

EL Marsh Care Home Ltd

Barnford View

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

The inspection took place on 22 December 2015 and was unannounced. This was the first inspection of this service since it was registered.

Barnford View is a care home that is registered to provide care to up to four people. The home specialises in the care of people who have a learning disability and complex needs. On the day of our inspection there were two people living at the home and a third person was in hospital.

There was a registered manager in post and they were present during 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 were protected from the risk of abuse because the provider ensured that staff had received the training they needed so that they could recognise and respond to the risk of abuse.

People were protected from the risk of harm because risks to people were assessed and the provider had put steps in place to minimise them.

People received flexible and responsive care because they were supported by sufficient numbers of staff.

Summary of findings

People were supported to receive their medication as prescribed because the provider had effective systems in place.

People were cared for by well trained and well supported staff, who received the training and support they needed so that they could carry out their role effectively.

People were supported by staff that were kind, caring and respectful and knew them well. People were encouraged to pursue their interest and hobbies so that they did the things that they liked.

People were treated with dignity and respect and were encouraged to develop their independent living skills.

People were able to make choices and decisions about how their care was arranged and delivered.

People knew what to do if they were unhappy with the care they received.

People were supported to prepare food and drinks that they enjoyed.

The provider had effective management systems in place to assess and monitor the quality of the service provided to people.

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 were protected from the risk of abuse because the provider had systems in place to make sure that staff were trained so that they could recognise and respond to allegations of abuse.

People were protected from the risk of avoidable harm because the provider had systems in place to minimise risk.

People were protected against the risk associated with the appointment of unsuitable staff because the provider had robust recruitment processes in place.

Effective systems were in place to ensure that people received their medication as prescribed.

Good



Is the service effective?

The service was effective.

People benefitted from safe and effective care because the staff team were well trained and supported to enable them meet people's needs.

People's health was promoted because they were encouraged to access health services.

People's consent was sought before they were provided with care. Staff understood their responsibilities to protect people's rights.

People benefitted from the opportunity to prepare food and drink that they enjoyed.

Good



Is the service caring?

The service was caring.

People were supported by staff that knew them well and understood that the things that were important to them and the importance of supporting them to achieve a good quality of life.

People were consistently treated with kindness and respect.

People were treated with dignity and respect and their independence was promoted.

Good



Is the service responsive?

The service was responsive.

People's care and support was planned with in partnership with them so that they felt listened to.

People were supported to participate in a wide variety of leisure and recreational activities so that they did the things that they liked.

People knew how to make a complaint if they were unhappy.

Good



Is the service well-led?

The service was well-led

Systems were in place to assess and monitor the quality of the service provided to people.

Good



Summary of findings

The home was well led by a manager that was visible in the home and knew people well.
People benefitted from an open and inclusive atmosphere in the home.

Barnford View

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 22 December 2015 and was unannounced.

The inspection was carried out by one inspector.

We looked at the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service. Notifications are information the provider has to send us by law. We also asked the local authority for their comments about the service.

We spoke with two people that lived in the home, two care staff, deputy manager, and the registered manager and met the provider. We also spoke by telephone to a relative and a health care professional. We looked at the care records of two people to check that they received care as planned and some records relating to staff training, medicines and the management of the home.

Is the service safe?

Our findings

People spoken with told us they felt safe with the staff. One person told us, “The staff don’t do anything to hurt you”. Another person told us they felt safe in the home. A relative told us, “I have no concerns about [Relative] being here”. Our observations showed that people looked comfortable, relaxed and happy in the presence of the staff and we saw that they sought staff out to spend time in their company.

Staff told us they had received training so that they knew what they would do to minimise the risk of harm to people. All of the staff spoken with told us they knew what to do in the event of a suspicion of abuse and how to escalate their concerns if they felt they were not being addressed. However all of the staff said that they had never seen anything that they thought was abusive and said that people were safe living at the home.

The provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people’s safety. The information the provider sent us and the records we hold showed that the provider had reported incidents of potential abuse appropriately.

