

Lifeways Community Care Limited

Barleycombe

Inspection report

Sudbury Road
Long Melford
Sudbury
Suffolk
CO10 9HE

Tel: 01787880203

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

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 assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Barleycombe is a residential care home providing personal care to 11 men at the time of the inspection. The service can support up to 11 people. The service is for autistic people and people with a learning disability. The premises is an adapted building, with a separate flat that can accommodate two people. Bedrooms are single occupancy with a wash hand basin. One bedroom has an en-suite. There is extensive land to the rear of the property.

People's experience of using this service and what we found
Based on our review of key questions safe and well led:

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care and setting did not maximise people's choice, control and independence

The kitchen was locked and only with staff permission were people allowed to gain access. The laundry room was locked and only with staff permission were people allowed to access and use the facilities. Risks to people were not consistently assessed. For example, parts of the care home were locked 'for safety', yet the care home back door was consistently ajar with a main road and heavy traffic in one direction and a large expanse of water in the other direction. Whilst we observed staff being kind and respectful their support for people's choice and independence was not unconditional until proven unwise. Positive risk taking was not integral to ways of working at Barleycombe

Right care:

- Care is person-centred but did not always promote people's dignity, privacy and human rights

People had to share bathing facilities that were stark and not well maintained. The heating system was inadequate, and some people required a portable heater and blankets in their room. The flat was poorly maintained throughout and did not promote independence. People consistently told us that they liked the staff and sought out their company.

Right culture:

- Ethos, values, attitudes and behaviours of care staff did not consistently ensure people using services lead confident, inclusive and empowered lives

Whilst staff were facilitating some good opportunities external to the care home, the practices within the everyday activities did not empower people, develop their skills and potential to lead their best lives. Not all people had person-centred, planned, proactive and coordinated care and support.

The registered persons had failed to operate effective governance systems, to consistently ensure the quality and safety of people's care. Provider audits, risk assessments and safe systems checks were not consistently operated or ensured.

Accurate and complete records, were not always maintained for the quality and safety of people's care, related to the care and support provided or the management of the regulated activity. Formal systems were not operated, based upon latest guidance and best practice, on the service provided at Barleycombe for the purposes of continually evaluating and improving such services.

Staffing arrangements were sufficient. The current number of staff vacancies meant that some staff worked consistently long hours. One staff working over 70 hours a week frequently. We have made a recommendation the provider review these working practices.

Medicines were safely managed and regularly reviewed.

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 23 April 2018)

Why we inspected

The inspection was prompted in part by notification of a serious incident. Following which a person using the service was neglected. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the support of vulnerable people. This inspection examined those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

Follow up

We will meet with the provider and request an action plan following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.
Details are in our well led findings below.

Requires Improvement ●

Barleycombe

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors completed this inspection.

Service and service type

Barleycombe is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

This inspection was unannounced.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care and support provided. We spoke with five members of staff including the registered manager.

We reviewed a range of records. This included one person's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and management monitoring tools were reviewed. We made a tour of the whole building.

After the inspection

We continued to seek clarification from the managers to validate evidence found. We looked at information requested and quality assurance records. We spoke with two professionals who had visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There was not a systematic approach to risk management based upon a framework that took action to mitigate risk whilst ensuring people's rights to lead a normal life of positive risk taking and least restrictive options promoted.
- When we questioned why access to the kitchen was restricted and only staff having a key, we were told that the risk is too high to give people free access. Objects such as hot water and knives were cited as reasons to restrict access and numbers of people allowed to enter. This was not the least restrictive option.
- People were unable to access the laundry without staff permission and unlocking the door. Once again this was not the least restrictive option. These practises led to people not being supported to their potential, given opportunities to develop and learn.
- There was concern that all people had unlimited access via the open back door to a busy main road and an expanse of water to the rear of the property that had not been risk assessed for individuals. One person's care plan stated, 'he is not road aware'.
- The ongoing use of portable electric heaters with trailing leads throughout the property posed a risk that had not been recently reviewed. The lack of effective heating had been reported but no action had been taken to remedy this by the provider. Some bedrooms were observed to be cold.

The registered persons had failed to consistently ensure that people were protected from the risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- There were safe systems in place for some aspects such as portable appliance testing of electricals and fire drills in place.
- Peoples' care plans had been updated following a recent incident. This included ensuring everyone was present at night and that people were 'signed in' from any excursion that day and handovers between staff recorded the location of people. Lessons have been learnt and are ongoing.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. Inspectors' temperatures were taken on arrival and asked if they had been vaccinated, but no proof was requested, nor evidence of recent testing as currently required. No screening questionnaire was completed.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Whilst touch point cleaning had increased there were no bins for PPE in the premises and some areas of the service were not visibly clean.

