Peace of Mind Healthcare Ltd

Barley House

Inspection report

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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

Overall summary

This inspection took place on 26 June 2015 and was unannounced.

The service provided accommodation and personal care for two adults with a learning disability or other associated mental health needs. At the time of the inspection there were two people living in the home. People in the home could sometimes display repetitive or harmful patterns of behaviour when they were distressed or anxious. People were able to carry out most of their own personal care routines with some prompting or assistance from staff. They could communicate verbally but had varying levels of language skills. To keep people safe they needed the support of staff or their relatives to go out into the community.

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Summary of findings

People had choice and control over their daily routines and staff respected and acted on the decisions people made. Where people lacked the mental capacity to make certain decisions about their care and welfare the provider knew how to protect people's rights.

We heard staff consulting people about their daily routines and activities. One person said "Staff always treat me well and they let me decide what I want to do". People were able to decide when to get up and go to bed, whether or not they wanted assistance with aspects of personal care, meal choices and whether they wished to spend time on their own. No one was made to do anything they did not want to.

Care plans contained records of people's preferences including their personal likes and dislikes. This helped staff to provide care and support in a way that suited each person's individual preferences.

People were supported to be as independent as they wanted to be. They helped with daily living tasks such as meal preparation and cleaning. People were supported to visit relatives, access the community and participate in social or leisure activities on a regular basis.

People got on well with staff and management. One person said "I'm very happy. I get on well with all the staff". The provider employed a small team of staff to support the people living in the home. This ensured consistency and meant staff and people got to know each other well.

People felt safe and staff knew how to protect them from abuse. One person said "Nobody is nasty with me". Care plans included individual risk assessments to enable people to participate in activities they enjoyed while minimising the risk of avoidable harm.

People had regular contact with their relatives which helped maintain family relationships. Relatives were encouraged to visit the home as often as they wished and staff supported people to visit their families.

Staff received appropriate training and were assessed by management to ensure they supported and cared for people safely and competently. There were sufficient numbers of staff available to keep people safe and to meet their needs. Staff said they all worked together as a really supportive team and a senior person was always available if they needed advice or support. People were also supported to access external healthcare professionals when required.

The provider had a quality assurance system to check their policies and procedures were effective and to identify any areas for improvement.

Summary of findings

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 safe.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and participate in activities they enjoyed.

There were sufficient numbers of suitable staff to keep people safe and meet their individual needs.

Good

Is the service effective?
The service was effective.

People were supported to live their lives in ways that suited them and helped them to experience a good quality of life.

People received effective care and support from suitably trained staff. They had access to external health and social care professionals when needed.

The provider acted in line with current legislation regarding people's mental capacity to consent to decisions about their care or treatment.

Good

Is the service caring?
The service was caring.

People told us they got on well with the staff and they were treated with dignity and kindness.

People were consulted about their daily routines and activities and staff respected their choices.

People were encouraged and supported to maintain regular contact with their relatives and friends.

Good

Is the service responsive?
The service was responsive.

People were involved in their care planning and care plans reflected each individual's personal needs and preferences.

Each person had a key worker with responsibility for ensuring the person's wishes were heard and acted on.

People and their relatives were encouraged to feedback any issues or concerns to management and staff. Management responded appropriately to feedback.

Good

Is the service well-led?
The service was well led.

The provider promoted an open culture and was visible and accessible to people living in the home, their relatives and the staff.

Good

Summary of findings

Staff were motivated and dedicated to supporting the people in the home. They said management were extremely supportive of staff and the people living in the home.

People's experience of the service was monitored through the provider's quality assurance system. This enabled areas for improvement to be identified and acted upon.

Barley 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 inspection took place on 26 June 2015 and was unannounced. It was carried out by one inspector. Barley House was registered with the Care Quality Commission (CQC) in June 2014. This was the first inspection of Barley House since it was registered. Before the inspection we reviewed the information we held about the service. This included statutory notifications (issues providers are legally required to notify us about) and other enquiries and the Provider's Information Return (PIR). This 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 talked with the two people currently living in the home and obtained the views of their relatives and two social care professionals by telephone following the inspection. We spoke with two care staff, a deputy manager and one of the provider's co-directors who was covering for the registered manager on the day of inspection. We observed how staff supported people, reviewed people's care records and looked at other records relevant to the management of the service. This included staffing and training records, complaints and incident logs.

