Coverage Care Services Limited

Barclay Gardens

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

Summary of findings

Overall summary

This inspection took place on 1 September 2016 and was unannounced.

Barclay Gardens is a residential home that provides personal care and accommodation for up to 40 older people some of whom are living with dementia. The service accommodates up to 10 people on each unit. At the time of the inspection, there were 34 people living at the service and a registered manager was in post. 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.

At our last inspection carried out 19 May 2015 we asked the provider to take action to make improvements to how incidents where people had been potentially harmed were assessed and reported to the local authority and how people's ability to make decisions was assessed to ensure their rights were fully protected. During this inspection, we found the provider has taken appropriate action.

People told us that they felt safe living at the service and we found staff that could recognise any potential signs of abuse and protected people from harm. Staff managed risks to people and the registered manager had effective reporting and monitoring of accidents in place. The provider had recruitment practices, which kept people safe, and there were sufficient staff to meet people's needs. People received their medicines as prescribed. Medicines were stored appropriately and there were systems in place to monitor people's medicine administration.

People received support from a staff team who received the training and support they needed to carry out their roles. People were asked for consent to the care they received, where people lacked capacity the principles of the Mental Capacity Act 2005 were followed. People enjoyed the food and drink they received which met their nutritional needs and preferences. People had access to health care and received support to maintain their health.

People received support from a staff team who were kind and caring and helped them understand and make choices about their care and support. People had their privacy and dignity respected and were encouraged to maintain their independence. People were supported to maintain relationships and people from the local community were encouraged to use the facilities in the home and build relationships with people.

People and their relatives were involved in the development and review of their care plans. People received the care and support they needed and staff understood people's preferences. People had access to leisure opportunities and plans were in place to offer different activities such as gardening. People's complaints were responded to appropriately and the registered manager took steps to make sure they learned from complaints.

People, relatives and staff were involved in the development of the service. The registered manager welcomed ideas for improvement and had systems in place to allow people to share their experiences of the service. The registered manager had developed an open and honest culture. People, relatives and staff told us they felt the service was well led by management and managers made themselves visible and available to people. The registered manager had quality assurance systems in place in order to identify and action areas for improvement within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received support from staff who understood how to protect people from the risk of harm. Staff knew how to recognise abuse and what action to take to keep people safe.

People received support, which took account of any risks, and plans to reduce them were in place. Accidents and incidents were recorded and reviewed and action taken to prevent them from happening again.

People received support from a safely recruited staff team. There was enough staff to meet peoples care and support needs.

People received their medicines as prescribed. Medicines were stored appropriately and there were systems in place to manage medicine safely.

Is the service effective?

Good

The Service was effective.

People received support from a trained staff group who received support from the registered manager.

People gave their consent to care and support and were involved in making decisions about their care. Staff understood the principles of the Mental Capacity Act 2005 and could apply them.

People had enough to eat and drink and at mealtimes could choose what they wanted. People received a nutritious diet.

People had support to monitor and maintain their health with access to health professionals when they needed it.

Is the service caring?

Good

The service was caring.

People were shown compassion and kindness by staff that provided their support. Staff built positive relationships with

people and understood their needs.

People were involved in making choices about their care. Staff understood how to communicate with people so they could make decisions about how their care and support needs were met.

People received support in a way that promoted dignity and respect and were encouraged to be independent.

Is the service responsive?

Good

The service was responsive.

People received support from staff that understood their individual preferences and had their needs regularly reviewed and care plans updated as a result.

People were supported to participate in access activities and people from the local community were encouraged to use the facilities at the service to build relationships.

People and their relatives understood how to make a complaint. The registered manager responded to complaints and took action to learn from them.

Is the service well-led?

Good

The service was well led.

The registered manager promoted a caring and open culture that responded to people's needs.

People felt the service was well led. People told us they gave feedback about the service they received and the registered manager used this to improve the service.

The registered manager had effective systems in place to monitor the quality of the service and deliver improvements to the care and support people received.

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 unannounced inspection took place on 1 September 2016. The inspection team consisted of one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service. We looked at the information the provider had sent to us in their Provider Information Return (PIR). A PIR is a document we ask providers to complete to provide information about what the service does well and what improvements they plan to make. We used this information to help us plan our inspection.

