

Claremont Care 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 effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 26 June 2015 and was unannounced.

The New Barn provides accommodation and personal care for people who have a learning disability for a maximum of 11 people. On the day of our inspection the home was fully occupied.

The provider had recently appointed a manager who told us that they had submitted an application to be registered with the Commission. The manager was present for our inspection. 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.

People told us that they felt safe living in the home and staff knew how to protect people from potential harm. We saw that people were able to live a lifestyle of their choice and staff supported them to reduce potential risks whilst doing so. People informed us that staff were always available when they needed them and we saw that staff were always nearby to support people when required.

Staff told us that they had access to regular training and were supported by the manager to undertake their role.

Summary of findings

The manager and staff were aware of how to promote people's human rights. People told us that they were involved in the menu planning and had a choice of meals and told us that they had access to drinks at all times. People told us that staff supported them to access relevant health care services when needed to ensure their healthcare needs were met.

People told us that they were happy with the care they had received and we saw staff assist them in a caring and dignified manner. People were encouraged to be involved in decisions about their care to ensure they received care and support the way they liked. People told us that staff did respect their rights to privacy and dignity and staff were aware of their responsibility of ensuring this.

People told us that they were involved in their assessment of their needs. Staff supported people to access leisure services within their local community and to attend the local college to learn new skills. People had access to the provider's complaint policy and knew how to how to make a complaint.

Staff told us that the management team were supportive and always put people's needs first. The manager demonstrated a clear leadership style and made them self available to people who used the service and the staff team. The manager had reviewed the provider's quality assurance monitoring system and had plans to improve this to ensure people received a safe and effective 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.

People told us that they felt safe living in the home and staff were aware of how to protect them from potential harm. Staff were always nearby to support people when required. People were supported by staff to take their prescribed medicines.

Good



Is the service effective?

The service was effective.

Staff knew how to protect people's human rights. People had a choice of meals and were supported by staff to eat and drink sufficient amounts. Access to relevant healthcare services ensured people's healthcare needs were met.

Good



Is the service caring?

The service was caring.

People received support in a caring and compassionate manner and they were encouraged to be involved in their care planning. People's right to privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People were involved in the assessment of their care needs and were supported to maintain links with their local community. People had access to the provider's complaint policy in a format they could understand.

Good



Is the service well-led?

The service was well-led.

People and staff felt supported by the manager and arrangements were in place to ensure that they were actively involved in the running of the home. Quality assurance monitoring systems were in place to drive improvements.

Good



The New Barn

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 26 June 2015 and was unannounced. The inspection team consisted of one inspector. Before our inspection we spoke with the local authority to share information they held about the home. We also looked at our own systems to see if we had

received any concerns or compliments about the home. We reviewed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

On the day of our visit we spoke with four people who used the service, four care staff, the operation manager and the manager. We looked at two care plans, risk assessments, medication administration records, accident reports, staff rotas, training programme and quality assurance monitoring audits. We observed care practices and how staff interacted with people.

Is the service safe?

Our findings

One person who used the service told us, “I feel safe living here because we look after each other.” Another person said, “I feel safe and I love it here.” We looked at minutes of a meeting carried out with people who used the service. Discussions were held about safeguarding and told people what to do if ‘Someone did something nasty to them.’ People told us that if they were unhappy they would tell the manager or a staff member. People had access to a safeguarding guide that was provided in a pictorial and easy read format. This showed various forms of abuse and told people what to do if they were subjected to this.

Staff knew how to keep people safe and told us that they ensured that the environment was safe, so not to place people at risk of harm. One staff told us if they had any concerns about abuse they would share this with the manager and were aware of other agencies they could share their concerns with. Staff told us they had access to the provider’s safeguarding policy and we saw this located in the office. The policy contained details of how to share concerns with the local authority and other agencies. The manager was aware of their responsibility of sharing concerns of abuse with the local authority to protect people from further harm. We saw that a record of safeguarding referrals had been maintained and showed action taken to protect people from further harm.

Discussions with the manager and the records we looked at confirmed that accidents were recorded and monitored monthly to identify any trends. The manager said that action would be taken to reduce this happening again. Staff told us that they had access to risk assessments that were specific to the individual. We saw that these assessments told staff how to promote people’s independence and ensure their safety whilst doing so. We saw risk assessments that told staff how to support people whilst

they undertook tasks in the kitchen. Assessments were in place that showed the level of support people required to access facilities within their local community. The staff we spoke with were aware of the support each person required to ensure their safety with tasks carried out within and outside of the home.

