Coverage Care Services Limited

Barclay Gardens

Inspection report

Wellington Road
Donnington
Telford
TF2 8AB
Tel: 01952 605321
Website: www.coveragecareservices.co.uk

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place 19 May 2015 and was unannounced. At the last inspection on 18 September 2013 the home was compliant in all regulations we are required to inspect by law.

Barclay Gardens is registered to provide accommodation with nursing and personal care for a maximum of 40 people. On the day of our inspection 39 people were living at the home.

The home had a registered manager in post but they were not present for the 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.

The registered manager and staff had received training in relation to their role in protecting people's human rights. However, people's ability to make decisions had not always been formally assessed to ensure their rights were fully protected.

Summary of findings

Not all allegations of potential abuse in relation to one person's behaviours that challenged other people had been reported to the management team by staff. This prevented the management team from being able to assess whether they should make a referral to the local authority for investigation. However, strategies to deal with this had been put into place but had not been discussed with the local authority to determine if the incidents constituted potential abuse. Managers and staff had received training on protecting people from harm and protecting people's human rights.

Recruitment procedures ensured that only people who were suitable worked at the home. There was an induction programme for new staff, which prepared them carry out their role. Staff were provided with a range of training to help them carry out their duties. Staff received regular support and an annual review of their work to support them to meet people's needs. There were enough staff employed at the home to meet people's needs although some staff told us they felt under pressure on the upstairs units when the 'floating' staff member was re deployed to work in other areas of the home.

People told us that they liked the food and there was a good choice. However, kitchen staff did not always understand people's special dietary requirements. People were supported effectively with their health needs and had access to a range of healthcare professionals. People were involved in making decisions about what kind of support they wanted.

People told us staff were caring and we saw positive interactions between staff and people. People told us they were able to have choice and control over the things that were important to them. Staff, people who lived at the home and relatives felt able to speak with the registered manager and provided feedback on the home. They knew how to make complaints. There was a complaints policy and procedure in place. We found complaints were dealt with appropriately and in accordance with the policy.

The provider carried out regular audits to monitor the quality of the service and to plan improvements. However, some issues that had been identified by the operations manager in April 2015 had not yet been rectified.

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 not always safe.

Incidents where people had been potentially harmed had not always been reported to managers. Staff were knowledgeable about risk and how to work with people to manage any identified risk. Recruitment processes were followed to make sure only people to work at the home did so. There were periods of time when some people were left unsupervised. Medicines were stored and handled safely by staff who had been trained to carry out this role.

Is the service effective?
The service was not always effective.

People's ability to make decisions had not always been formally assessed to ensure their rights were fully protected. Staff did not always have an understanding of people's dietary requirements. Staff received training and support to ensure they were able to meet people's needs. Management and staff worked with other agencies which ensured people received the support they needed to maintain their health.

Is the service caring?
The service was caring.

People told us they were treated in a caring and respectful way by staff and were involved in decisions about their care. Staff knew people's preferences and individual needs. People were involved in the planning and reviewing their care. People were treated with dignity and respect and the provider promoted their privacy and independence.

Is the service responsive?
The service was responsive.

People were offered choices and helped to make decisions about their daily life which staff respected. People could maintain contact with family and friends and opportunities to take part in activities both in and away from the home. Complaints were managed in accordance with provider's complaints policy.

Is the service well-led?
The service was well led.

A registered manager was in post. Staff and people using the service told us that the manager and senior staff were approachable and supportive. There were systems in place to monitor and review the home being which involved seeking people's opinions.

Barclay Gardens

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 19 May 2015 and was unannounced. The inspection team consisted of two inspectors.

As part of our inspection we reviewed the information we held about the home. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority and other external agencies about the quality of the service provided. We used this information to help us plan our inspection of the home.

During our inspection we spoke with eight people who were living at the home. We also spoke with one visiting relative, five care staff, one kitchen staff member and the deputy manager. We looked in detail at the care seven people received, carried out observations across the home and reviewed records relating to people's care. We also looked at medicine records and records relating to the management of the home.

During our inspection we 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.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said "I'm safe and comfortable". Another person told us, "I'm safe and well looked after." People we spoke with told us they did not have any issues regarding their safety. A member of staff told us, "I absolutely love it. The satisfaction it gives me knowing I'm looking after someone's family member keeping them safe".

We found in one person's records that they had been involved in four incidents that could have should have been reported to management determine whether they needed to be referred to the local authority for investigation. These incidents had not been reported to the management team by staff. However, strategies to deal with this person's challenging behaviour had been put in place following a similar incident earlier in the year which had been referred into the local authority safe guarding team. The local authority take a lead in investigating these concerns. The deputy manager told us they were only aware of one out of four of the incidents. Systems to report and review such incidents were not robust to ensure people were kept safe. The local authority takes the lead on investigating all allegations of potential abuse. Following the inspection the incidents were referred to the local authority safeguarding team, at our request. They were satisfied the staff dealt with the incidents appropriately at the time following the previous recommendations from an earlier investigation relating to this person.

