

Hightown Housing Association Limited

Old Barn Close

Inspection report

5 Old Barn Close
Gawcott
Buckingham
Buckinghamshire
MK18 4JH

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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

Old Barn Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Old Barn Close accommodates and is registered for up to five people in one adapted building.

Old Barn Close was providing personal care to five adults with learning disabilities and/or associated sensory or physical disabilities at the time of the inspection. The home was situated in a residential area alongside other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service:

The service met the requirements of good in all domains. This was because we found evidence of good safe practice and a well-managed service. Staff were responsive and caring to towards the needs of people. The care provided and the systems in place to operate the service were effective in meeting those needs.

Feedback from a person's relative and a person's friend indicated they felt the service was safe. This was "Because of the way the staff look after people" and "Staff are so caring... they are very much on the ball."

We found the service was safe because systems were in place and staff had received training in how to identify and report concerns of abuse. Employment practices meant the risk of employing inappropriate staff had been reduced.

Records demonstrated medicines were administered by trained staff, and in line with the prescribed dosage and time. The medicines were stored securely, and stocks tallied with recorded amounts. Risks related to the care being provided in the home, the environment and equipment had been assessed.

Risks were minimised where possible to ensure people, staff and visitors were kept safe. There were enough staff to keep people safe.

Staff were supported through regular contact with the registered manager, induction, training, supervision and appraisals. Training was completed in the areas deemed as mandatory by the provider, these included moving and handling, and health and safety amongst others. Staff were given opportunities to review their individual work and development needs through supervision and appraisals. Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, through the use of sensory stimulation and photographic information.

Staff and people's representatives told us the service was well managed. One relative told us "I can't believe how lucky we are to have got [named person] into this home, it is so unique." The registered manager and provider had systems in place to drive forward improvements.

The registered manager's positivity about the care being provided in the home was evident throughout the inspection. They were a strong role model for staff. Staff and people's representatives spoke positively about the registered manager and their ability to care and manage the service.

Rating at last inspection: At the last inspection the service was rated Good (Published 8 October 2016.)

Why we inspected: We inspected the service as part of our scheduled inspection plan.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

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

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Old Barn Close

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: The inspection was carried out by one social care inspector.

Service and service type: Old Barn close is a residential home for up to five people with learning disabilities. 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: We did not give the service notice of our visit.

What we did: Before the inspection we reviewed the information, we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and reviewed the Provider Information Return (PIR). The PIR 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.

During the inspection we spoke with four members of staff including the registered manager; the deputy manager and a support worker and a bank care assistant. We observed staff interacting with people and supporting them.

Some people were unable to tell us about their experiences of living at Old Barn Close because of communication difficulties. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records relating to the management of the service including two people's support plans and associated records. We reviewed the medicine administration records for five people and two staff files including recruitment records. We reviewed minutes of meetings and a selection of quality assurance audits

and health and safety records. Following the inspection, we spoke with one relative and one person's friend on the telephone about the care provided at Old Barn Close.

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.

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

- Systems were in place to protect people from abuse. These included staff being trained in how to identify signs of abuse and what action to take if they had concerns about a person's welfare. Staff were able to describe this to us.
- Where safeguarding concerns had been raised, documentation showed, appropriate action had been taken and when necessary the applicable organisations had been notified.

Assessing risk, safety monitoring and management:

- Systems were in place for the assessment of risks related to the provision of care and the environment. For example, when supporting a person with repositioning, the risks involved in this activity had been assessed from both the person's point of view and that of the staff member. Documented guidance on the safest way to assist the person was provided.
- Risk assessments were also completed in relation to people's health needs. For one person who lived with diabetes, a clear risk assessment had been completed to guide staff on the necessary actions to take if the person experienced high or low blood sugar levels.
- Risks associated with the environment such as legionella had also been considered. Specialist professionals had been enlisted to guide staff on the safest way to monitor and manage any risk of legionella.