One person told us, “I feel safe with the staff”. Staff was knowledgeable about the identified risks to people. Staff were aware of the risk that people’s behaviours presented to themselves and others. Staff had and understood the guidance in the behaviour management plans in place for people to help them reduce the risk of harm to people. We saw that people were supported safely and in line with their risk and behaviour management plans. For example we saw that staff went out with people to the places they wanted to go so that they were safe.

All of the staff spoken with knew what to do in the event of an emergency. For example in the event of a fire. Fire detection equipment and the emergency lighting were regularly checked to ensure that it was fully working in the event of an emergency. Staff knew how to report incidents, which they monitored so that action could be taken to minimise the risk of a reoccurrence of the incident and avoidable harm to people.

People have complex needs and required a high ratio of staff to support them. Staff spoken with told us that there was always enough staff on duty. The person we spoke with told us that there was always enough staff to help them. We saw that there was enough staff to support people to do the things that they liked to do, when they wanted to do them. We saw people making plans with staff about what they wanted to do and where they wanted to go and staff supported them to do this at the times they wanted to do it. We saw that staff was attentive and listening to what people were saying.

The manager told us that because of people’s complex needs it was essential that the right number of staff were available to support people. They had a system to calculate the number of staff that they needed on each shift. We asked the manager how they managed unplanned staff shortages. They told us that unplanned absences were covered by permanent staff where possible. If permanent staff were not available the provider had their own bank staff they would use. Only as a last resort would they use agency staff. This ensured that people were supported by people that knew them well.

All of the staff told us that before they started work all employment checks were made. Records we looked at confirmed these checks were made before they started work. This meant that systems were in place to help reduce the risk of unsuitable staff been employed.

Staff supported people to take their medicines. People were provided with secure storage in their bedrooms for their medication. One person told us, “I am on tablets; I know what they are for”. They also said, “If I have a headache I ask for a tablet and the staff give them to me”. We looked at the systems in place for managing medicines and saw that there were appropriate arrangements in place for the safe handling of medicines. Staff all told us that only staff that had received training in administering medicines were allowed to give medicines. Staff also told us that after their training they had their competency checked to ensure that they administered medicines safely. Staff told us that daily checks were made to ensure that medicines were given properly. We saw records of these daily checks which ensured that people received their medicines as prescribed.

Is the service effective?

Our findings

People had regular appointments with health care professionals. For example, community psychiatric nurses, behaviour support nurses, social workers and psychiatrists. One person told us, “I see my psychologist”. Another person told us, “I need to attend my health appointments all of the time, as I don’t always. Staff do try to encourage me but it is my choice”. Records about people’s mental and physical health needs were well maintained. All of the staff spoken with knew about people’s mental and physical health care needs, what they needed to do to keep people well and the signs that people were becoming unwell. At the time of the inspection one person was in hospital as staff had recognised their mental health had declined. Staff had sought advice from professionals that had resulted in the person’s admission to hospital. A relative told us that the staff always contacted them if they were worried about their relative’s health. They said, “I know when they have taken [relative] to the doctors”.

The health care professional we spoke with said, that staff take on board all of the feedback given to them about people’s needs. They said, “Where we make suggestions they make changes. They always respond promptly”. Staff told us and records showed that the manager was proactive in seeking advice from professionals if they were concerned about a person’s health, which enabled staff to meet people’s needs. A relative told us, “[Relatives] behaviour has improved since they have lived at the home”.

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. We saw that the service was working in line with the requirements of the MCA. We saw that assessments had been made about people’s capacity to make decisions. A member of staff told us, “People make their own choices”. Another member of staff said, “People go where they want, they do what they want. They have good lives”. We saw that people were supported to make every day decisions such as what they wanted to do, where they wanted to go and what to eat. Staff sought people’s consent to all aspects of their care.

Where people had been identified as unable to make bigger decisions for themselves this had been identified and the appropriate actions taken to ensure that decisions were made in people’s best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager told us that they had a discussion with the supervisory body about making a DoL application for people. However at the time of the inspection an application had not yet been made. We discussed this with the manager at the time of the inspection who confirmed that they would make these applications.