People told us that staff were always around to help them when needed and we saw that staff were nearby when required. The manager told us that there were enough staff to support people to live a lifestyle of their choice. The manager said that staff were available to support people to attend college and social activities and the rotas we looked at evidenced this. The manager said the provider’s recruitment procedure ensured that all staff had the appropriate safety checks before then started to work in the home. The staff we spoke with confirmed that a request for references and safety checks were carried out before them commenced employment. This meant that people could be confident that staff were suitable to work with them.

We saw that medication administration records (MAR) had been signed to show when medicines had been given to people. One person told us that when they were in pain staff gave them medicine for pain relief when they needed it. We saw that medicines were recorded and stored appropriately. The MAR showed that some people had been prescribed ‘when required’ medicines. We saw that individual written protocols were in place to tell staff how to manage these medicines and the staff we spoke with knew when these medicines should be given. For example, when to manage people’s pain and medicines prescribed to help people manage their behaviour. The manager told us that staff who were responsible for the management of medicines had received medication training and this was confirmed by the staff we spoke with.

Is the service effective?

Our findings

The operation manager told us that a number of people who used the service were unable to consent to their care and treatment. The manager said that where necessary a best interest decisions would be made on behalf of the individual. Staff told us that one person was unable to consent to their care and treatment. The person's care record showed that a psychiatrist agreed with this and confirmed that the treatment plan in place for them was in their best interests. We saw this person leave the home and watched a staff member return them. The staff said they had encouraged them to return to ensure their safety. The manager told us that if the person left the home without the support of staff this would place them at risk of potential harm. This meant that staff had made a best interest decision on behalf of this person to maintain their safety. The manager and staff had a good understanding about the Mental Capacity Act and Deprivation of Liberty Safeguards and how to protect people's human rights.

Staff told us that they had access to regular training and we saw a record of the training staff had received. The manager told us that all new staff were provided with an induction and we spoke with one staff who had recently been recruited who confirmed this. They told us that their induction gave them the opportunity to read the provider's policies and procedures, care plans and that they had been provided with training. The manager told us that staff were provided with regularly supervision and this was confirmed

by the staff we spoke with. One staff said, "The manager is always available to provide support when needed." People told us that staff supported them when needed with their care and social needs.

People told us that they were involved in planning the menus and that they did the food shopping and this was confirmed by the staff we spoke with. We saw that menus were provided in a pictorial format so people could understand them. People told us that they had a choice of meals. One person told us, "The food is nice and I get what I want." Another person told us that there were certain foods that they were unable to eat and that the staff were aware of this. Some people had special dietary needs in relation to the cultural and healthcare needs and staff were aware of this. Care records clearly identified people dietary needs and the support they required to eat and drink sufficient amounts. Where staff identified concerns about how much people ate, staff told us that people had access to a dietician and a speech and language therapist to advise them on the appropriate diet and the care records we looked at evidenced this.

One person said, "When I am in pain the staff will take me to the doctor." Care records contained a health action plan and showed that people had access to a variety of healthcare services for routine health screening. We saw that records were maintained of medical appointments. Where people had specific health conditions they had access to healthcare specialists to support them with their health like a psychiatrist and dietician.

Is the service caring?

Our findings

One person who used the service said, “The staff are nice and they help me wash my hair.” Another person told us, “The staff are very caring and I like them all.” They told us that they had an accident and injured themselves and said, “The staff were very nice and cared for me.” We heard staff talk with people in a kind manner and engaged them in conversations throughout the day. Staff told us that they were aware of people’s care and support needs. They said they understood the needs of people who were unable to verbally communicate by their body language that indicated how they were feeling. For example, if they were happy, anxious or feeling unwell.

People told us that they were involved in planning their care and this was confirmed by the manager. People’s involvement in this process ensured they received care and support the way they liked. People said they understood their care plan because they were provided in a pictorial format. The provider operated a ‘keyworker’ system where a staff member was allocated to work closely with a person to ensure their needs were met. Staff told us that they sat

with people each week to review their care and to ensure their needs were met. The people we spoke with confirmed this. One person told us that staff always asked them if they were happy living at the home and with the support they received. Discussions with the manager and information contained in care records showed that people had access to a self-advocate when they required additional support. A self advocate is a person who helps people to say what they want, securing their rights, representing their interests and supports them to get the service they need.