Staffing and recruitment:

- At the time of our visit the home had five staff vacancies and one staff had been on long term leave. One staff member told us "We only have enough staff when we have bank staff in. It puts us under pressure to get things done. Us permanent staff will be happy when the new staff start." Another staff member told us "No I don't think we have enough staff. [Name of registered manager] does so many hours, she is an exceptional boss. She doesn't do it begrudgingly, I don't know how she does it." We spoke with the registered manager who confirmed they had worked extra hours, but most of the vacancies had now been filled. They echoed what staff had told us, "The team work together to support each other, when needed staff work extra hours, but this is monitored." The staff rota showed, sufficient staff numbers were present each day to support people safely.
- Recruitment systems were in place to ensure people were protected as far as possible from unsuitable staff. Checks included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and of address.

Using medicines safely:

- People received their medicines from trained staff. When staff commenced working in the service they undertook training in the administration of medicines. Once their training was completed they observed

staff completing this task. When they felt confident their competency was assessed three times, before they were able to administer medicines alone.

- Medicine records which were completed when medicines were administered were up to date and accurate. Medicines were stored safely with limited access available. We checked random stocks against records and found them to be correct.
- Records showed when medicine errors had occurred, appropriate action had been taken and lessons had been learnt.

Preventing and controlling infection:

- The service had procedures in place to protect people and staff from the risk of infection. This included the use of personal protective equipment such as disposable gloves and aprons. Colour coded cleaning equipment was available such as mops and buckets. The colour of the equipment indicated where the equipment was to be used. This minimised the risk of cross contamination of infections.

Learning lessons when things go wrong:

- There was an open culture within the service. When things had gone wrong, the team discussed it and learnt from it. For example, when an inhaler had been placed in the wrong box, this led to a person using the wrong inhaler. This was discussed at a team meeting, so the staff could explore ways of preventing a reoccurrence.

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.

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

- Each person had their needs assessed prior to joining the service. From this assessment a judgement was made as to whether the service could meet their individual needs. Where extra resources would be needed to make this possible, these were obtained. For example, one person required two staff to be awake at night. Extra funding was provided to make sure this person and others were kept safe.
- Risk assessments were drawn up to identify any risks that may have occurred during the delivery of care and plans were in place to mitigate them.
- Care plans focussed on areas of people's lives where they needed support for example, communication, mobilisation, personal care amongst others. People's preferences and health needs both mental and physical were also considered and documentation was in place to guide staff on how best they could support the person.

Staff support: induction, training, skills and experience:

- Once employed by the provider, each staff member attended an induction course and completed four days of the care certificate training. The care certificate is the minimum standard that should be covered as part of the induction training of new care workers. On completion the staff member then carried out the second part of the care certificate which included observations of the care they provided and feedback. This was completed over six months.
- Staff also received regular one to one sessions with their line manager. This enabled both parties to discuss their progress, ideas for development and any concerns about their conduct. This assisted staff with their personal development.

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

- Each person's dietary needs had been assessed. Where people needed their food prepared in a certain way to encourage independence or to assist them with eating this was done. For example, some people needed their food blended to reduce the risk of choking. We observed people being supported with their food. Interactions from most staff was positive and encouraging. One staff member did not interact with the person they were supporting and stood over them whilst supporting them with a drink. This was not good practice. We discussed this with the registered manager. They told us they would address this in the team meeting, to ensure all staff understood the importance of their positioning when helping people with their dietary needs. It is respectful for staff to be at the same height as the person being supported.
- The Provider Information Return (PIR) stated "The daily fluid and nutritional intake of all of the clients is recorded in the care notes. If any client has refused or eaten poorly this would also be written on the handover sheet to ensure that all staff are aware so that staff can start to monitor the situation. In addition to this all clients are weighed monthly."

- This ensured information was shared amongst the staff team, and the monitoring of people's health and welfare could take place.

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

- Records demonstrated how staff worked alongside other agencies to support people in a timely way. For example, when people required advice from their GP. A district nurse visited the service daily to support a person with their diabetes. The registered manager told us how well they worked together to meet the needs of the person. Where people required specialist advice regarding health conditions, this was provided by external health professionals such as specialist doctors. This enabled staff to provide appropriate and safe care to people.

