

People in Action

People in Action - Barnfield

Inspection report

Barnfield
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Website: www.people-in-action.co.uk

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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

About the service: People in Action – Barnfield is registered to provide accommodation and personal care for up to five people with a learning and/or physical disability. At the time of our inspection visit, five people lived at the home.

People's experience of using this service:

- People were encouraged to make decisions about the care they received, from staff who knew people's preferred ways of communicating.
- Relatives praised the service and were complimentary of the care, support and friendships their family members experienced.
- Risks to people were managed in a way that kept them as safe as possible. Risks which affected people's daily lives were recorded and followed by staff.
- People received their medicines as prescribed from staff who were trained.
- Training for staff equipped them to meet the needs of people using the service.
- Care plans were personalised, but needed improvements to reduce duplication and to make sure they corresponded with staff's knowledge about each person.
- People were supported to make daily living choices. Staff used assistive technologies and picture cards to help people make an informed choice.
- Staff knew people's needs could change, and understood when to seek advice and involve other health care professionals and services.
- Through the setting of goals and objectives, people's daily life skills and experiences were increased and in some cases, people moved onto other services where they had less care interventions and could live with reduced support.
- Staff knew how to keep people protected from poor practice or abuse.
- People were treated respectfully. Staff were keyworkers for people which helped them get to know people well, especially their individual communication styles.
- Staff encouraged people remain as independent as possible.
- The registered manager and acting service manager were complimented by staff for their support, approach and how they helped develop the service people received. Staff said this helped them all work well as a team to benefit people in their care.
- Governance systems were operated and managed effectively to ensure good care outcomes for people continued to meet their needs.

We found the service met the characteristics of a "Good" rating in five areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good. The last report for People in Action Barnfield was published on (11 October 2016).

Why we inspected: This was a planned and announced inspection based on the rating at the last inspection.

The previous 'good' service provided to people had remained consistent.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

People in Action - Barnfield

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team:

One inspector carried out this inspection.

Service and service type:

People in Action Barnfield is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. We gave the provider 24 hours' notice so we could be confident, care staff and management would be available to speak with us during our visit.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as potential abuse, information from the public such as share your experience forms, whistle blowing concerns and information shared with us by local commissioners (who commission services of care). The provider completed a provider information return (PIR) which gave them an opportunity to share with us what they do well and planned improvements. Through our conversations with the management and staff team, we discussed their PIR so we could what they had told us, translated into practice.

During our inspection we spoke with:

- The registered manager
- Acting service manager
- Three care staff.
- We could not speak with people living at the service because of their limited verbal communication.

Following our inspection visit we spoke with two relatives to get their experiences of the service provided.

We reviewed a range of records such as:

- Two people's care records
- Multiple medication records.
- Records relating to the management of the home. These included systems for managing any complaints.

We looked at the provider's checks on the quality of care provided that assured them they delivered the best service they could.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management;

- The provider took appropriate steps to manage risks to people who used the service. This included;
- Environmental risks had been assessed and managed to keep people safe, but still enabled people to do things independently where they could, such as preparing meals and making drinks.
- Fire safety and water temperature checks were regularly checked to make sure people were not put at risk.
- People's own care records included information for staff on how to manage assessed risks, which included risks in relation to supporting people with personal hygiene, mobilisation, medicines and skin care. Steps to manage or minimise risks to people were included. For example, safe moving and handling techniques and repositioning guidelines to reduce the risk of pressure sores.
- Care staff told us they received training in moving and handling, especially how to transfer people using a ceiling track hoist. Staff had good knowledge of people's needs and how to keep people safe from risks.

Staffing and recruitment;

- There were enough staff to meet people's needs. Staff and the registered manager told us there were enough staff to support people to go out, pursue their interests or to help them improve their life skills. Staffing levels meant people were receiving almost one to one care.
- The provider's reliance on agency staff had reduced since the last inspection. Recent staff recruitment meant only one care position remained unfilled. Where agency staff were used, the provider ensured these were familiar to people to ensure good continuity of care. One agency member said, "I like it here, I know the people and the important bits (about their care)."
- We did not look at any staff recruitment files. Staff working at the service were established staff members and no concerns were raised to us prior to, or at this visit about their conduct.

Using medicines safely;

- People continued to receive their medicines safely. Trained and competent staff administered medicines safely and records showed staff had correctly signed medicines administration records when given.
- We checked examples of administered medicines and found they had been correctly given and signed for. Improvements were needed to 'as and when' medicine protocols and introducing topical cream charts to demonstrate people received these medicines as prescribed.
- Medicines were stored within safe temperature ranges and time critical medicines were given when needed.

