Barnfield Care Limited

Barnfield House

Inspection report

10 Barnfield Terrace
Liskeard
Cornwall
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Tel: 01579347617

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Barnfield House is a care home that provides care for up to 18 people with mental health needs. On the day of the inspection 14 people were living at the service.

We carried out this announced inspection on 10 October 2017. This was the first inspection since the provider registered as a new legal entity in March 2017.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

People, and their relatives, told us they were happy with the care they received and believed it was a safe environment. Comments included, "I like living here, I feel safe", "I like it here and I like my room" and "No cause for concern."

On the day of our inspection there was a calm, relaxed and friendly atmosphere at the service. We observed people had a good relationship with staff and each other. There were plenty of friendly and respectful conversations between people and with staff. The staff team had developed kind and supportive relationships with people using the service.

Care and support was provided by a consistent staff team, who knew people well and understood their needs. People were able to make choices about their daily lives including accessing the local community. Staff supported people to live as independently as possible. Risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported to eat and drink enough and maintain a balanced diet and were involved in meal planning. Menu planning was done in a way which combined healthy eating with the choices people made about their food.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. Staff helped people to arrange and attend appointments to see their GP and other necessary healthcare appointments.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and

support needs. People were involved in decisions about their support and consented to the care provided.

Where people did not have the capacity to make certain decisions staff acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their families were given information about how to complain. The registered and deputy managers were visible in the service, regularly working alongside staff to provide care and support for people. There was a positive culture within the staff team and staff said they were supported by the management. Comments from staff included, "It's great here, we do what we can to improve people's lives", "Good atmosphere working here. We are one big relaxed family" and "Staff and management all work together as a team."

Relatives and healthcare professionals told us they had confidence in the management of the service. Comments included, "The registered manager is focussed on improving the care and quality of life for residents at Barnfield" and "The change in management has been for the good. The new manager understands people's needs."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People and their families were involved in the running of the service and were regularly asked for their views through on-going conversations with staff, 'residents meetings' and surveys.

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. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

Is the service well-led?

Good

The service was well-led. The management provided staff with appropriate leadership and support. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Barnfield House

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.

This unannounced inspection took place on 10 October 2017. The inspection was carried out by one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people who were living at the service. We looked around the premises and observed care practices on the day of our visit. We spoke with the registered manager, the deputy manager, three care staff and a domestic worker.

We looked at three records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service. After the inspection we spoke with two relatives and one healthcare professional.

Good

Is the service safe?

Our findings

People, and their relatives, told us they were happy with the care they received and believed it was a safe environment. Comments included, "I like living here, I feel safe", "I like it here and I like my room" and "No cause for concern."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and know what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. The registered manager had followed the local authority reporting procedures when concerns had been raised.

There were effective systems in place to support people with their finances. Some people living at the service managed their own money. Others had asked the service to hold small amounts of money for them to make purchases for personal items and pay for outings. Only the registered and deputy managers had access to people's money. We checked the records and monies for three people and found these to be correct.

Care records included risk assessments which provided staff with clear guidance and direction on how people should be supported in relation to each specific identified risk. People were supported to understand the risks in their daily living and agree ways of minimising risks without comprising their independence. For example, some people went out independently and the service regularly discussed any potential risks with each person and agreed with them how they should protect themselves from harm.

There were safe and robust recruitment processes in place to ensure only staff with the appropriate skills and knowledge were employed. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were enough skilled and experienced staff on duty to ensure the safety of people who lived at Barnfield House. On the day of the inspection there were two care staff on duty, one domestic, and the deputy manager. Staffing levels were adjusted if people were unwell or if people needed support from staff to go out.

Incidents and accidents were recorded. Records showed that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the management to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

Medicines were managed safely. Medicines had been checked on receipt into the service, given as prescribed and stored and disposed of correctly. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. No one at the service required their

medicines to be administered covertly (disguised in food).

Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Some people managed certain aspects of their own medicines when they went out independently, such as if they used inhalers. Medicines Administration Record (MAR) charts were mostly completed but there were some gaps where staff had not marked that the person had taken charge of their own medicines. This was when people had taken their medicines out with them. We discussed this with the registered and deputy managers who assured us they would improve the medicines systems to help prevent such omissions re-occurring.

