

Care and Resolve Limited

The New Barn

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The New Barn is a residential care home providing the regulated activity of personal care to up to a maximum of 12 people. The service provides support to adults with learning disabilities and autism. At the time of our inspection there were 12 people using the service.

The home is set in a rural location. People have their own room, shared communal facilities and access to a large garden.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were receiving the right support however we found some concern with the record keeping and have recommended the provider reviews how records are monitored to ensure information is accurate.

People were supported by sufficient numbers of staff who had been safely recruited and understood how to recognise and report abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People received their medicine as prescribed and staff had access to guidance to support them in delivering the right care to people. The home was clean, and staff had access to personal and protective equipment (PPE).

Right Culture

There was a positive atmosphere in the home and people interacted well with the staff team. Positive risk taking was encouraged to enable people to become more independent. The registered manager understood their responsibilities under the duty of candour.

Visitors were made to feel welcome, and relatives were positive about the service.

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

Rating at last inspection

The last rating for this service was Good (Published 22 December 2017.)

Why we inspected

This inspection was prompted by a review of the information we held about this service and the time since our last rated inspection.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

The New Barn

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

The New Barn is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The New Barn is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced

What we did before the inspection

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

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who use the service and observed the care people received across the two days. We spoke with 2 relatives at the home and 1 relative on the telephone. We spoke with 10 members of staff including the registered manager, deputy manager, support staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at 3 people's care plans and medicine records. We also looked at 3 staff recruitment files and other records used to manage the home day to day. For example, policies and procedures, audit checks and handover paperwork.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People had access to information on safeguarding and one person told us they had received some training on understanding abuse and what to do. They shared with us the notes and resources they had gathered on the subject and could explain how they would report concerns both internally and to other agencies.
- Staff told us they were confident in recognising and reporting concerns. Staff shared examples of restrictions they had successfully removed since starting work at The New Barn. We checked this with the registered manager who told us, "When I started working here there seemed to be a lot of rules in the house which I and other new staff questioned. We found several rules were not necessary so we removed them, and people are now so much happier and can do more for themselves."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risks to people's safety as a result of a health condition were mitigated. For example, guidance for people needing a modified diet was available in people's care plans and in the kitchen where food was prepared.
- People were being encouraged to do more for themselves and a positive risk culture was being embedded to ensure staff didn't automatically do things for people. We spoke to 1 person whose mobility had increased considerably since moving to The New Barn and was being encouraged to walk with a mobility aid. This person could now move more freely and said they were much happier now they didn't have to have staff holding on to them. They told us staff had to encourage them to move about to build up their strength and this helped them.
- Health and safety checks were made within the accommodation by a dedicated staff member. Checks included fire and water safety, equipment and the general environment.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- People were observed being supported by sufficient numbers of staff to ensure their needs were met both in house and in the community. We observed people engaged in activities in the home as well as 1 person returning from a short break away and others being collected from visits with their family and being supported to go into town.
- The provider operated safe recruitment processes.
- We reviewed 3 staff recruitment files and found the necessary checks were being carried out. The provider checked people's background, character and qualifications. Disclosure and Barring Service (DBS) checks were made which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- We discussed with the management team the need to ensure they document people's employment history from the moment they leave education and not from when they first enter employment. This was because one staff member's file has a few months gap which the team could verbally account for but had not documented.
- Staff told us, "We are fussy when it comes to recruitment. We need hard working staff with the right approach."

Using medicines safely

- People were supported to receive their medicines safely.
- The provider had a clear medicine management process in place which included daily checks of the room temperature, cleanliness of the area and medicine stock. We did identify a miscount in the control drugs book. However, we found the correct amount of medicine was present. This was a recording error.
- We found people's medicine reviews had taken place and some medicine reduction had been achieved in the past year. We discussed supporting this action further by accessing STOMP resources. STOMP is an NHS initiative to support the stopping of over medication of adults with learning disabilities and autism.
- We reviewed the guidance in place for people who took medicine on an 'As required basis', such as pain relief and found clear guidance was in place. This guidance ensured staff knew when to offer people their medicine and the correct dosage.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean and tidy, and we were advised work had been carried out in the home and further work was pending. Bathrooms had been refurbished and carpets were being replaced.
- Staff had access to personal and protective equipment (PPE) which they used during food preparation and when supporting people with personal care.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- We observed several people receiving visitors throughout the inspection. One relative told us, "We are always made to feel welcome when we visit whether we announce it or not. Sometimes we do just turn up and all is well."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accident and incident forms were completed, and people's care plans were reviewed when needed.
- We questioned 1 person's records as the language used suggested there had been a serious incident, but we could not find any follow up reports. The provider reviewed the situation and gave reassurances there had not been an incident. They spoke to the team about the importance of the language used and how records must be an accurate reflection of how someone has presented.
- The registered manager was responsive and took action to find out what happened and stated they would be putting in additional training for staff around this area.