One person told us, "There are always enough staff on duty to help me when I need help". Another person said, "I don't have to wait when I call staff, they come in reasonable time". We saw there were periods of time upstairs where people who required support were left unsupervised. This was because staff were attending to people in their rooms. We were told a 'floating' staff member was allocated to work across the home. Some staff told us that this was not always the case. We looked at an incident that had happened where a staff member was administering medicines. They were working alone and a person needed their attention. They stopped the medicines administration to attend to the person and made a medicines error. We looked at the rotas for the shift and saw a floating staff member should have been on the unit but they were not. We discussed this with the deputy manager who did not know why the floating staff member was not on the unit because they were not on duty at the time of the inspection. The operations director was made aware of this and told us the use of the float would be closely monitored to ensure future deployment of the floating member of staff was appropriately identified.

We saw risk assessments had been completed which made sure that all risks were considered and that appropriate responses were in place to minimise these risks. People had been involved in the development of their risk assessments and we saw these had been reviewed. For example one person liked to use a hot water bottle, this had been appropriately risk assessed. The risk assessment for another person included details of the behaviour that could challenge others. These risks set out what the different behaviours were that the person exhibited, and had guidelines which staff followed to provide appropriate support to manage these behaviours safely and effectively.

We saw that the provider had followed safe recruitment processes for all of the staff. One person who had recently started work at the home explained the checks that had been undertaken before they could start working at the home.

One person told us, "I always get my medicines on time". Another person said, "They give me my medicines. I prefer that they do this". People were supported by staff to take their medicines as prescribed. We observed people were given their prescribed medicines on time. Records showed people received their medicines safely. For example, each person had their own medicines record and this detailed all the medicines prescribed to them and the amount that should be taken, how and when. We saw staff had signed people's records each time medicines had been given. Staff we spoke with understood about the safe storage, administration and management of medicine. Staff confirmed they had received training in the safe handling and administration of medicines and competency checks were carried out. This ensured staff supporting people to take their medicines had the skills and knowledge to do this safely.

Is the service effective?

Our findings

We saw in the downstairs dining area staff were given permission to eat a meal with people. This was to encourage those people who may need motivating to eat their meal. Whilst this was a positive approach to caring for people living with dementia, we noted that the experience for people could have been improved. For example, it appeared the meal time was more about staff getting their meal and not actively encouraging people to enjoy their meal.

We saw staff obtained people's consent before providing them with assistance and supported people to make decisions. One person said, "They ask what I want help with." Staff told us that they had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA ensures that the human rights of people who may lack mental capacity to make particular decisions are protected. DoLS are required when this includes decisions about depriving

people of their liberty where there is no less restrictive way of achieving this. We found for people who were not able to give informed consent the requirements of the MCA had not always been met. For example, we could not find an assessment of one person's capacity to show whether the person was able to consent to specific care, such as the use of bed levers. On other people's care records we saw that their representatives had signed consent forms for things such as bed levers, the use of photographs and staff administering medicine. The deputy manager told us that they had obtained evidence of the representative's legal authority to make decisions on a person's behalf to make sure the provider acted within the law.

We saw some people had a DoLS application awaiting authorisation from the local authority to ensure people were not unlawfully restricted of their freedom or liberty. We saw a 'do not attempt resuscitation' form had been completed correctly it showed a relative had been involved in the decision as the person lacked capacity and it had been signed by the doctor.

People were cared for by staff who received appropriate training and support. People told us staff knew how to look after them. One person said, "The staff know what they are doing." Relatives also told us they thought staff were suitably trained to meet their family members' needs. One relative said, "The staff are amazing, I can't fault any of them". Another relative told us, "I think they're really good at their jobs." Staff told us they received regular training that was relevant to their role as care workers which helped them understand the needs of the people they supported. One member of staff said, "I think my training was good and I feel well supported by the management." A new member of staff told us that their introduction to their new job had been thorough and they felt it had prepared them well for their role.

The provider delivered training for all new staff which included training in key aspects of their role, as well as shadowing experienced members of staff. We spoke to a new member of staff who told us, "The induction was really helpful. I shadowed an experienced member of staff for a period of two weeks. I got to know everyone really well". Staff told us they were able to regularly update their existing knowledge and skills, as well as learn new ones. Staff confirmed they had plenty of opportunities to continuously update training they had previously undertaken. One staff member told us, "We meet regularly with our line manager where we can discuss any concerns or issues. The meetings are confidential". Another staff member told us, "You feel supported because we can raise anything we want".