We saw that that staff had the right skills and knowledge to support people in the way that they wanted. A relative told us, “Staff excel, they are excellent”. All the staff told us that they received training to enable them to do their jobs. Staff told us and records showed that training provided included training on meeting people’s specific needs and training on how to keep people safe when they were upset and anxious. One member of staff said, “There isn’t any training that I can think of that I haven’t had”. Another member of staff said, “They [Provider and manager] help you go forward and give you the opportunity to learn”

All staff told us that they had regular supervision to discuss their performance and development. The provider operates an on call system so that staff have 24 hour access to support and advice if they need it. Staff all said that they felt supported. One member of staff said, “The manager has an open door, support is always available.” Another member of staff said, “The provider is supportive and involved. You can go to her.”

People told us that they liked the food that was provided. This was because people were involved in planning the menu so that they could choose the things that they liked. People told us that when they wanted to they cooked some of the meals with the help of staff. One person told us, “I like to cook, Shepard’s pie”. Another person told us that she liked to cook a lasagne as this was one of her favourite meals. We saw the menu plan showed that a variety of food was on offer. We saw that people were offered drinks and they were encouraged to access the kitchen to make themselves drinks and snacks at times when they wanted them.

Is the service caring?

Our findings

There was a visible person centred and caring approach to the care and support that people received. A relative told us, “[Relative] gets on really well with the staff. They see staff as her friends”. One person told us, “Staff is nice”. We saw that interactions between people and staff were consistently kind, caring and respectful. Staff were attentive to what people were saying so that they felt listened to and involved in their care. All of the staff demonstrated a good understanding of people’s needs and the importance of clear and effective communication with people. For example the way that they approached a subject with people so that they did not become anxious or distressed.

We saw that staff dined with people using the service so that they were able to enjoy the social aspects of mealtimes and discuss people’s plans and the things that they had enjoyed. Staff showed a genuine interest in what people were saying.

People were supported to make choices and decisions about their care and how it was delivered. Choices included how they spend their day, where they went, what time they went to go to bed and got up and what they spent their money on. People were allocated key workers, people knew who their key worker was and said that they liked them. A key worker is a member of staff that works with and in agreement with the person who uses the service and acts on behalf of the person they are assigned to.

A relative told us, “Living here has bought out her skills. She has gained her independence and grown in confidence.”

Staff recognised that it was important that people were supported to develop their independent living skills so that they could be as self-sufficient as possible. We saw that staff supported people to prepare their food, clean their rooms and do their personal laundry and shopping. A relative told us, “My [relative] is happy here, we would know if she wasn’t. After their home stay they were happy to go back.”

Staff treated people with dignity and respect and provided support in a way that maintained people’s privacy and dignity. A relative told us that, “The house is lovely, with plenty of quiet spaces where [relative] can spend time alone”. We saw that people all had single occupancy rooms so that they could choose to spend time alone if they chose. People were supported to carry out their own personal care behind closed doors, with staff only providing assistance where requested or required. We saw that staff were respectful towards people they supported. For example, staff respected people’s views and opinions, referred to people by their preferred name and asked for permission to go into people’s bedrooms .

We saw that people were dressed in individual styles; these individual styles enabled them to express their individuality. People were wearing clothes that reflected their age, gender and personal taste and interest. People were supported to maintain contact with the people important to them. One person told us that staff went with them to visit a parent who now lived in a care home. Another person was telling us about their plans for visiting family over Christmas.

Is the service responsive?

Our findings

We saw that staff knew people well and knew what people liked. Staff were able to tell us about the things that were important to people. One person told us that they were involved in planning their own care and that staff knew they preferred their care to be delivered. Staff we spoke with were knowledgeable about people's care needs. Staff were able to give detailed explanations about people's needs as well as their life history, their likes and dislikes and preferred routines.

We saw that staff involved people in decisions and care and how they spent their time. We saw that staff were alert to changes in people's behaviour or mood and knew how to distract them to minimise any anxiety. The manager told us that they work with their health care professionals so that they can support people to manage their complex behaviours. One person told us, "I have a review where I talk about how I am getting on". A health care professional told us, "Where people's need change, if we make may suggestions they follow them". A relative said to us, "They respond to [relatives] needs proactively". The manager showed us records of the analysis of incidents of behaviour that challenged so that they could identify themes and trends to enable them put measures in place to minimise the risk of a reoccurrence.