Is consent to care and treatment always sought in line with legislation 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 MCA 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 Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- Applications to deprive people of their liberty were made to the local authority and several were pending assessment. We discuss with the registered manager the need to ensure CQC were notified as and when authorisations were received.
- People told us staff asked them their opinion and they made their own decisions. We asked 1 person why they did certain things and they told us, "I decide what I want to do, and staff listen."
- We found the correct MCA processes were being followed but we did raise a question regarding a best interest decision for a person receiving their medicine covertly. We could not find the prescribers view on the documentation which authorised medicine to be given with food. The provider contacted the GP who confirmed their full agreement and awareness of the practice.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The providers systems did not always effectively monitor the quality of care provided. It was clear the registered manager and the staff team were committed to driving improvements. However, we found a few areas where additional attention was needed especially in regard to record keeping.
- We found errors in a controlled drug count that was signed by 2 staff. We found some inconsistencies in people's care plans. For example, 1 person's care plan recommended their weight was to be monitored monthly, but this was not happening due to equipment issues. The person's care plan had been reviewed several times but had not been updated to reflect the current situation.
- We found entries in daily records were not always accurate. People had food monitoring charts in place, and we noted the records for 1 person often stated 'asleep' at mealtimes. We established the person had a healthy appetite and ate at a later time, but this information was not recorded therefore reducing the effectiveness of the reporting system. Also, the language some staff used led to confusion over how someone had been feeling and whether they had been distressed or not.
- We also found the providers statement of purpose needed updating to reflect the current management team and small number of notifications to CQC for authorised DoLs applications had been delayed. We were reassured notifications were submitted on a regular basis and that there was an open culture of reporting with external bodies. The registered manager took action to ensure the statement of purpose and the delayed notifications were submitted to CQC by the end of the first day of inspection.

We recommended the provider reviews their monitoring of record keeping to ensure the monitoring systems in place are fully effective.

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

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- People told us they liked where they lived and the people they lived with. We saw people positively interacting with one another and helping each other when needed. People interacted well with the staff team and those who wished to keep themselves to themselves were respected.
- We did observe some people living at The New Barn did not wish to leave the building very often. We discussed this with the registered manager and asked if there were any plans to develop more activities on the site to increase people's opportunities. The registered manager told us the pandemic had affected people however they had lots of different ideas for the home and were already beginning to make better use

of the space. For example, the team had recently acquired some chickens and a tortoise which people enjoyed looking after.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- Relatives told us they were kept up to date if and when something happened concerning their relative. One relative said, "I am always told what happened and never worry about information being hidden."

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People told us they liked living at The New Barn. One person said, "I like it here, I'm settled, and I decide what I do, I like the staff and they are nice to me."
- Staff told us they worked closely as a team and the registered manager offered good support. One staff member said, "The registered manager listens to us all and we all get to share our views and ideas."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Visitors to the service were encouraged by people living at The New Barn to share feedback on their visit.
- The registered manager held performance discussions with the staff team. Discussions were held around what was working and any areas for improvement.
- All staff reported positive changes in the home and felt people were getting improved care. One staff member said, "There has been a lot of change at The New Barn. We now have a great team, we work closely together, we talk, we learn, and people are happy."
- The team showed commitment to wanting to ensure best practice was in place. We signposted the team to initiatives in learning disability care which may be of benefit to people. For example, STOMP and CQC's 'Quality of Life' tool.

Working in partnership with others

- The provider worked in partnership with others.
- The provider had developed positive relationships with professionals and was supporting people to make connections in the local community.