The environment was clean and well maintained. There was a programme in place to upgrade and redecorate all areas of the premises. Some work had already taken place. Two bathrooms and the office had been re-fitted and the hallway had been decorated. New carpet was due to be fitted in the hallway. There were plans to upgrade the remaining bathrooms, extend the kitchen and create a conservatory by using the adjacent bedroom. Some bedrooms were not in use and there were plans to upgrade all of these rooms. As bedrooms were upgraded people were given the choice to move to a newly decorated room.

Records showed that manual handling equipment, such as hoists, had been serviced. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills. There were health and safety risk assessments in place for the premises and Personal Emergency Evacuation Plans (PEEP) had been written for each person.

Good

Is the service effective?

Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. Staff spoke knowledgeably about the people living at the service and knew how to meet each individual person's needs.

Staff received suitable training to carry out their roles. There was a training programme to make sure staff received relevant training and refresher training was kept up to date. The management encouraged staff development and staff were able to gain qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care.

Staff told us they felt supported by the management and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said that there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

When new staff were employed by the service they completed a full induction programme which included shadowing experienced staff and getting to know the people living at the service. The induction was in line with the care certificate which gives care staff, who are new to working in care, an understanding of good working practices.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. Care records confirmed people had access to health care professionals to meet their specific needs. A healthcare professional told us, "Staff have developed a positive rapport with one person who has complex mental health needs. Working with us and their family has produced the most stable period in [person's] mental health for over twenty years." Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare appointments. On the day of the inspection one person went to see their GP. Staff had arranged a taxi for them and helped them plan their day to ensure they went to the appointment on time.

People were supported to eat and drink enough and maintain a balanced diet. People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. Menus were planned and agreed with people. Menu planning was done in a way which combined healthy eating with the choices people made about their food. On the day of the inspection staff were making a shopping list and asking people what they wanted to eat.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager had considered the impact of any restrictions put in place and assessed whether or not people had the capacity to consent to any necessary restrictions. For example, one person had bed rails in place to prevent them from falling out of bed. They had been assessed as having the capacity to understand the reason for this restriction and had consented to the use of the bed rails. When we spoke with the person they confirmed that had agreed to have bed rails as they worried that they might fall out of bed.

Care records detailed whether or not people had the capacity to make specific decisions about their care. People living at the service had been assessed as having capacity to make decisions about their care and daily living. However, the service kept this under review as ill health and changing needs meant people's capacity might fluctuate.

The design, layout and decoration of the building met people's individual needs. Facilities were available for people to make their own drinks, on a table in the dining room. People did not access the kitchen independently. There were plans for people to be able to do this once the kitchen extension was completed. People's rooms had been personalised with their belongings and decorated in a style of their choosing, although some people had chosen to have sparsely furnished rooms.

Good

Is the service caring?

Our findings

On the day of our inspection there was a calm, relaxed and friendly atmosphere at the service. We observed people had a good relationship with staff and each other. There were plenty of friendly and respectful conversations between people and with staff. The staff team had developed kind and supportive relationships with people using the service. A healthcare professional said, "The atmosphere at Barnfield is calm and I have observed care staff reassuring and supporting residents when they have been upset." A relative told us, "Staff are very caring. They look after me as well."

The care we saw provided throughout the inspection was appropriate to people's needs and enhanced people's well-being. Staff took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, one person was worried about an appointment they had that day and they frequently asked staff what time they were going. Staff responded each time with patience and kindness, reassuring the person and calming them. We observed that the person responded well to this caring approach.

Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. For example, a sibling of one person living at the service had recently died and this had been very upsetting for them and the rest of their family. A member of staff took the person to the funeral, which was some distance away, and stayed with them all day. The relative of the person told us how they appreciated this because it meant the whole family could be together. Also, because the member of staff stayed with the person staff were able to calm the person if they became upset. This not only meant that the person was supported but it had helped the rest of the family during a difficult day.

The routines within the service were very flexible and arranged around people's individual and group needs. People got up, when to bed and ate their meals at times of their choosing. People moved freely around the premises choosing to spend time in communal areas or their own room. Staff always knocked on bedroom doors and waited for a response before entering. If people chose they could lock their room from the outside but access was available to staff in case of emergency. This showed people's privacy and dignity was respected.