Good

Is the service safe?

Our findings

People told us they felt safe and staff were good to them. One person said "The staff are friendly. Nobody is nasty with me". Another person said "My keyworker's nice, I'm very happy with her and the other staff". We observed people were relaxed and at ease with the staff and with each other. A relative of one of the people living in the home told us "[Their relative] would tell me if they were mistreated. They tell me they are settled and very happy with the staff and the home". Another person's relative said "[Their relative] is never made to do anything they do not want".

People who lived in the home had learning difficulties or associated mental health needs. This meant they sometimes had difficulty interacting with others in the community and were potentially vulnerable to abuse. The service protected people from the risk of abuse through appropriate staff training, policies and procedures. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff said they were confident any concerns raised with management would be dealt with to ensure people were protected.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references had been obtained.

Care plans contained risk assessments with measures to ensure people were kept safe from harm. For example, there were plans for supporting people when they became anxious or distressed. A relative said "[Their relative] would present with aggressive behaviours if they were unhappy but since coming to the home they have been very settled and calm". Episodes of anxiety were recorded to help staff identify possible causes or trends. Circumstances that may trigger anxiety were identified with ways of avoiding or reducing the likelihood of these events. Staff received training in positive non-physical intervention to de-escalate situations and keep people and themselves safe.

People were involved in their risk assessments and were helped to understand the ways in which risks could be minimised. For example, staff were working with one person to help them understand the risks of leaving the home without a member of staff or a relative to support them. The person told us "I might get run over when I cross the road".

The provider had two co-directors who were also the registered managers for each of the provider's homes. The registered manager for Barley House was on holiday on the day of inspection and the other co-director was covering in their absence. The provider said they had not had any significant incidents over the last 12 months. We were told one person had a history of self-harm if they became anxious. Their anxiety had been managed well and they had not self-harmed since moving to the home. The person's relative and social worker both confirmed the service had managed to reduce the incidence and severity of anxiety episodes.

There were no significant incidents recorded in the home's incident log. The Care Quality Commission had not received any statutory notifications for this service. One person's social worker said "There have been no safeguarding issues at the home but I am confident they would contact us if there was a concern". If a significant incident did occur there was a system for staff to complete a significant incident report. This had to be signed off by the manager with any comments or learning from the incident. All incident reports were reviewed by the provider to see if any changes or improvements to practice were required.

Staff received guidance on what to do in emergency situations. Staff told us if they had concerns about a person's health they would call the emergency ambulance service or speak with the person's GP, as appropriate.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. An external consultant carried out an annual health and safety risk assessment of the home. The service had a comprehensive range of health and safety policies and procedures for staff to follow in order to keep people safe. Management also carried out regular health and safety checks.

There were enough staff available to meet people's needs and to keep them safe. There were always at least two care staff on duty to support people from 8am to 6pm. In the

Good

Is the service safe?

evening and overnight there was at least one member of care staff on duty supported by a 24 hour on-call manager rota. Other staff were made available whenever additional assistance was needed.

On the day of inspection the director and two care support workers were on duty. Staff said the co-director and the registered manager were "hands on" and covered shifts when needed. We observed when people requested assistance someone was always available to support them. If staff or the provider were engaged in other tasks they stopped what they were doing to speak to or support people when required.

Staff told us they were happy to work overtime and the provider was good at getting additional support to cover short notice absences. The provider employed a small team of care staff which ensured consistency and meant staff and people in the home got to know each other well. There was a clear staffing structure in place to ensure senior staff were always available to provide staff supervision, advice and support.

The provider said all staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. This was confirmed by the staff and in the training records. All medicines were prescribed by the individual's GP. Medicines were kept in secure and suitable storage facilities and medicine administration records were accurate and up to date. Staff said they always checked to ensure the correct medicines had been taken at the right times. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

Good

Is the service effective?