Preventing and controlling infection;

- The environment remained clean.
- Staff told us that they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection.

Learning lessons when things go wrong;

- The registered manager learned from accidents and incidents that had occurred within the service and sought ways to reduce the risk of reoccurrence.
- Trend and analysis reports were sent to the provider by the registered manager. These were not always kept in the home and would benefit from more details, such as time, location and injury. These reports were reviewed monthly and if issues were identified, these were further investigated to consider if they could be prevented.

Systems and processes to safeguard people from the risk of abuse;

- Staff knew how to protect people from abuse. Permanent and agency staff were confident to raise any concerns with the management or the provider. The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC).

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good and people's feedback confirmed this. Legal requirements were met.

Staff support: induction, training, skills and experience;

- Staff told us the training continued to equip them with the knowledge to look after those in their care. One staff member said, "It gives you the basics, then I prefer the hands on and the rest you pick up." Staff felt confident their training needs were met and any additional training in certain areas such as epilepsy, nutrition, mental capacity was provided.
- Care staff received training updates to ensure they remained suitably skilled to work with the people they supported. Relatives were confident staff knew how to support their family member, whether through training and experience.

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

- People decorated and furnished their own rooms as they wished, in line with their own choices.
- Some people had specialist equipment installed, such as ceiling track hoist and a SAD lamp (light therapy for people suffering with seasonal affective disorder). The ceiling track hoist made it more effective and safer when transferred from one room to another.
- The garden area was suitable for people who used wheelchairs, which meant they could access and enjoy the outdoor space.

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

- Regular assessments took place to ensure people's care needs were reviewed and up to date.
- People's care needs were evaluated, recorded, and provided, in conjunction with any support plans where risks were identified.
- Staff told us they knew people well, read care plans and got to know people's changing health needs through good communication, such as 'daily handover' and a communication book.
- People and relatives were included in decisions about how people's care was provided.
- Consent was always sought by staff, with staff recognising people's own ways of how they expressed choice. This was an important aspect of how care choices and routines were agreed with people.

Ensuring consent to care and treatment in line with law and guidance;

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of our inspection, five people had an authorised DoLS.

- Staff recognised seeking and respecting people's choices was vital to promote consent, but also independence. Staff said even though people could not express themselves vocally, they could through eye movement or body language. Staff understood this gave people ownership of their own decision making. Staff said if people lacked capacity, decisions were made in the person's best interest and family members and advocacy services were involved. Staff's knowledge in when to make decisions and to consider restrictions, was gained through training.

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

- The registered manager said, "We have home cooked food and there are always choices." Pictorial menu cards showed what was provided each day. The provider made sure people had a nutritious and balanced diet. Where people needed support to prepare and be assisted to eat, this was given.
- Dietary requirements and preferences were included in care plans.
- Staff were aware of people's preferences in relation to what they liked to eat and drink and for people at risk of malnutrition or dehydration, records showed what people had consumed.
- However, Improvements were needed with the recording of people's fluid intake as it was not always clear if people had reached their target hydration goal.

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

- People received support from other healthcare professionals, including GP's, occupational therapists and speech and language therapists.
- Staff's knowledge and regular recording of people at risk, meant they sought prompt support from other healthcare professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were well-supported, cared for or treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity;

- Staff received training that refreshed them of the importance of continually promoting dignity and respect, equality, diversity and inclusion. During our conversations with staff, it was clear they knew how they promote and support people's right to live their life as they wanted.

- People's religious and cultural needs were respected, such as attending church services.

Staff told us they had established positive relationships with people. One staff member said, "We all get on, we are like a family...I love these guys." A relative said, "There is a family atmosphere."

- Staff knew people well and how to support them in line with their wishes. Staff were key workers for people so had an in-depth knowledge of that person, which through staff meetings, was communicated to other staff. Staff said this helped them know everyone well.

- Staff's conversations with us showed they had a caring attitude and approach. Staff wanted to help people achieve their best. Staff supported people to achieve their personal goals and praised people when these were achieved.

- Staff told us to be a good carer was, 'being respectful, a good listener and patient.' Through our visit, we saw staff apply these skills and staff had time just to sit, talk and be with people.

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

- Care records included people's individual preferences which helped to ensure that care was delivered in a way that continued to meet people's needs.

- However, some records lacked detail. For example, one person communicated using gestures, but there were no details of what these were or how the person used them.

- The registered manager said good staffing levels meant people's feedback and views were considered daily. During our visit, staff were seen to continually ask people what they wanted, how they were and what they wanted to do next.

- Relatives said they were involved in care decisions and were always informed when changes had occurred. One relative said, "Staff always let me know – I think they are over cautious."