- We were not assured that the provider's infection prevention and control policy was up to date. There was no lead for infection control and the latest guidelines were not being followed.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. One person showing signs of COVID-19 and was awaiting results of a PCR test, but not isolating came to meet inspectors.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. However, the registered manager did not audit infection control procedures to check that they were effective.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

The registered persons had failed to consistently prevent and control the spread of infection. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Safe systems were not always in place to protect people from the risk of harm. There had been a recent incident which meant a person living at the home was neglected for a period of time. This is under investigation by police and safeguarding and we will report on the outcome at our next inspection.
- Staff had followed the reporting procedure to alert the local authority and CQC.
- People at the service told us they like being at Barleycombe and felt safe there. A relative told us, "He's as safe as can be, but the busy road out front bothers me."

Staffing and recruitment

- Staffing arrangements were mostly sufficient.
- New staff had recently been recruited. Recruitment records were held at the providers' human resources and were not easily accessible. References and criminal records checks [DBS] had been completed. DBS checks were periodically repeated.
- Staff explained that due to the complex needs of people no agency was used. Cover for vacancies [currently three support staff] was found from within the staff group or from the bank staff. This had led to one staff member consistently working over 70 hours a week and completing sleep in duties.

We recommend that the provider assess the intensity and level of responsibility of hours worked by staff to ensure the safety and well-being of staff and people.

- We were informed that all people when accessing the community had one to one and on occasion when short staffed this would have to be cancelled or postponed. On the day of our visit one person told us how they had gone shopping and visited several shops to purchase just the right Christmas decorations. Another person had attended a London show recently and people regularly went to the pub.
- People at the service told us that they liked the staff and sought out their company. The interactions between people and staff was positive and respectful.

Using medicines safely

- Medicines were safely managed. Storage was secure, staff were trained, and records viewed were accurate. People's ability to self medicate could be further explored and reviewed to promote independence.

- People had individual medication administration records to ensure they received their medication as prescribed. Stock held tallied with the records kept. There were no high-risk medicines, commonly known as 'controlled drugs' in use and people had their medicines regularly reviewed by appropriate health professionals.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was unaware and aiming for best practice. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Good outcomes for people were not consistently achieved. Current guidance and best practice was not being followed. Right support, right care, right culture was published in 2020, but was not known and followed. It was originally published in 2017 and continues to be statutory guidance in accordance with s.23 of the Health and Social Care Act 2008. No development plan was in place to follow this guidance.
- People were not consistently empowered, and their independence developed with any plans to move on to more independent living based in their originating local community.
- Whilst we acknowledge that care support staff worked hard to offer opportunities and experiences such as days out, shopping and going on holiday, the day to day environment and culture of locked doors did not lead to a positive open and inclusive culture.

The registered persons had failed to do everything practical to deliver person centred care to each person at Barleycombe. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership

- The registered persons had failed to operate effective governance systems, to consistently ensure the quality and safety of people's care. Provider audits, risk assessments and safe systems checks were not consistently operated or ensured.
- The provider had their own representative who regularly visited the premises and reported their findings. The report from July 2021 stated; 'Again some works outstanding.' They went on to list six separate concerns about the building. They concluded with; 'Property have been out to visit, but nothing has changed and no works authorised despite being over a year of requesting by manager and raising in audits.' This demonstrated that even staff in a position of power could not effect change at Barleycombe. This provider report had not found the shortfalls we found and with the lack of heating which had an ongoing issue for some months.
- The registered manager had failed to audit and improve infection prevention and control methods within the service. This meant people had been placed at risk of harm because there was not an effective system in place to monitor and mitigate the risks associated with infection.
- Accurate and complete records, were not always maintained for the quality and safety of people's care,

related to the care and support provided. One staff member had falsely recorded observations that could not have taken place. Other staff had not recorded actions and observations in a person's record, following a serious incident to ensure their ongoing well-being.

The provider had failed to have effective governance, including assurance and auditing systems or processes. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The registered manager was aware of the need to notify CQC of any important events that occurred in the service. For example, any safeguarding or significant health incidents.
- The service had good links with health professionals and sought their advice in a timely manner. The registered manager and staff were forthcoming with information to CQC and are working with social workers in reviewing people's needs.

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

- We asked the registered manager if they had exercised their duty of candour in relation to a recent incident of neglect. We were informed that they had not notified the relatives. Therefore, we remind the provider they have a duty to be open and transparent when things go wrong and apologise.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered persons had failed to do everything practical to deliver person centred care to each person at Barleycombe.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had failed to consistently ensure that people were protected from the risk of harm. This was a breach of Regulation 12. The registered persons had failed to consistently prevent and control the spread of infection.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered persons had failed to consistently ensure people were safeguarded from abuse and improper treatment.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have effective governance, including assurance and auditing systems or processes.