Our findings

People were happy with the care and support provided by the staff. One person said "I'm very happy. I get on well with all the staff". Another person said "I wasn't happy at my last home. I'm glad I moved here. The staff do lots of things for me". A relative said "[Their relative] is well cared for and the staff are very good and look after their health needs. They always let me know if [Their relative] is unwell". One person's social worker said "They manage people's complex behaviours really well".

We observed staff having friendly and supportive conversations with people and asking them if they wanted to go out or if they wanted anything to eat or drink. People appeared at ease in the presence of the staff and each other. They told us they got on well with all the staff, including the provider and the registered manager.

The provider and staff were knowledgeable about each person's support needs and preferences. From our conversations and observations they demonstrated they were effective in meeting people's individual needs. Staff received training to ensure they had the necessary level of knowledge and skills. A member of staff said "I've just finished my 12 week induction period and have started my level 3 national vocational training. There's always something going on including face to face classroom training, online courses, and visits from external trainers. There's also lots of information in the care plans which explains what each individual can and can't do. There are also regular social worker assessments to guide us".

Staff training included mandatory subjects like moving and handling, fire safety and first aid as well as service specific training in safeguarding adults, person centred approaches and planning, non-physical interventions and de-escalation techniques, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Training was provided from a range of internal and external sources which helped ensure people received effective care based on current best practices.

A member of staff said everyone worked well together as a good supportive team and this helped them to provide effective care and support for people in the home. A care support worker said "We all work brilliantly together and the management are lovely and very approachable". They said they could approach a senior member of staff at any time if they had something they wanted to discuss. Staffing matters and care practices were also routinely discussed at bi-monthly one to one supervision sessions with the registered manager and at staff meetings every alternate month. The provider had an annual performance and development appraisal system to review staff performance and identify any further individual training and development needs.

People were asked for their consent before any care or support was provided and staff respected and acted on the decisions people made. A member of staff said "One person has the mental capacity to make most of their own decisions whereas the other person needs a bit of prompting but can make their own routine decisions like what they want to wear". Staff were trained in the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service followed the MCA code of practice to protect people's human rights. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. Care records showed when people were assessed as not having the capacity to make certain decisions, a best interest decision was made on their behalf involving people who knew the person well and other relevant professionals.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Currently neither of the people in the home were subject to restrictions although one person's mental capacity appeared to be deteriorating. They were being assessed by mental health professionals and their social worker to determine whether a DoLS application may be needed to keep them safe in the future. This showed the provider was ready to follow the DoLS requirements.

People were supported to have sufficient amounts to eat and drink and maintain a healthy diet. One person said "The food and drink is very good". Another person said "My favourite is spaghetti bolognaise. I also like fruit". Relatives sometimes took people out for meals when they visited or joined them for a meal in the home. People had a choice over meal menus. A member of staff said "We all sit down together every Sunday and agree the weekly meal planner

Good

Is the service effective?

and activities for the week ahead". Adaptations were made to accommodate any special dietary requirements. For example, one person had diabetes and meals were prepared taking this condition into account.

People were supported to access physical and mental health care services to help them maintain good health and well-being. People's care plans contained records of hospital and other health care appointments. There were health action plans to meet people's health needs. Care plans included 'hospital passports' which are documents containing important information to help support people with a learning disability when they are admitted to hospital.

The provider said they received really good support from the local NHS and social care teams. People had their own individual social workers and people were supported by local health professionals including the GP practice, diabetes nurse, opticians and hearing practitioners.

People had their own good size single occupancy rooms with their own door keys if they wanted privacy. People chose the decoration and furnishings to suit their individual tastes. People's rooms contained lots of personal belongings which made their rooms more homely. There was plenty of space within the home and the garden for people to spend private time on their own if they wished. For example, we observed one person playing with their pet cat in the garden. The environment in the home was in good decorative condition and all areas were clean and well maintained. One person's social worker said "It has a nice homely atmosphere. It is clearly people's own home and they do what they want to do".

Good

Is the service caring?