During the inspection, we spoke with 11 people who use the service and four relatives. We also spoke with the registered manager, the deputy manager, four care workers and the cook.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. 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. We reviewed a range of records, which included the care records of four people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including compliments and complaint logs, accident reports, staff rotas, meeting notes, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

People living at the service told us that they felt safe and that they could speak to staff if they had any concerns. One person told us, "I feel totally safe here". A relative said, "It is safe for [my relative] they need a lot of support and I am confident they get it here". At our last inspection, we asked the provider to make improvements to the assessment and reporting of incidents, which may have constituted potential abuse, the provider had taken action to address this. Where staff had raised concerns about people's safety we saw the registered manager had investigated these and took action. Staff could describe the signs of potential abuse and knew how to report any concerns about people. In the PIR the registered manager said, "We have a confidential whistleblowing phone number that all staff are aware of and know they can call at any time if they felt their concerns hadn't been dealt with". Staff confirmed they had knowledge of how to use this policy. This showed people were protected from the risk of harm and abuse.

People were kept safe through the effective management of risk. People told us they felt staff helped to manager risks; relatives told us staff responding effectively when people had accidents. One relative said, "If [My relative] has an accident they always check what caused it and put things in place so it doesn't happen again". We saw there were specific measures in place to keep people safe depending on their needs. For example, one person was at risk if they got out of bed during the night without help, so a pressure sensitive mat was in place to alert staff if the person got out of bed. Staff could tell us about people who were at risk and how these risks were managed and we saw risk assessments were reviewed monthly. Accidents and incidents were recorded and monitored and evidence of investigations were in place where appropriate. We saw the registered manager had reviewed accidents and actions had been taken for example, one person who had fallen over had been referred to a health professional for a review of their mobility. This showed people were protected by staff who understood how to keep them safe.

Most people and relatives told us there were sufficient numbers of staff available to meet people's needs. One person said, "The staff are always around and can help me when I need it". One relative said, "I have never seen [my relative] have to wait for help". However another relative said, "Sometimes there is only one [member of staff] on the floor and they have to put the laundry away someone else could do that they have enough to do". During our inspection, we observed there were sufficient staff available to keep people safe. The staff we spoke with told us that they felt there were enough staff to meet people's needs and keep them safe. This showed people had access to sufficient staff to keep them safe.

People were supported by staff that had been recruited safely. The registered manager told us how they carried out appropriate pre-employment checks to include criminal records checks and reference checks. Staff confirmed these checks had been undertaken before they were able to start working with people at the service and the staff records we saw supported this. This showed the provider had sufficient systems in place to ensure people were recruited safely.

People told us they received their medicines as prescribed. One person said, "The staff manage my medicine, I just have to take them". A relative told us, "The staff manage [my relatives] medicine without any problems". We saw where errors occurred the registered manager sought medical advice and took action to

prevent future errors. People's medicine were stored safely, for example, medicines requiring refrigeration were stored safely and temperatures were checked and recorded daily, with action taken to reduce the temperature if they were too high. Medicine administration records were completed accurately and weekly checks on the medicine stock were carried out. Where problems were identified, the registered manager had systems in place to investigate and take action to make sure people had enough medicine.

Good

Is the service effective?

Our findings

People received support from staff who had received training that enabled them to be effective in their roles. People told us staff understood their role and provided them with the support they needed. Relatives told us they felt staff were well trained. One relative said, "The staff seem to help people in a way that meets their needs". We saw a training programme was in place and records of staff attendance. We observed staff using the skills they had gained from the training throughout the inspection. For example, we saw staff following infection control procedures, using safe manual handling techniques and supporting people with dementia effectively. People had their needs met by staff that had the skills and knowledge to support them. One staff member told us, "We have regular training; it's good and covers all areas". Another staff member said, "The infection control training showed me how to take off gloves and aprons to avoid cross contamination". This showed staff had the knowledge and skills to provide effective support to people.

Staff told us the induction for new staff was comprehensive and involved shadowing more experienced staff members. The registered manager told us staff completed a 12 week induction, which included spending time with the managers, shadowing staff, undertaking basic training. In the PIR, the registered manager had said they planned to get new staff to complete the care certificate along with existing staff that did not have a relevant qualification. The care certificate is the minimum standards of induction training for new care workers. The records we saw confirmed the registered manager was working towards this. Staff told us they had access to support from the management team. Staff told us they had support through their supervision and team meetings. One staff member said, "We have regular supervisions and you can raise anything with the managers at any time". Staff had regular support to make sure they understood how to support people this gave staff an opportunity to seek advice, for example staff could use this to get up to date information on the most effective way to support people with specific health conditions. This showed staff had access to support in order to perform in their role.

People who had the capacity to make decisions about their care told us staff always sought their consent before providing care and support. One person said, "Staff always ask me if it's ok to help me with things". We saw staff seeking consent from people during the inspection, for example, they asked people if it was ok to help them stand up when supporting people with mobility and asked people if they were happy to take their medicines. We saw staff withdraw when people did not give their consent. Staff understood consent and could describe how when people lacked capacity to consent to their care they followed the guidance in the care plan and asked people for consent before they gave care and support. One staff member said, "We have to remind [person's name] why they should not eat certain foods as this is in their best interests to manage their health". The staff member told us a decision about this had been taken in the person's best interest, as they did not have capacity to understand the risks to their health.