People were involved in planning their own activities and their interests were well known by staff. Staff also told us how they encouraged people to try new things. People had a meaningful lifestyles and participated within the local community. People enjoyed a wide range of leisure and

recreational activities. For example, some people had been supported to get paid employment, another person liked music and was supported to have regular flute lessons. One person had been encouraged to go to a gym regularly. Other people liked to attend a local social club. On the day of the inspection one person went out to have their hair styled and another person went shopping for some specific items of new clothing that she fancied. We saw a number of photographs throughout the home that showed people participating and enjoying a range of leisure activities, including a Halloween visit to Drayton Manor. The provider had provided a car so that people could take part in these outings as well as more ad hoc events such as meals out and shopping trips.

There was also a range of in house activities for people to take part in. We saw that some people enjoyed watching DVD's and another person enjoyed computer games. People had requested a pet and now had a cat. Staff supported people to learn how to care for the cat. We saw that people were fond of the cat and enjoyed playing with and fussing him. We saw that one room in the house had been turned into a hobby room for one person who had a specific interest in radios.

One person said that they knew how to complain. They told us if they were unhappy they would tell the staff. A relative told us, "If I have raised anything, they respond to concerns straightaway". The provider had a complaints procedure in place so that it was accessible to people. Information the provider sent us and records we looked at showed that the provider had received one complaint that had later been withdrawn by the person who made it.

Is the service well-led?

Our findings

The provider had a clear vision for the service and this was understood by all of the staff we spoke with. Staff understood the importance of enabling people become more independent so that they could live more independently in the future. This was the first inspection since the home was registered. The manager is also the manager of another home run by the same provider and they told us that they managed their time between the two services and had a deputy manager to support them.

We saw that the manager was visible in the home. We saw throughout our inspection that the manager led by example, guiding and supporting staff and modelling a positive response to people's needs. This provided the manager an opportunity to be aware of what was happening in the home and to understand people's need and preferences. People using the service all knew who the manager was said that she was 'nice' and they went to McDonalds with her.

All the staff that we spoke with were positive about the manager. A staff member said, "The manager has an open door, you can talk to her about anything". Another person said, "The manager always takes the time to talk to you". Staff told us that there was an open culture in the home and said they were comfortable questioning practice. One member of staff said, "I would feel confident admitting any mistakes, no way would I feel intimidated". Staff told us the manager sought their views about how the service was run and if they made any suggestions they were listened to. Staff also told us that the provider had a presence in the home, knew the people and knew what was happening. Staff told us they were comfortable talking to them. A staff member told us, "It's a good team here We work together to help people do what they want". Another person said, "I love working here, every day is a pleasure".

The provider and the manager worked hard to ensure that staff felt valued and motivated. A member of staff told us, "I feel appreciated, I am praised for the things that I have done. It makes you feel invested in". Another member of staff said, "I work here because I get help to go forward. I've learnt a lot". Another member of staff said, "The provider is paying for me to do some management training for my personal development". Staff gave us examples of how the manager delegated some task to enable them develop their knowledge and skills.

There was effective communication in the home. A health care professional said, "I always get answers, I am impressed with them. I would be happy to use them again." A relative told us, "We get good communication, we know what is happening." All of the staff told us that communication in the home was good. They told us that there were regular staff meetings where they discussed what was happening in the home and the plans. We were told and records showed that these were also often attended by the provider so that they were aware of what was happening and had a presence in the home.

The provider understood their legal responsibilities and ensured that there was a registered manager in post. The manager had notified us appropriately of incidents and was aware of the legal requirements upon them.

We saw that the provider had an effective audit cycle system in place, which ensured that various aspects of the service were monitored in rotation. For example care plans quality of care, incidents and the medication processes. These audits are undertaken by the manager who delegates aspects of them to staff. The provider samples the quality of the audits to ensure that they were been completed effectively.