Our findings

People and their relatives told us the management and staff were caring and kind. One person said "They make appointments with the doctor and look after me when I'm not feeling well". Another person said "Staff always treat me well and they let me decide what I want to do". A person's relative said "One time I visited [their relative] said they had a migraine. Staff were very caring and got them to lie down quietly until they felt better. Also [their relative] loves animals so they have got some pet kittens for the home".

Another person's relative said "[Their relative's] keyworker goes the extra mile. For example, she bakes biscuits with ingredients that are suitable for people with diabetes as [their relative] loves to have a treat". We heard people and staff chatting to each other in a friendly and relaxed way. The conversations were respectful and appropriate to each person's needs. One person had showed their appreciation for the service by knitting a soft toy for both the provider and the registered manager. We observed the toys were displayed on their desks in the office.

We heard staff consulting people about their daily routines and activities and no one was made to do anything they did not want to. People were given their own space but staff were on hand when people wanted assistance or company. We were told each person was assigned a key worker. The key worker had particular responsibility to ensure the person's needs and preferences were identified and respected by all staff. People told us they were very fond of their key workers and people's relatives said the keyworkers were good at understanding and meeting their relatives support needs.

People were supported to access independent external advice and support to help with making important decisions about their care and treatment. Care records showed people had regular meetings and assessments with their individual social workers and with other relevant care professionals. One person's social worker said "People's care plans reflect their individual needs. The provider is very person centred and good at communicating with families and outside professionals".

People were treated with dignity and respect. A relative said "Staff are always polite and nice to [their relative] and to me". We observed staff spoke to people in a polite and caring manner and respected their decisions. When people needed personal support staff assisted them in a discrete and respectful manner. Personal care was always provided in the privacy of people's bedrooms or the bathrooms.

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person's care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others.

Staff supported people to maintain their independence as much as possible. People told us they helped with a range of daily living tasks, from shopping to cleaning to helping with the preparation of meals. The home was within walking distance of local shops and other facilities. People were able to decide when to get up and go to bed, when and where to eat their meals and whether they wished to spend time on their own.

Relatives were encouraged to visit people as often as they wished and did not have to make appointments first. We were told relatives visited the home on a regular basis usually every two to four weeks. People were also able to speak with their relatives on the telephone in between visits. This helped people to maintain relationships with the people who cared about them.

Good

Is the service responsive?

Our findings

People contributed to the assessment and planning of their care. People routinely discussed their needs and preferences with staff and this was recorded in people's care plans under the daily notes. People's key workers reviewed the daily notes and where necessary updated the person's care plan accordingly. Key workers had particular responsibility for ensuring people's needs and preferences were understood and acted on by all staff.

Each person had regular one to one review sessions with their key worker and care plans were updated to reflect any changes in peoples care needs or preferences. The provider said they reviewed care plans every two months to ensure they remained person centred. Person centred means plans are tailored to each individual's personal needs and preferences. One person's social worker said "The provider and staff are very knowledgeable and good with the people who use services. The care plans are detailed and reflect each person's individual needs".

Care plans contained records of people's daily living routines and activity preferences and described their personal likes and dislikes. The records were up to date and accurate and staff were aware of each individual's personal needs and preferences. People told us they were able to choose what they did and did not want to do, their daily routines, what meals to have and what clothes to wear. One person's relative said "[Their relative] is always going out with staff on trips, activities and shopping. They are active in the home and help staff with cooking and cleaning but they never have to do anything they don't want to".

People were able to express a preference for the key worker who supported them. Staff members of the same gender were always available to assist people with personal care if this was their preference.

People told us staff supported them to spend time in the community and participate in a range of social and leisure activities. This included holidays, trips out, visits to relatives, picnics, cinema, bowling and swimming. One person said "I go out most days and can ask to go somewhere new if I want to".

People were supported to maintain relationships with their relatives and to avoid social isolation. Staff supported one person to visit and stay over at their relative's home once a month. Relatives visited people at Barley House on a regular basis and took people out for lunch or on trips. People were able to use the house telephone to make private calls to their relatives whenever they wished.

