

## Four Seasons Homes No.3 Limited

# Barleycombe

### 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

We inspected this service on 31 March 2015. The inspection was unannounced. Barleycombe is a care home which provides accommodation and support for up to 13 adults with a learning disability.

At our previous inspection on 08 August 2013 the provider was meeting all of the regulations that we assessed.

There was 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.

Systems were in place to manage risks to people using the service, including safeguarding matters, behaviours that were challenging to others and medication, which protected them from harm. Risk assessments were detailed and gave staff clear direction as to what action to

# Summary of findings

take to minimise risk in a consistent and positive way and which protected people's dignity and rights. This showed that the provider had a positive attitude towards managing risk and keeping people safe.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults who use the service by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who consider whether the restriction is appropriate and needed. The registered manager had made appropriate DoLS applications to the local authority to ensure that restrictions on people's ability to leave the service were lawful.

There was consistently enough staff on duty to keep people safe. A thorough recruitment and selection process was in place, which ensured staff recruited had the right skills and experience, and were suitable to work with people who used the service.

People experienced a good quality of life because staff received training that gave them the skills and knowledge to meet their assessed needs. Staff talked passionately about the people they supported and knew their care needs well.

People were involved in determining the kind of support they needed. Staff offered people choices, for example, how they spent their day and what they wanted to eat,

and these choices were respected. People were observed carrying on with their usual routines, going to work, shopping and accessing places of interest in the community.

People were provided with sufficient to eat and drink to stay healthy and maintain a balanced diet. Each person had a health action plan which detailed how they were being supported to manage and maintain their health. People had access to health care professionals, when they needed them. Different methods, including easy read health action plans had been used to support people with communication difficulties, so that they were able to understand information about their care.

There was a strong emphasis on promoting good practice in the service. The registered manager worked alongside staff so that they were able to assess and monitor the culture of the service. The registered manager was very knowledgeable and inspired confidence in the staff team, and led by example.

The provider had a range of systems in place to assess the quality of the service. These included questionnaires completed by people who used the service, their families, and other health care professionals. Quality monitoring visits were being carried out by an area manager employed by the provide including those for incidents, accidents, safeguarding concerns and complaints. These visits identified information was used to drive improvement of the service.

# 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.

Systems were in place to manage risk, including protecting people from harm. Staff understood how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

Effective systems were in place to provide people with their medicines when needed and in a safe manner.

Good



### Is the service effective?

The service was effective.

People's capacity to make decisions about their care and treatment was assessed.

Staff had been provided with training and support that gave them the skills and knowledge to ensure people's needs were being met.

People were provided with enough to eat and drink to maintain a balanced diet and had access to appropriate services which ensured they received ongoing healthcare support.

Good



### Is the service caring?

The service was caring.

People were supported to express their views and make decisions about their care, treatment and support.

Staff had developed positive relationships with people who used the service.

People had their privacy and dignity respected.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure that their social needs were met.

There was a complaints system in place to show that complaints were investigated, responded to and used to improve the quality of the service.

Good



### Is the service well-led?

The service was well-led.

The provider had systems in place to assess and monitor the quality of the service and these were effective.

Good



# Summary of findings

The registered manager was knowledgeable about what the staff and the service provided, and inspired confidence in the staff team and led by example.

People, their relatives and staff were asked for their views about the service and these were listened to and acted upon.

# Barleycombe

## 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 31 March 2015 and was unannounced. The inspection was carried out by one inspector.

We reviewed previous inspection reports and the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service and safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke with three people who were able to express their views, but not everyone was able to communicate with us verbally. Therefore we spent time observing the care provided by staff to help us understand the experiences of people unable to tell us directly.

We looked at records in relation to three people's care. We spoke with three staff including senior staff, support workers and the registered manager. We looked at records relating to staff recruitment, training records and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People told us they were provided with the opportunity to talk about feeling safe at meetings every month and felt able to speak about issues they were concerned about. One person told us, “I feel safe living here, if I have a problem someone helps, talking to staff helps me.” Another person told us, “I feel safe, because no one goes into my room and nobody takes my things.”

Staff understood the support people needed when they experienced distress and during incidents of behaviour which was challenging to others. One person said, “I feel safe here because if there is a problem, like when I disagree with another person living here, staff talk to both of us to find out what the problem is, and help us to sort it out.” Care plans had been written in a way that guided staff on how to support people in a consistent and positive way, which protected their dignity and rights, and protected them and others from potential risks of harm.