Staff encouraged people to make decisions about their daily living and we observed that people had the confidence to make their own choices. Staff supported people to be involved in some household tasks such as cleaning and tidying their rooms and meal preparation. This meant people were able to maintain independence in their daily living.

The registered manager had supported some people to access advocacy services when they needed independent guidance and support. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People were supported to maintain contact with friends and family. Staff helped people to arrange visits home to their families and regular telephone calls. Relatives told us they had regular contact with people,

were always made welcome in the service and were able to visit at any time. People and their families had the opportunity to be involved in decisions about their care and the running of the service. We saw notes of regular 'residents meetings', where people had discussed menus, activities and the on-going decorating.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff had been provided with detailed information about each person's individual needs . Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear information about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. People told us they knew about their care plans and staff would regularly talk to them about their care and support needs. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes.

Some people living at the service could sometimes display behaviour that might be challenging for staff to manage. Staff worked closely with healthcare professionals to seek advice about how best to support people if they became upset or anxious. Care plans gave clear instructions for staff about how to distract and support people if they were upset. These strategies had been agreed with a mental health professional and were regularly reviewed with the professional. Staff kept clear records whenever they used any of the strategies and this helped the mental health professional to review people's care.

Staff told us care plans were informative and gave them the guidance they needed to support people. Care plans were held as printed copies and electronically on a 'care control' system. Staff also used the electronic system to record daily records detailing the care and support provided each day and how people had spent their time. Any incidents or events that had occurred were also recorded on the care control system. All staff had access to this system and were therefore able to easily obtain updated information about each person when they started their shift.

Each person was allocated a key worker, who supported people to organise their daily living and update their care plan. People were involved in planning and reviewing their care. People told us they knew about their care plans and the registered manager would regularly talk to them about their care.

Many people living at the service had historically led quite solitary lives choosing not to take part in activities or go out into the community. While staff respected people's choices the registered manager told us they wanted people to have the opportunity to take part in activities. An activities coordinator had been appointed for four hours a week to explore what people might want to take part in. Following a recent meeting, to ask people for their views about activities, some people were regularly taking part in baking, doing jigsaw puzzles and armchair exercises. Other people had asked to go out shopping and the registered manager had sourced additional funding to facilitate this. One person told us they went shopping once a week with staff to buy new clothes and pictures and ornaments for their room. They clearly enjoyed doing this and spoke about it throughout the inspection.

The activities coordinator told us they spent time with each person every week to encourage them to think about what they might like to do with their time. They told us, "Some people are not motivated to be

involved in activities, we hope by regularly speaking with them and suggesting different ideas eventually we might find something that interests them."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. Relatives told us they knew how to raise a concern and said they would be comfortable doing so because the management and staff were very approachable.

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported in the running of the service by a deputy manager. The owner was in regular contact with the registered manager and provided support and guidance when necessary. The owner was overseeing and arranging for the improvements to the premises in consultation with staff and the registered manager.

The registered and deputy managers were visible in the service, regularly working alongside staff to provide care and support for people. There was a positive culture within the staff team with an emphasis on providing a good service for people. Staff told us morale was good and staff worked well together as a team. Staff said they felt supported by the management commenting, "It's great here, we do what we can to improve people's lives", "Good atmosphere working here. We are one big relaxed family" and "Staff and management all work together as a team."

Relatives and healthcare professionals told us they had confidence in the management of the service. Comments included, "The registered manager is focussed on improving the care and quality of life for residents at Barnfield" and "The change in management has been for the good. The new manager understand people's needs."

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, at daily handover meetings, staff meetings and one-to-one supervisions.

People and their families were involved in decisions about the running of the service, as well as their care and support, through on-going conversations with staff and management. There were regular 'residents meetings' so people living at the service could share their views and discuss subjects such as activities, menus and the on-going work to the premises. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes. For example, one person had asked for an outside light to be fitted and this had been arranged.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered and deputy managers regularly worked alongside staff to monitor the quality of the care and support provided. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

People's care records were kept securely and confidentially, in line with the legal requirements. Appropriate policies and procedures were in place and kept under review. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.