People, their relatives and the staff told us the provider and registered manager operated an open door policy and were accessible and visible around the home. People and relatives were encouraged to feedback any issues or concerns directly to the registered manager or to any other member of staff. One person said "[The provider and registered manager] are very nice. I know I can go to them if I have any problems". One person's relative said "They go out of their way to explain things to me and have always responded well to any concerns or complaints I might have". Another person's relative said "They seem very nice and phone me up to keep me informed".

People's key workers supported them to express any issues or concerns. People told us they could also raise any concerns with their relatives or with their social worker. One person's relative said "I haven't made any written complaints. On occasions things have got a bit muddled but on the whole they respond well when I speak to them". The service had an appropriate complaints policy and procedure which included timescales for responding to complaints. The service had not received any formal complaints in the last 12 months. The provider said they always tried to resolve any issues or concerns quickly and informally before they escalated into a problem.

Good

Is the service well-led?

Our findings

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. We were told the provider's service philosophy was about identifying each person's individual needs and responding accordingly, without compromising the needs of others in the home. They aimed to improve and develop people's life skills to enable them to be as independent as they wanted to be.

To ensure staff understood and delivered this philosophy, they received training relevant to the needs of the people living in the home. There was a comprehensive induction programme for new staff and continuing training and development for established staff. The service philosophy was reinforced through staff meetings, shift handover meetings and one to one staff supervision sessions.

People and staff told us the provider and the registered manager were approachable and were extremely supportive of people in the home and the staff. A member of staff said "The managers are very knowledgeable and they are happy to cover care shifts when needed. They are very approachable and nothing is too much trouble". A relative of one of the people living in the home said "The manager and staff all speak to me openly. I'm highly delighted with the service and how they care for my relative".

Decisions about people's care and support were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of reporting and accountability from care staff through to the registered manager and the provider's directors. Staff said everyone worked really well together as a happy caring and supportive team.

The service worked in close partnership with other local health and social care professionals to ensure people's health and wellbeing needs were met. The provider said each person had a named social worker and they were extremely helpful and supportive. They also received very good support from local healthcare professionals including the local GP practice, diabetes nurse, opticians and hearing professionals.

The provider said they participated in a range of forums for exchanging information and ideas and fostering best practice. For example, they attended external training and worked with social care professionals to develop a more person centred approach to managing situations that may cause people anxiety. This approach had proved effective in reducing incidents of potentially harmful behaviours. The provider used an external consultancy firm to review and update their policies and procedures in line with current legislation and practices. They attended service related training events and conferences run by the local authority and other external training organisations. They accessed a range of relevant online resources for information and advice, such as The Royal Mencap Society and the Care Quality Commission's website.

As a very small care home, people and their relatives were able to give their views on the service through routine daily conversations and regular care plan reviews. People and their relatives told us they could readily contact staff and management to discuss any issues or raise any concerns. Relatives and social care professionals told us the provider was good at keeping them informed about care issues and including them in important decisions, where this was appropriate to do so.

The provider had a quality assurance system to check their policies and procedures were effective and to identify areas for improvement. The provider's senior team consisted of two registered managers and a deputy manager with particular responsibilities for each home. Between them they carried out monthly quality audits of all key aspects of the provider's service across the provider's three care homes. The managers carried out the audits on an alternating rota basis to ensure a fresh audit review each time. An audit report was produced with action points for the relevant manager's attention. Routine weekly and monthly health and safety checks were also carried out by managers to ensure a safe and homely environment.

Significant incidents were recorded in an incident log and, where appropriate, were reported to the relevant statutory authorities. The provider reviewed incidents to see if there was any learning to help improve the service. There had not been any significant incidents at Barley House over the last 12 months but learning from the provider's other homes was also shared with staff from Barley House. For example, daily fire alarm checks had been replaced by weekly checks because this had been found to reduce the anxiety levels of people living in the provider's other homes.

Good

Is the service well-led?

The provider held monthly management team meetings and monthly staff meetings at each home. This enabled them to discuss and disseminate information and new ideas and to keep staff informed about service developments and other key service issues.