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

- The service is an adapted family home located on a housing estate in a small village. Each person had their own bedroom, with shared facilities such as lounge, dining area, bathrooms and laundry. A rear garden was accessible and pleasantly decorated with a mural painted on the fence and garden ornaments and furniture.
- Each person's bedroom was personalised to their taste. Where people required large pieces of equipment such as a hoists, there was ample space in the room to comfortably manoeuvre the hoist.

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, 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.
- Everyone living in the service had a DoLS application pending. Applications had been made to the supervisory body, and historically had been approved, however these had expired. The registered manager had reapplied, and these were awaiting authorisation.
- The registered manager had a clear understanding of what areas of restrictions required a DoLS application, and the process to follow.
- People's mental capacity to make decisions was considered, and where people needed support, best interest meetings were held. This ensured decisions were made in the person's best interest.

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 supported and treated with dignity and respect; and involved as partners in their care.

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

- From our observations people were treated positively by staff. Their needs were supported by staff who knew them well. People were well dressed, clean and looked comfortable in presence of staff. They appeared to enjoy the interaction with staff, through smiling and touch. People's personal and individual needs were catered for. People were treated as equal regardless of their disability, age, gender or lifestyle choice.
- A person's relative described the staff as "So caring." Another person's friend told us the staff were "Dedicated and caring."
- People's individual needs were reflected in their care plans. Support was person centred. Care plans alerted staff to what made a day a positive one for a person and what a bad day would look like. This included information about what was important to the person and what were their aims for the future. This helped staff to support people to get the most out of life and to reach their potential. One staff told us how they felt about working at the service. "We (staff) are very much for the clients, we do what they want to do. It is all for them."

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

- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- People living in the service could not understand the written word but could identify some things using photographs, verbally and through sensory experiences.
- Photographic records and documentation allowed us to see some examples of the activities people had been engaged in. A lot of work had been undertaken with menu planning. This included "Veganuary". These were sessions held throughout January to introduce the concept of a vegan diet. People were able to listen to a soundtrack of the forest and sounds of nature, whilst being able to touch, smell and taste herbs and plants such as mint and sage amongst others. Dishes such as falafel, lentil shepherd's pie and vegan banana ice cream were cooked and prepared before being tasted by people. Their reactions to different foods were recorded.
- Other sessions held to promote communication and sensory awareness included a "Remembrance" meeting, held on 5th October 2018. This was organised to remember two people who had died. One was a person who had lived in the service, the other was a person's relative. A person's friend visited the service, they spoke to everyone and a prayer was said followed by a hymn.
- People were also involved in an autumn sensory session which included holding and touching conkers, leaves, putting on hats and gloves and drinking hot chocolate. The iPad was used to play sound of swallows migrating. These activities helped people to express their preferences, and to explore the world around

them. This was particularly important for people with a sensory loss.

- Care plans recorded people's preferred communication method. For example, one person's care plan described how they indicated they were happy or unhappy through facial expression and gestures. Another person's care plan listed the words they could use. Directions were given to staff to enable effective communication with the person. For example, it stated "Must have eye contact and approach her in a gentle manner. Keep language simple and sentences short."
- A relative told us how they had been involved in the care being provided to their family member. Although they were not living locally, they were kept up to date with any changes in care and were able to give their opinion and felt listened to by staff.

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

- People's privacy and dignity was protected. Staff spoke with people in a respectful and friendly way. They knocked on people's doors before entering. When staff spoke about the people living in the service they did so in a respectful way. Staff were able to give examples of how they treated people with respect, for example keeping people covered as much as possible when providing personal care.
- A staff member told us how they always said "Please and thank you "when speaking to people. They told us politeness was a way of showing respect to people. They believed people's understanding was greater than their expressive language skills, and therefore it was important that everyone was treated equally and with respect.

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.