Respecting and promoting people's privacy, dignity and independence;

- Staff described how they respected people's privacy and dignity. For example, one staff member told us they keep people covered as much as possible, and closed doors and curtains during personal care.

- Personal care routines were known by staff, which helped people receive their care in line with their wishes. This helped staff to support them in a way that promoted their independence. Staff gave examples of how some people had become more independent. For example, one person was moving to another home with less support because they could do more things for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery. Legal requirements were met

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- The registered manager told us how care was personalised and central to each person's needs. They told us about one person, who was shortly moving from the service to more independent community living. The registered manager said this was down to staff and the person, working together to promote life skills and responding to what the person wanted. The registered manager said this was a success story they were proud of through all staff's hard work and commitment.

- Staff worked patiently to understand how people used different communication strategies. Everyone living at the service were unable to communicate verbally. Staff said they knew how to engage people, such as watching eye movements, gestures, body movements and using pictures to help aid communication.

- Pictorial cards were used but we discussed other communication techniques that could further enhance people's choices. The acting service manager agreed to research this in case those techniques could help people in their care, make even more informed choices.

- People had individual care records in place which reflected their current needs. These included risk assessments and care plans showing what support people needed, the action that care staff needed to take and desired outcomes for people.

- People's social interests and activities they enjoyed doing both at home and in the community, were recorded. Some people did their own shopping, went out to local theatres, visited family members and went to amusement parks. Where people were encouraged to develop social and life skills, staff helped people achieve this. During our visit, some people spent time in their own room with sensory therapies, sitting with staff or completing a puzzle.

Improving care quality in response to complaints or concerns;

- There was a pictorial complaints policy in place. Pictures indicated a happy or sad face, and the actions people could take to report concerns. People and relatives knew how to raise a complaint or 'niggle' and said when they did, positive actions were taken.

End of life care and support;

- At the time of our visit there was no one received end of life care.

- Not everyone's wishes and preferences in the final stages of their life was recorded as those conversations had not taken place. Some people had expressed their wishes, such as the type of funeral they preferred.

The registered manager said although this was not a nursing home, they would be able to support people at the end of their life where practical and possible.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care. Legal requirements were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- There was a clear management and staffing structure. Everyone was clear about their role and those of others. The registered manager was supported by an acting service manager who managed the service on a daily basis. The acting service manager was planning to become registered manager and by working at the service for some time in their current role, meant any change of management impacting on the service would be minimal.
- The registered manager was pleased with improvements since the last inspection, such as more permanent staff, less use of agency staff and clearer processes to deliver good care outcomes.
- Plans continued to be made to increase staff recruitment, with additional support from the provider, recruitment days and reviewing rates of pay where possible.
- Staff continued to take pride in their work and they supported each other well to ensure people always received the support they needed. Staff said communication was much improved.
- Staff were complimentary of the acting service manager and registered manager. Staff said, "We get on well with each other and management is open and honest, available and listened."
- The registered manager and acting service manager promoted continuous learning, they held reflective meetings and observed supervision with staff to discuss work practices, training, development needs and staff's well-being.
- The registered manager understood their regulatory responsibilities. A rating poster was displayed on their website and at the location. They sent to us statutory notifications when notifiable incidents needed to be reported to us.

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

- People's feedback about their care, the service and what they wanted was sought through day to day support from staff. People were listened to and actions were taken to follow those wishes.
- People had the opportunity to attend periodic meetings with management, their keyworker and other care staff to discuss issues related to their own care, as well as events and activities within the service. For some people, relatives were included at those review meetings and their requests were considered and acted upon.
- Staff meetings took place and staff shared feedback and concerns. Staff were confident they would be listened to and were confident the management would act.

Working in partnership with others;

- External links with social workers, multi-disciplinary teams, advocacy service and GPs remained responsive to meet people's support needs.
- Local churches and faith groups supported people at the home for people to maintain their cultural beliefs. People accessed the local community, such as visiting local shops and people engaged with the wider community, such as going out on day trips, such as to amusement arcades or to holiday destinations.
- The registered manager welcomed external inspections from the local authority where any action plans were created and followed. The acting service manager welcomed our inspection visit as it was their first experience of a CQC inspection. They agreed to research our suggestions around communication technologies to see how this may benefit those people in their care. They were positive to our recommendations as above, but also to further improve care plans and how some medicines were recorded.

Continuous learning and improving care;

- Quality assurance audits appropriate for the size of the service were completed, with provider oversight. The acting service manager was responsible for the day to day management of the service, with scrutiny from the registered manager. Internal quality assurance teams completed their own audits and checks, to ensure improvement actions were taken. The acting service manager had an overall action plan they continued to follow and update when actions were completed.