The provider’s safeguarding adults and whistle blowing policies and procedures informed staff of their responsibilities to ensure that people were protected from harm. Staff told us that they had received updated safeguarding training. They had a good understanding of the procedures to follow if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them. Where safeguarding concerns had been raised, we found the registered manager had taken appropriate action to liaise with the local authority to ensure the safety and welfare of the people involved.

Systems were in place to identify and reduce the risks to people who used the service. Care plans contained a range of assessments that evaluated the risks of people accessing work placements, day services, and places of interest in the community. These assessments were detailed and gave staff clear direction as to what action to take to minimise risk. These focused on what the individual could do, and the support they needed so that activities were carried out safely and sensibly. Environmental risk assessments, fire safety records and routine safety checks of utilities, such as gas and electricity were in place to support people’s safety.

People told us there were enough staff to meet their needs. The PIR stated that staffing levels were right for the needs of the people who used the service and that these were kept under review. The registered manager confirmed staffing levels were based on the assessed needs of people using the service, including the additional hours funded by the local authority to support people in the community. Staff confirmed there were enough staff to meet people’s needs. Comments, included, “There are enough staff, we also have bank staff and staff who work flexibly to cover absences” and “Staffing levels are good; we all work together as a team.”

One person told us they had taken part in recent interviews and helped to develop the questions for the interview panel. The registered manager confirmed people were supported to take part in the recruitment of staff, as this enabled them to have a say on the choice of staff being recruited.

Staff files we looked at confirmed a thorough recruitment and selection process was in place. This ensured staff recruited had the right skills and experience to work at the service. Staff confirmed that all relevant checks, including a criminal records check and appropriate references, had been obtained to ensure they were suitable to work with people who used the service.

People told us they were happy with the way their medicines were managed and that they received their medicines when they needed them. One person told us, “Staff give me my medication, as I sometimes forget to take it, so I am happy with this.” Another person said, “I know why I take my medication, it is written in my care plan.”

Staff confirmed they had received up to date medication training and had their competency assessed on a regular basis which gave them the skills and knowledge to ensure they administered people’s medicines safely. Systems were in place that ensured medicines were being obtained, stored, administered and disposed of appropriately and that staff consistently managed medicines in a safe way. We checked the medicines administered against people’s records and found that these were accurate. This meant they were receiving their prescribed medicines correctly.

# Is the service effective?

## Our findings

People told us that they were happy with the care and support they received. One person told us “The staff are very good; they are trained to support me.”

The Providers Information Return (PIR) identified that the provider had a proactive approach to the learning and development of their staff. Staff spoken with and records confirmed they were provided with training, including specialist areas to meet people’s individual needs. Staff told us training included how to recognise and respond to changes in people’s behaviour. They said there were not many incidents of behaviour that challenged occurring in the service, but felt confident the training provided had given them the skills to support people when incidents had occurred.

The registered manager told us they kept their own learning up to date and gave an example of attendance at the ‘Suffolk Provider Forum’, where they are able to discuss and share best practice about new legislation and the impact this had on care services.

New staff told us that their initial induction had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. They had shadowed experienced staff for a minimum of two weeks, whilst completing the organisation’s own induction training. This had helped them to get to know the needs of the people they supported and cared for. Staff told us they felt supported in their role and received regular supervision where they were able to discuss their strengths and identify any areas for development to improve their practice.

Staff had received training in the Mental Capacity Act 2005 (MCA) and had a good understanding of promoting people’s rights, equality and independence. Information in people’s care plans showed that mental capacity assessments and best interests meetings had taken place, when decisions needed to be taken on behalf of someone who was deemed to lack capacity. For example, where a person lacked capacity to make complex decisions about managing their finances, a best interest meeting had been held with relevant people, and an appointee had been arranged to manage their finances on their behalf.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had a good understanding of DoLS legislation and had completed nine referrals to the local authority in accordance with guidance to ensure that any restrictions on people were lawful. The registered manager had made appropriate DoLS referrals to the local authority in accordance with latest guidance to ensure that restrictions on people’s ability to leave the service were only implemented where this was lawful.

People spoke highly about the quality of the food and meal choices available. One person told us, “Staff ask me what I want to eat from a menu. The meals are good; [staff] is a good cook.” Staff told us although they promoted healthy eating people were able to have what they wanted to eat, as this was their choice.

We saw that people were provided with a balanced diet and sufficient quantities to eat and drink to stay healthy. During lunch people and staff ate their meals together in a relaxed manner, which promoted social interaction. Systems were in place which ensured staff consistently managed people’s dietary needs effectively and in a safe way. Staff were aware of people’s nutritional needs, including those at risk, such as weight loss. People’s care records showed that their dietary needs were being assessed, monitored and where required referrals were made to the appropriate health professionals.