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. At our last inspection we asked the provider to make improvements to how they met requirements

of the MCA, the provider had taken the required action. We saw the registered manager had completed assessments of people's capacity and ensured decisions were taken in people's best interests.

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). We saw where people had been deprived of their liberty in order to protect their health and wellbeing; the required applications had been submitted to the Local Authority. Staff understood who was subject to an authorised DoLS and could tell us how this was managed in the least restrictive way possible. This showed us the registered manager and staff were following the law and guidance seeking consent to treatment, and they understood their legal obligation to ensure people's rights were protected.

People enjoyed the food and drinks they received. People and their relatives told us the food was good and they could choose what they wanted to eat and drink. One person said, "I can order specific things from the kitchen, like my cheese". Another person said, "There is a menu and staff ask you individually what you want". A relative told us, "Staff are always encouraging people to drink". We saw staff offering people a choice of food and drink and making sure people who needed support received this. We saw staff understood people's dietary needs and preferences and could follow specific instructions given by health professionals. For example, people who needed a soft diet and diabetic diet had their needs met appropriately. Staff provided assistance and equipment to people who needed it. Mealtimes were relaxed and enjoyable. The menus we saw were varied and offered healthy options. This showed people had access to enough to eat and drink and were supported to maintain a healthy diet.

People and their relatives told us they had good access to health care and were supported by staff to maintain their health. One person said, "I have had help from a nurse and it is getting better now". A relative told us, "They always call a doctor if [my relative] is unwell and they give me a call to tell me about it". We saw people were visited by a chiropodist and district nurse on the day of the inspection. We saw information about people's health conditions were recorded in their care plans and details of visits from health professionals were included. The staff handover process included information about how people's health needs should be monitored. This showed people were supported to maintain good health and could access health care when they needed it.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said, "Staff are always checking on you and always make time for a chat". Another person said, A relative told us, "Staff listen to any concerns and keep us well informed, the staff go above and beyond".
We saw positive interactions between staff and people who lived at the service. For example, we saw one person who was upset and staff took time to sit and find out what was wrong and offer some comfort. Staff told us they operated a system, which meant people had a key worker who was there to support people with things like shopping, outings and make sure birthdays were celebrated. People told us they knew who their key worker was and had good relationships with them. One person told us, "I went out recently with my key worker for lunch". This showed people had positive relationships with the staff that supported them.

People were offered a range of choices about their care and support. People told us they could choose things such as what to eat, where to spend their time, what they wanted to do during the day, what time to get up and go to bed. One person said, "I get to choose things for myself, staff always offer me a choice". We saw staff offering people a choice during the day and spending time with people to make sure they understood the choice they were making. For example, we saw staff using a picture menu to help someone make a choice about their preferred meal. Staff told us they spent time finding out about peoples likes and dislikes. One staff member said, "[A person] loves to clear away the tables and dry the dishes". Another staff member said, "Information about people is always detailed in their care plan so everyone knows how to support them to make choices". We saw people had personalised bedrooms and had chosen what to display in a memory box located outside their door. Staff told us these boxes helped people locate their rooms but also provided a talking point for people. This showed people were actively involved in making choices about their care and support.

People had their privacy and dignity respected and promoted by staff. One relative told us, "[my relative] cannot see very well, staff always make sure their clothing is coordinated". We saw staff protected people's privacy and dignity. For example, we saw staff taking someone to their bedroom to receive a visitor so they could talk privately. We saw staff knocked on doors and wait to be told to come in before entering people's rooms. Staff shared examples of how they protected people's privacy and dignity. One staff member told us, "You have to be discreet when you are asking someone if they need to use the toilet for example, I always make sure I cannot be heard by other people". We saw people were encouraged to maintain relationships. One person had a visitor at lunchtime and they had bought lunch with them, which they ate together in the courtyard garden. Relatives told us they were always welcome and could use the onsite restaurant to have a meal if they wanted to. The registered manager told us there was a relative's suite, which was available for people to use to stay over at the service if they needed to when visiting family members. This showed the registered manager and staff promoted people's privacy, dignity, and respected their rights.

People had their independence promoted by staff. One relative told us, "The staff always encourage people to do what they can for themselves". Another relative said, [My relative] has been here a long time and the support to stay healthy and independent is remarkable". Staff could tell us how they promoted people's independence. One staff member said, "I always encourage people to do things for themselves, such as

washing their hands and face". We saw staff encouraging people to stay independent, for example, staff encouraged people to walk independently, take part in daily living activities and take part in activities. This showed people were supported to maintain their independence.