One person told us, "The food is quite nice, we get a choice". Another person said, "I like the food there's always plenty of it". People's dietary needs and preferences were not always met. For example when recommendations had been made for a soft diet people were given pureed food. A visiting specialist professional told us that this did not increase the risk to people but said it was not necessary to puree the food. They told us they would provide training for the kitchen staff. We saw that one person required a low potassium diet but kitchen staff were not clear on how this affected the person's diet. In another instance a person's meal had been prepared by the kitchen staff but it was not in line with the person's documented preferences which was located in the kitchen. A member of care staff identified this issue and spoke with the kitchen staff who rectified the matter.

We saw people could choose when and where they ate their meals. For example, we saw some people chose to eat their lunch in the dining area, while others ate their meal in their bedrooms.

Is the service effective?

People we spoke with told us the food was good. One person told us, "I like the food. I eat it all. You tell them beforehand what you want, it's very good." Another person said, "The food is very good, you get a choice to a certain extent." We saw that there was a four weekly menu which gave people a number of choices. We saw and staff told us that if people did not like the choices they could choose something else to eat.

We saw lunch being served in two dining areas and found the meal time was well organised and people were provided with a pleasant and enjoyable experience upstairs. Staff sat down next to people they were supporting during lunch and took their time to explain what they were doing and what people were eating for their lunch. People were regularly offered hot and cold drinks throughout our inspection. Some people had specialist equipment such as plate guards to enable them to retain their independence with eating. We saw that people were encouraged to eat their meal.

People told us they could be seen by healthcare professionals when they needed to. One person told us, "If I need a doctor they will send for him. The chiropodist does come but I haven't seen him for a while." One person had been assessed by a physiotherapist to recommend the most appropriate walking aid for them. We saw the person had access to a walking frame which was in line with the physiotherapist's recommendation. One person who had a fall on the day of the inspection had been taken to hospital to be checked. We saw a specialist healthcare professional visit during the inspection. This was arranged by the provider in order to access specialist health care expertise for a person. Care records showed that a number of different healthcare professionals had visited people. These included, doctors, district nurses, opticians and dentists. Staff we spoke demonstrated a good understanding and awareness of people's specific health care needs.

Is the service caring?

Our findings

People told us that staff were caring. One person told us, "They [staff] are very good". Another person said, "I do like it here". A third person told us, "They are very good". One relative told us, "I am very pleased, all the girls are fabulous. They always make me welcome and it's a lovely little group. "I think [relative's name] is happy here the staff are definitely caring, they go over and above". One member of staff told us, "People get very good care and the staff are very caring". Another member of staff told us, "All of the people here are different. They are all individual. I know the residents well and we notice changes. We inform the office of any changes and care records are updated". During our observations we saw positive interactions between staff and people. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. One staff member told us, "We really do care for the people here. It's like an extended family".

One person told us, "I am much more independent now than before I came into the home. That is down to the staff who have supported me and helped me to increase my independence and confidence". The deputy manager and staff told us people were able to make decisions about their own care. We saw that people chose how to spend their time. One person told us, "I have my bath when I ask. I give them some notice because you can't expect them just to drop everything. They are all busy people". We saw staff offered people choices about what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food on the menu and the drinks that were available. People's care records included information about their needs and how people preferred to be supported with their personal care. For example, what time people preferred to get up in the morning and go to bed at night, and whether they preferred a shower or bath. Staff we spoke with were able to tell us about people's preferences and routines in detail.

We saw staff respected people's dignity by knocking on doors before entering rooms and closing doors when supporting people with their personal care. Staff understood what privacy and dignity meant in relation to supporting people with their personal care. One person told us, "The staff always treat us well and I don't ever feel embarrassed when they have to help me with anything personal". Staff described how they supported people to maintain their dignity. For example, one person requested their personal space and we saw that this was handled sensitively. We saw and heard staff interact with people in a caring and respectful way. Staff treated people with kindness and compassion. The atmosphere in the home was calm and relaxed. Staff addressed people by their preferred name, and spoke with them about everyday things and significant people in their lives. This showed that staff knew about what was important to the person.

Is the service responsive?

Our findings

People told us they had been visited by a member of staff before they were admitted to the home. One person told us, “Someone visited me from here before I came in they asked me what I needed help with and how I managed at home”. Another person told us, “I had an assessment by the home before I moved in. They asked me lots of questions about the things I needed help with. I told them what I could and could not manage and we talked about how the home could help me”. The deputy manager told us they were going to assess someone that was in hospital the day after our inspection. This was to assess their suitability to return to the home. We saw assessments of support needs. This information helped the staff to deliver individualised care and support.