People told us that they had access to health care professionals when they needed them. Each person had a Health Action Plan (HAP) which detailed how they were being supported to manage and maintain their health. For example, we saw that people had routine annual health checks and access to healthcare professionals, such as their GP, when needed. These plans had been written in an easy read style, using big lettering and pictures, which ensured people, were given information about their health needs in a way that they could understand. People also had a ‘Hospital Passport’, so that if they needed to be admitted to hospital, staff at the hospital had relevant information about the person, and how to support them.

# Is the service caring?

## Our findings

People were involved in determining the kind of support they needed to have choice and control over their lives. We saw that staff offered people choices, for example, how they spent their day and what they wanted to eat. One person told us, "I am going into town today to meet a friend for lunch." Another person told us, "It is a lovely place to live, I go out to work and shopping, and I am always happy to come back home."

Staff were observed treating people kindly and with compassion. The interaction between staff and people was warm, caring and friendly. A core of staff had worked at the service for a long time and knew the needs of the people well. This continuity of staff had led to people developing meaningful relationships with them. For example, one person told us, "I chose my own key worker [A key worker is a named member of staff who works with the person and acts as a link with their family, and where appropriate, to ascertain information which helps to provide appropriate care], I have two, a main one and a supporting key worker, I am happy with them both." One member of staff spoke in detail about the needs of the person they were a key worker for. They had a good knowledge about the persons background, current needs, what they could do for themselves, how they communicated and where they needed help and encouragement.

People were supported to express their views. One person told us, "I have lived here 14 years, I love living here, I can make choices; the staff ask me and support me to make decisions." Monthly 'Service user' meetings were being held and the minutes were displayed on the notice board. People told us they were able to have a say on how the

home was run at these meetings. One person told us "I talked about activities I wanted to do at our meeting, including the trips out that I like, and we had a barbecue, at my request."

The registered manager told us an advocate visited the service every Monday to help people, particularly those with limited communication, to raise any issues, or concerns they may have. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights were upheld. One person told us they had attended a meeting, and said, "We talked about living together and respecting each other and what it was like living at Barleycombe."

Staff were observed communicating effectively with people identified as having communication difficulties and unable to comment on decisions regarding their care. Different methods, including pictures, photographs and objects of reference were used, depending on the person's abilities to help them communicate their needs and wishes.

People told us that staff were caring and respected their privacy and dignity. One person told us they were able to speak to staff when they wanted to and in private. Our observation during the inspection confirmed this as staff were respectful when talking with people referring to them by their preferred names, and spoke discretely about their personal care needs.

No relatives or friends were visiting at the time of our inspection, but people told us they regularly visited their relatives, or their relatives came to the service. The registered manager and staff informed us people were encouraged to maintain personal relationships and were supported to do this.



# Is the service responsive?

## Our findings

People had good links with the community, including access to activities of choice, educational facilities, day services and work placements. People were observed going out into the community using public transport on their own, where it had been assessed that they were safe to do so. One person told us, “I am going into town to get fish and chips for my lunch.” Another person told us they were planning their next holiday, as well as trips out to a concert and a film set.

People’s needs were properly assessed, planned and delivered. The care plans we looked at were reflective of people’s needs and showed that people and their relatives had been involved in the assessment and planning of their care. Each person had a ‘My personal care’ plan, which included a ‘Life story’ and a ‘What I do’ plan. These took into account information regarding the person’s interests and their preferences on how they wanted to be supported and cared for.

Care plans contained guidance for staff to manage specific health conditions, such as epilepsy, and behaviour that challenged. Staff were able to clearly describe the content of people’s care plans and knew the needs of the people in their care well. Staff talked passionately about the people they supported and had a good understanding of their individual personalities and what could cause their behaviours to change. For example, a member of staff told us one person could get upset by loud noises. We saw staff responded in a caring way to this person’s needs, when

they needed it. For example, where the person’s mood had changed, staff spoke with them in a calm, patient, kind and caring manner to which the person responded well to, and later accepted staffs suggestion to go for a drive.

Entries in the care plans showed that people’s needs were being kept under review, and reflected that they and those that mattered to them, had a say in how their care was provided. Annual reviews were taking place with people’s social workers, their family, relevant staff and the registered manager. These meetings reviewed what was working well and any changes in the persons care and support were agreed. For example, a management plan was introduced to support one person to manage the cost and amount of time they spent using their mobile phone.