People told us that staff did respect their privacy and dignity and they always knocked on their bedroom door and asked permission before they entered. One staff member told us about the importance of talking to people discretely about their personal care needs. They told us that they ensured that people’s privacy was maintained when they assisted them with their personal care needs. Another staff told us about the importance of not talking about people to maintain their privacy. We saw that privacy locks were fitted to bedroom doors to support people’s right to privacy.

Is the service responsive?

Our findings

People told us that they were involved in the assessment of their needs that was carried out each week. The manager told us that people who used the service were encouraged to undertake training with the staff team. We saw training certificates that showed what training they had received. This included fire safety and equality and diversity training. One person who used the service told us that they enjoyed taking part in the training. People who used the service were encouraged to take up roles alongside staff and we saw that one person worked with staff as a fire warden to ensure fire safety in the home.

The manager and staff confirmed that during weekly 'keyworker' meetings with people they found out what activities they wanted to do during the week. One person said, "I enjoy going to the pub, clothes shopping and boat trips." People had access to their local college, gardening and sports and staff supported them to pursue these activities. The manager told us that they had recently appointed a social activities coordinator to work 6pm to 10pm three days a week. This was to provide additional support to enable people to access leisure facilities within their community. People told us that staff supported them to maintain contact with people important to them. One

person told us that staff had arranged for them to visit their family. We saw the manager support a person to use the telephone to contact their family. Where people had specific cultural needs this information was contained in their care plan and the staff we spoke with were aware of how to support people with their cultural needs in relation to their religion and dietary needs.

One person told us, "If I am sad I would tell the staff and they would help me." A staff member said that people would tell the staff or the manager if they were unhappy and we would do our best to help them. They said, "The manager is lovely, kind and smashing and listens and helps everyone." People had access to the provider's complaint procedure that was provided in a pictorial and easy read format so everyone could understand it. The manager told us that they had not received any complaints but if they did it would be recorded. In October 2014 we received concerns about the service, it was alleged that waste had not been disposed of appropriately and placed people at potential risk of harm. We also received concerns that premises had not been maintained. The manager confirmed that these concerns had not been recorded to show what action had been taken to address them. The manager told us that waste was now disposed of appropriately.

Is the service well-led?

Our findings

People told us that they had access to regular meetings and one person told us that these meetings included discussions about activities within and outside of the home, menu planning, to find out if they were happy living in the home and whether they wanted any changes to their living arrangements. People's involvement in meetings gave them the opportunity to have a say in the way the home was managed. Minutes of meetings were provided in a pictorial format so people could understand them. The manager told us that meetings were carried out with staff and staff confirmed this. One staff member told us that the manager listened to their views and they felt valued.

The operation manager told us that the home had been without a registered manager since September 2013. The provider was in breach of the conditions of their registration with us. When we visited the home, we found a new manager had been in post since June 2015, they told us that they had submitted an application to be registered with the Commission. The manager told us that they had been well supported by the operation manager and had received regular supervision. A staff member told us that the manager was approachable and always put people's needs first. People who used the service were aware of whom the manager was and they told us that they were nice. One person said, "The managers are lovely." We saw

people frequently accessing the office for support and saw that the manager took the time to listen to them and assisted them where needed. The operation manager was present during our visit and we saw that people were aware of who they were.

The manager told us that they had developed a 'quality improvement' plan to review staff training, the refurbishment of the premises, social activities and ways to improve people's independence. Prior to our visit we had received concerns about poor flooring within the home. The improvement plan identified the need for the flooring to be replaced and action had been taken to address this. The improvement plan identified improvements for social activities and the manager and operation manager told us that additional staffing hours had been agreed to enable people to access more social activities. Staff told us that audits and spot checks were carried out to ensure the safe management of medicines. The manager told us that routine spot checks would be carried out during the night time to ensure people received a safe and effective service at all times. We saw that care plans, risk assessments and menus were routinely audited to ensure staff had access to relevant up to date information to enable them to support people appropriately. One staff member said, "We know we've done a good job when people who lack confidence are able to ask us anything."