relatives told us that people were actively encouraged to make day to day decisions about what they wore, what they ate, what they chose when shopping and what activities they wished to do. This included who they wished to ring or see. A variety of aids were used so that staff could be sure that they were properly actioning peoples wishes.
- Two relatives were particularly impressed with the steps their family members had being able to make with staff support in making decisions involving risk including for one of them attending a party.
- One relative told us that their family member was, "a lot better now than when they first went in there [the service]". They went on to say, "They look good, smell good, dress nicely and are starting to socialise." and added, "I am so glad they are there."
- One professional who had been involved with a person for many years said, "They are so much better now, staff at the service know [them] so well, and know how to respond to every mood swing. They are so much better presented as well."

Staffing and recruitment

- Prior to the inspection, we received concerns there were not enough staff to meet people's needs safely. At this inspection we found there were systems in place to ensure there were enough staff available for people. People told us staff were available to them when needed.
- It had been a challenging few months for the service as a number of the management team had left and this had caused difficulties with staffing the service until new staff could be appointed.
- We checked files of four members of staff. Recruitment checks were in place to ensure newly appointed staff were suitable to support people.
- The nominated individual told us they were now reintroducing more face to face training sessions, and also more staff observations would be included in training. This would ensure that training theory had been incorporated into the way staff looked after people in practice
- Staff in some homes told us they no longer needed to use agency staff, as "the team will pull together when required." Other homes told us there was less reliance on agency staff now, which assured better consistency of care for the people they looked after.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections, as there were processes in place to screen visitors and these were routinely followed in all but one home, which the manager said they would immediately address this.
- We were assured that the provider was meeting shielding and social distancing rules as far as was possible, with a challenging client group..
- We were not fully assured that every home was using PPE effectively and safely all the time and the manager said they would address this immediately.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider would be able to make sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Where incidents had occurred, a record was kept of this alongside records of actions taken to reduce reoccurrence. Incidents were audited and analysed for any trends. Where this was identified then appropriate actions were taken.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership had been inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

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

- It had been a challenging few months for the service as a number of managers had left.
- A small number of staff complained about difficulties in accessing on call support at weekends. We addressed this with the senior management team as a concern, and it was found to be due to technical difficulties which they immediately took steps to address.
- We found that communication externally varied significantly between the different sites where services were delivered. As an example, we were told phone calls at one location were not being answered and with different staff members on shift there was no continuity and messages were not passed on. These breakdowns in communication had impacted on one person who had been deprived of access to therapeutic services. Managers agreed to address this as a matter of urgency.
- One college co-ordinator we spoke with told us they had good communications with the service. They told us "[Person] has a key worker who has worked with them for the last three years. Communication is good, and we can all see the improvement."

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 senior management team were open and honest about the difficulties they had experienced with the recent changes and had already devised an action plan to address the concerns.
- Staff told us how they felt supported and positive about the new management team, and particularly praised the enhanced communication processes which were being put in place.
- The house where there had been particular concerns will now have a designated deputy manager who is part of the senior management team.
- Notifications were being submitted appropriately and in a timely manner.

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

- There was no registered manager in post when you inspected but a new manager was now in post and intending to apply for the registered manager post.
- All staff we spoke to spoke highly of the deputy manager's support throughout the period of disruption.
- There had been no robust system in place to ensure care plans were reviewed and kept up to date. For example, we found information in one person's care file referencing a review of their care needs within two

months but could find no evidence this had been done. A lack of oversight in this area puts people at risk of receiving non-personalised care due to care plans not being up to date and correct, according to their needs.

- New auditing processes and systems to identify issues and concerns were being put in place.
- New governance arrangements had been put in place to ensure staff knew and understood what was expected of them.

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

- Relatives, Commissioners, Social Workers and Advocates spoke positively about the ways their views were gathered usually by telephone or bi monthly meetings. Each house held a monthly residents meeting which had easy to read pictorial agendas and minutes. There were also monthly staff meetings and now manager meetings. All of these combined to ensure that everyone's views could be appropriately gathered.
- People, staff and relatives all spoke highly of the deputy manager and the current team leaders. They told us they were always readily available with a kind word and support.
- Relatives and external professionals involved with people in most of the locations spoke highly of the way staff engaged with people. The only negative was that some relatives and professionals felt that more effort could be made in involving people with making more difficult choices, with support.

Working in partnership with others

- There was evidence communication between the service and external parties had been very poor in some instances over the past six months. Actions requested had not happened. These had impacted on the view of external agencies regarding the organisation and had caused a breach of trust.
- The senior management team demonstrated and acknowledged they were aware of these issues and were putting systems and processes in place, with a robust action plan to recreate relationships