Staff told us there was a number of ways in which information was shared, so that they were kept up to date about changes in people’s needs. For example, one member of staff told us that they regularly met with the person they were a key worker for, so that they were able to have a say about their care and what was important to them. Additionally, a verbal handover session was held at the beginning of every shift where the incoming shift was updated on any relevant information.

One person told us, “I do know how to make a complaint, but I have not had to.” We saw the provider’s concerns, complaints and compliments policy was available in the main entrance informing people how to make a complaint, if they needed to. This contained the contact details of outside agencies for people to contact if they were not happy with the way their complaint had been handled by the provider. Staff told us they were aware of the complaints procedure and knew how to respond to people’s complaints.

# Is the service well-led?

## Our findings

Staff told us the registered manager was very knowledgeable and inspired confidence in the staff team, and led by example. They said that the service was well organised and the registered manager was approachable, supportive and very much involved in the daily running of the service. The registered manager confirmed they worked alongside staff which provided them with the opportunity to assess and monitor the culture of the service, and identify where improvements were needed. Staff were clear about the vision and values of the service in relation to providing compassionate care, with dignity and respect, which ensured people's equality and independence.

The registered manager told us that development of the staff had been the key to providing a good service. They said through learning and development opportunities they had seen the potential in staff and seen their confidence grow and develop skills which ensured they delivered good quality care centred on people's needs.

Staff told us regular staff meetings took place to share information and ideas on how to improve the service. They also had regular supervision where they had the opportunity to discuss the support and guidance they needed about their work and discuss their training needs. Staff told us that the registered manager treated them fairly and listened to what they had to say. They also told us that they could approach them at any time if they had a problem or something to contribute to the running of the service. One member of staff told us, "The manager is very supportive, she has helped me to develop my confidence through support and supervision, "They are one of the best managers I have ever had." Another commented, "I really like the manager, they take on board my comments."

The registered manager showed us the results of a staff survey recently undertaken by the provider across the whole organisation. Feedback from the survey had been used to develop services nationally and locally. For example, the results for Barleycombe were discussed at the last staff meeting, and this showed that staff were positive about where they worked. An action plan had been developed where staff fed back where improvements were needed, such as reduction in paperwork and more learning and development for supporting individuals, whose behaviours could be challenging in a group environment.

The provider had a range of ways in which people could feedback their experience of the service and raise any issues or concerns they may have had. Feedback from relatives in 'Relatives views and comments' survey for 2014 showed that seven relatives had responded and were satisfied with the service. Comments included, "My relative's review meeting is very good and I come away quite satisfied, about the care and support they receive," and "Staff are thoughtful and sensitive to my [family member]. The treatment and guidelines for their care are good and they understand [family member's] needs." One relative had commented, "I am very pleased with level of support my [family member] receives. They are happy and through encouragement from staff to be independent they have increased in confidence."

The registered manager told us that in addition to relatives' feedback, they had a range of systems in place to obtain feedback about the quality of the service. They sought feedback about the service through formal meetings, such as individual service reviews with other professionals. This was supported by informal feedback via day to day conversations and communication from the staff team.

The provider had a range of systems in place that assessed and monitored the quality of the service, including shortfalls and the action taken to address them. These included audits of infection control, medicines and health and safety matters. The results of the audits were used to make improvements and identified where action was needed to minimise risks to people's health, safety and welfare.

We looked at the systems in place for recording and monitoring incidents and accidents that occurred in the service. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe. Each of the forms had been reviewed by the registered manager so that emerging risks were anticipated, identified and managed correctly. This helped to make sure that people were safe and protected as far as possible from the risk of harm.

Additionally, an analysis of these incidents had been completed to identify trends and patterns which were discussed at people's reviews, and changes made to their care, to minimise further incidents occurring. The registered manager told us that following any incident they carried out an investigation and lessons learned were documented and shared with people who used the service

## Is the service well-led?

and staff. For example, one person told us that they had discussed a recent incident with the registered manager about what could be done differently next time. This was to avoid reoccurrence of the issues that had led to a change in their behaviour. The registered manager told us because people had been given more autonomy and control over their lives the number of incidents of aggressive behaviour had reduced.

The complaints log confirmed there had been one complaint made about the service in the last 12 months.

We saw this was in the process of being investigated in line with the provider's complaints policy. The outcome of the investigation had not yet been concluded. The service worked well with the local authority to ensure safeguarding concerns were effectively managed. Documentation showed that the registered manager took steps to learn from such events and put measures in place which meant they were less likely to happen again.