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

- Information about people's preferences had been recorded. People's life histories highlighted the lifestyle and experiences of people. Throughout the service, photographs reflected people's current and past lives. These were both decorative and a tool used for reminiscence conversations.
- Activities were organised for people to participate in. These included ice skating for people who used wheelchairs. Attending coffee mornings, going to the cinema. A special screening was held at the cinema on a Sunday morning for people who had learning disabilities and/or dementia. Visits to the seaside and a boat trip had been enjoyed by people.
- Since our last inspection in 2016 we noticed there were more in-house activities, which included sensory sessions. These enabled people with sensory disabilities to participate and prevented the risk of social isolation.
- The provider's PIR stated "Many of the client's activities are focused around the local area. The clients visit the local cafes and enjoy the attractions offered by the area such as the Reindeer Farm at Christmas and the National Trust Gardens at Stowe. The home is recognised by the villagers. The clients receive gift boxes and cards at Christmas from the local rotary club. They have also received harvest festival boxes from the local Methodist church."

Improving care quality in response to complaints or concerns:

- There had not been any complaints at the service in the year prior to our visit. When we spoke with staff, they were able to describe to us how they would deal with complaints if any were made. The provider had a complaints policy and procedure in place.

End of life care and support:

- One person who had lived in the service died in April 2018. The provider's PIR explained how the person had been supported by a multi-agency approach. "They (Community health professionals) monitored the progression of her dementia and epilepsy; the GP was also involved. As her health deteriorated further we were able to conduct multiagency meetings that also included the district nursing team. This allowed us to prepare and support the client as she went through the final stages of her life and required palliative and end of life care."
- The registered manager spoke positively about the care they were able to provide to the person, and how important it was for the person to have been at home surrounded by familiar friends and staff.
- We were informed the district nurses have planned to carry out training for staff in palliative care in September 2019.

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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers must undertake several actions. We checked if the service was meeting the requirements of this regulation.
- We found there was a culture of openness and honesty. The registered manager was aware of the duty of candour and their responsibility to implement this. Some staff were familiar with this requirement. The registered manager told us they had discussed this at a team meeting but would do so again to ensure everyone was aware of their responsibilities.
- One relative told us "They (staff) kept me informed as to what was happening... If I suggest something they will explain why it can't be done if that is the case. I do feel listened to... If I ask a question and they don't know the answer, they will go away and come back with the answer."
- From our observations of the way care was provided and from the photographs in the records, we could see the care being provided was person centred. People appeared well cared for by staff who knew them well.
- Staff were treated equally as well as the people living in the service. Staff attended equality and diversity training. This equipped them to understand and value people's differences and work in non-discriminatory way.
- Staff told us they could contribute to the way care was provided by bringing and sharing ideas. They told us they worked well as a team and that was evident during our visit. People's friends and family felt part of the service being provided to people, and felt their opinions mattered.

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

- Staff were clear about their roles. They spoke about the registered manager positively. Comment included "I think she is a great manager. I have never had a manager that has been so dedicated to the service. She is very good. Everyone is treated equally... We had a team meeting yesterday, we discussed each resident. Each gave their opinion and we resolved issues. It makes coming to work easier."
- Another staff member told us how the manager ensured communication between staff members was effective, they said "She is an exceptional boss... Staff work well together, [named registered manager] makes it happen, she makes sure we communicate well."
- The provider has a legal duty to inform us about changes or events that occur at the home. They do this by

sending us notifications. We had received notifications from the provider regarding changes and events at the home.

Continuous learning and improving care:

- During our visit we saw documents that illustrated how learning and improvement took place. This included feedback from professionals, audits and accidents and incidents. The PIR stated "The audit covers the following area: health and safety, medication, person centred care, safeguarding and accidents and incidents. Six monthly audits are also conducted by senior management. The audits produce action plans detailing areas that may need to be reviewed or updated." We saw audits had been carried out and where appropriate follow up action had been completed. In this way the registered manager was able to drive forward improvements to the service.

Working in partnership with others:

- The providers PIR stated "The home has close interagency style of working with health professionals. This means that we are able to respond effectively when client's health needs change.... They (District nurses) have provided the home with support and guidance and are always willing to advise if we have any concerns about our clients."
- By working closely with other professionals, the service has been able to provide person centred care, fulfilling the needs of people. This collaborative working meant people were provided with appropriate and safe care. These partnerships included a GP; occupational therapist; dietitian and a speech and Language therapy team amongst others.