We saw that people were involved in planning and reviewing their care through reviews with discussions with staff and their family members where this was their choice. Discussions with staff showed that the provider took account of people’s changing needs. For example, the speech and language therapist had been contacted for someone who had developed swallowing difficulties. We saw a member of staff communicated confidently about a person’s abilities and was able to give a healthcare professional an up to date account of the person’s progress since the last visit they carried out.

Staff told us that they shared information at each shift change to keep each other up to date with any changes in people’s needs. We saw daily records about each person's daily experiences, activities, health and well-being and any other significant issues. This helped staff to monitor if the planned care and support met people's needs.

People were supported in promoting their independence and community involvement. On the day of the inspection some people went out to the local theatre to see a show. One person liked to attend the local church and this was arranged with them to do this. Religious services were also held at the home for people who chose not to go out. Staff told us a baking session was due to take place later in the day. People told us how they liked to spend their time. One person told us, “I like to stay in my room to watch daytime television. I do go to the dining room for lunch to catch up with my friends but then I always come back to my room to follow the programmes I like to see”. Another person told us, “I have enjoyed a massage today. We’ve got a lovely therapy room and we get pampered if we wish”. Another person said, “I choose not to sleep in a bed and this is respected by the staff”.

People told us they would speak with the manager or deputy manager if they had any concerns. One person told us, “I have no complaints whatsoever but I would speak to the manager if I had”. A relative told us they had received a pack of information when their relative came to the home and the complaints process was included with the information. They said, “I have no complaints.”

A procedure for making a complaint or raising a concern was in place and well-publicised throughout the home and in the ‘service user guide’. The provider kept a log of complaints which detailed the nature of the complaint, investigations and the outcome of the complaint. Complainants were responded to in a timely manner and the provider made sure complainants were satisfied with the complaint investigation.

Is the service well-led?

Our findings

One person told us, “I see [managers name] and [deputy managers name] regularly. I think they run a good home here”. Another person said," know the manager very well, you can talk to them whenever you want”. A member of staff told us, “I think [managers name] is a good manager. Another member of staff told us, “Managers will and act on any concerns you may have. They are good”. People knew who the registered manager and deputy manager were and who was in charge when one was absent. People knew they should report to the registered manager if they experienced any problems with the staff who supported them. During the inspection the deputy manager made themselves available to people, staff and visitors so that they could discuss any issues they wanted to. Staff told us they were kept up to date with any changes made at the home and that communication from the management team was good.

Staff raised concerns about the management of staff break times and payment for meals were shared with the deputy manager. They were aware of the issues as these had been discussed before and staff were given information about how breaks and the staff meal tariff should be managed. They told us they would make the registered manager aware of the feedback. Two people shared concerns with us about the management style of the home. This was shared with the provider who agreed to address it. Two staff we spoke with told us, “[Registered manager’s name] as a manager is outstanding, you can’t knock them. When they are in she comes around to see the residents. It is ten times better than it was before. They have brought so many good things to the home.” Another staff member told us, “The manager is very approachable and would take action.” A relative told us, “I know who the manager is, they are totally efficient. I can talk to any of the girls in the office, I’ve not god a bad word to say about any of them.”

Staff told us team meetings were held so that staff were given an opportunity to discuss any issues relating to their role or changes in practice. Minutes of the last meeting showed that topics such as medicines administration had been discussed. The management team held resident meetings for people to include and empower them. People told us that resident and relative meetings were held on one unit every month which was called a ‘tea party’. People told us it was really nice and they looked forward to it. This was confirmed by a relative we spoke with.

The deputy manager told us that people’s views were sought formally about aspects of the running of the home through a satisfaction survey. The survey had been completed and the results were being collated by the head office. This was to ensure that people’s confidentiality was respected. The deputy manager told us once the results had been analysed this would be shared with the residents, staff and relatives. The registered manager would look at the results and produce an action plan if there were any aspects of the service that required improvement.

The provider had a number of systems to monitor the quality of the home. The deputy manager told us the registered manager carried out most of the main audits. These included a schedule of audits that were carried out at various intervals throughout the year. For example, medicines, infection control, health and safety and care documentation. We found that where shortfalls had been noted, actions required to address the shortfalls were identified and actioned. The operations director also visited the home on a monthly basis to carry out an internal audit and to monitor progress against issues that had been identified in the previous months visit. However, some issues that had been identified by the operations manager last month had not yet been addressed. For example an improvement in activities for people and regular care plan reviews. We discussed this with the operations director who told us the registered manager had been supporting at another home on a short term basis. The issues would be made a priority upon their return to the home next week.