Good

Is the service responsive?

Our findings

People received personalised care that responded to their needs and preferences. People told us they were involved in planning their care and support. Relatives told us they had been involved in planning care and support and reviews where their relatives did not have the capacity to be involved. One person said, "Staff always talk to you about what help you need". A relative said, "[a staff member] reviews [my relatives] care every month and involves me in the review". We saw care plans were specific about people's needs and preferences and reviews took place monthly. Staff understood what people needed and how they liked things done and could give examples of people's specific needs. For example, one staff member said, "[A person] will lean to one side when they are in pain". We saw staff understood how to communicate with people effectively so they could be involved in planning their care. The registered manager told us in the PIR that all people had an assessment of their needs and preferences before coming into the home and a review of this assessment 48 hours after admission. We spoke to people and their relatives who confirmed this was the case and the care records we saw supported this. This showed staff understood how to provide personalised care that responded to people's needs and preferences.

People had access to leisure opportunities. People could access a range of activities, which were provided by an onsite day centre. People told us they attended things such as bingo and events in the day centre. One person told us they liked to spend time in their room watching films, another told us they liked to sketch pictures, they said, "Have you seen my sketches, they are displayed on the wall". One relative told us their family member was living with dementia and staff made sure they engaged the person in activities, which were appropriate and reminded the person of their working life. Another relative said, "The staff are completing a project with old photographs and have asked me to bring some in". One person told us they loved gardening but had not had access to this. However, we saw there were plans in place to start a gardening group and staff were being asked to volunteer to run the sessions. The registered manager told us people from the community and relatives could come in and use the facilities. For example, there was a restaurant, which people from the community and relatives used to have meals. We saw the restaurant was busy and people and their relatives told us they used the facility. This showed people had access to activities and the community was encouraged to come into the communal areas of the home.

People and their relatives told us that they felt able to make a complaint if they needed to do so. People told us they had not needed to raise a complaint but felt they would be listened to if they did. One relative said, "I have never had to complain, but I know the manager would sort things out if I needed to complain". Staff understood how to manage complaints and told us small issues would be dealt with by staff and recorded in the daily notes. Staff said more complex issues were reported to the registered manager to investigate. We saw the complaints policy was in prominent view within the home and we saw records of complaints, which detailed the investigation, and the outcome, which included how things would be done differently in the future. This showed registered manager had effective systems in place to learn from complaints.

Good

Is the service well-led?

Our findings

The service had an open and inclusive culture. People, their relatives and staff made positive comments about the service for example, one person said, "I cannot fault this as a home" whilst another told us, "It is very homely, it's been my home for over 6 years". One relative told us, "The management team keep people safe, they prevent risks the people here are foremost in their minds". Another relative told us, "The management team are very open; they call and tell me if something has happened with [my relative]". Staff told us the management team were very open and approachable. Staff said they felt comfortable raising any concerns or making suggestions about how they could change things. One staff member said, "We can raise things with the manager at any time and they will listen". We saw people, relatives and staff were comfortable raising concerns with the registered manager and other members of the management team. We saw the management team spent time on each of the units and staff told us this was always the case. People responded positively to the registered manager and they knew them by name. This showed the people knew who the registered manager was and the registered manager encouraged an open and inclusive culture.

A registered manager was in post supported by a management team. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had been asked to produce a 'Provider Information Return' for CQC. This is a report requested by CQC asking for specific information about the service and how it is run. They had returned the document on time and shared information about how the service was run. We used this information in planning our inspection. The registered manager had displayed the ratings from our last inspection.

People, relatives and staff told us they felt the service was well led. Relatives told us they would recommend the service to other people and they felt the registered manager was always looking to improve things. One relative told us, "They are always improving something; they have events to make money to get nice things for the people who live here". Staff told us the registered manager made sure the service was run well. One staff member said, "The registered manager does regular spot checks on things such as medicine administration, our uniforms and infection control". We saw the registered manager had systems in place to provide effective leadership. For example, staff meetings had a theme each month where there was a focus on testing staff knowledge on key subjects. The registered manager held regular staff meetings and supervisions, which detailed discussions about areas of development. This showed the registered manager had effective management systems in place.

People received support from a management team that was actively seeking improvements to the quality of service people received. The registered manager had put quality assurance systems in place to monitor the quality of the service people received. For example, care plans were audited to ensure reviews were completed and people had been involved in designing their care plans. We saw health and safely audits had been completed and the provider had a system of sharing good practice with their staff. The registered manager had held resident meetings to discuss the quality of the service and the people we spoke with felt changes had happened as a result. Relatives told us they had received questionnaires asking them about

the quality of the service. This showed the registered manager had systems in place to check the quality of the care people received.