Voyage 1 Limited

Barley Close

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

The inspection took place on 14 December 2018 and was unannounced. The inspection continued on 17 December 2018 and was announced.

Barley Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide accommodation for persons who require nursing or personal care. It is registered for up to 10 people with learning disabilities and autism. At the time of our inspection there were eight people living in the home.

At our last inspection we rated the service outstanding. At this inspection we found the evidence supported a rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

The care service at Barley Close has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager 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.

Staff understood their responsibilities to safeguard people and knew how to raise concerns both internally or externally if required. There was a safeguarding policy and procedures in place to protect people from abuse or harm. There were enough staff to keep people safe and meet people's individual needs. Staff had a good understanding of people's individual risks and how to manage them positively without being unduly restrictive. There were processes in place to ensure safe recruitment of staff to reduce the risks to people living at the home.

People were supported by staff with the skills and knowledge to meet their individual needs. There were processes in place to ensure staff had a robust induction to the service. Staff competency was monitored on an ongoing basis through observation, appraisal, and supervision. Staff received mandatory and bespoke training that enabled them to meet people's complex needs.

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

understood the principles of the Mental Capacity Act 2005 (MCA 2005) and how it applied to the people there. This provided protection for people who do not have capacity to make decisions for themselves.

Staff interacted with people in an extremely kind, inclusive and caring way. There was a relaxed and happy atmosphere at the home with staff observed consistently giving their time and responding to people in a patient and timely way. People's right to privacy and dignity was respected at all times.

People were encouraged and supported to maintain relationships with relatives and actively participate in the community. Staff demonstrated a good understanding of the people living there. People's support needs were identified, assessed and documented in personalised care plans.

People's care needs were monitored and regularly reviewed. The provider had established good relationships with health and social care professionals and relatives who were consulted and involved. Relatives felt listened to and involved in their loved one's lives.

People's desire for independence and meaningful activity was met through a varied range of activities tailored to their abilities and tastes. This supported them to lead full and active lives.

People received support in a way that acknowledged and promoted Equality, Diversity and Human Rights (EDHR). The support recognised their needs as individuals and as part of a small community of people living in the same home.

The provider had a complaints policy and relatives knew what to do should they need to complain.

The registered manager had the skills, knowledge and drive to manage the service and to identify where it could be improved. They were highly thought of by staff, relatives and professionals.

There were systems and processes in place to effectively monitor and evaluate the service provided. Learning was shared with staff and used to drive service improvement.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service has deteriorated to Good.	**Good**
Is the service responsive? The service has deteriorated to Good.	**Good**
Is the service well-led? The service has deteriorated to Good.	**Good**

Barley Close

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 site visit took place on 14 December 2018 and was unannounced. The inspection continued on 17 December 2018 and was announced. The inspection team included a lead 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. The Expert by Experience spoke with people who use the service to understand their experience.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

In planning the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We received feedback from five health and social care professionals via telephone and email.

We spoke with four people's relatives (two at Barley Close and two by telephone) and observed how staff supported people to help us understand their experience. We spoke with the registered manager, operations manager and seven care staff.

We pathway tracked four people by looking at their care plans and observing if they were supported in line with their assessed needs. We also looked at records relating to the management of the home including staff rotas, medicine administration records, meeting minutes, feedback from the annual survey and the recruitment information for three staff.

We walked around the building and observed care practice and interactions between support staff and people.

Good

Is the service safe?

Our findings

People were supported by staff who understood their safeguarding responsibilities, what signs may indicate a person was experiencing harm or abuse and how to raise a concern both internally and to external agencies such as the police or local authority. Staff told us they knew how to whistleblow should they need to. One staff member said, "I would feel comfortable whistleblowing to seniors or the registered manager. You can talk to any of them."

People's risks were individually assessed, and staff were aware of how to minimise these risks. For example, a person living with epilepsy had a plan which recognised that becoming overheated during the night could be a trigger for a seizure. Checks included an assessment of the temperature of the person's room. Staff then determined what action to take which included offering the person thinner bedding. Another person had a risk assessment that minimised the risks from them sitting in the front seat of the house vehicle but enabled them to continue to experience the pleasure they received from this activity. This demonstrated that risks were not seen as a barrier to people taking part in activities they enjoyed.

Some people displayed behaviour that could challenge staff and the service. People had positive behaviour support plans in place. These guided staff on how best to support people at these times. Behaviour charts were completed by staff; these detailed what had led up to an incident, what had happened during an incident and what actions were taken to help resolve the incident. Debrief meetings were then held with staff to reflect on and share learning.

Behavioural management and analysis had led to an increased awareness of triggers for behaviours that could challenge and the use of effective distraction and de-escalation techniques; with a subsequent reduction in the number of safeguarding concerns between people living at the service. With regards the support provided to a person who had moved to Barley Close following a hospital admission, a health professional had fedback via email – 'Although it was a very difficult start due to [name's] presentation, Barley Close and their team could see beyond the difficulties and persevered when many homes would have said that they were not able to meet [name's] needs. [Name's] quality of life has improved enormously as a result."

Equipment in the home was regularly tested to help ensure the risks it could pose to people, staff and visitors was minimised. People had Personal Emergency Evacuation Plans (PEEP) in place. These plans told staff how to support people in the event of an emergency such as a fire or flooding.

There were enough staff to meet people's needs in a timely way. However, one staff member had fedback in the recent survey that agency staff could be used for additional cover in times of sickness. This suggestion had been added to the home's annual service review to be considered. A social care professional said, "There is always the right amount of staff." A health professional stated in the annual survey, 'As a professional I can observe that the home is adequately staffed.' Another professional had fedback, 'Flexibility in the rota works well to allow for the needs of the individual to be met.' Each person had a specific number of assessed 1:1 support hours. Some people were supported with two staff when out in the

community to help ensure their safety and the safety of other people. The level of support people required was frequently reviewed with involvement from the person (where possible), relatives, staff familiar to the person and health and social care professionals.

The provider had robust recruitment practices in place. Pre-employment and Disclosure and Barring Service (DBS) checks were undertaken. The DBS checks people's criminal record history and their suitability to work with vulnerable people.Records included photo identification, application forms with details of work history and qualifications, interview scoring and two verified references. This helped ensure people had the necessary skills and values required.

Medicines were managed, administered and stored safely. This included medication that required additional security. Staff who supported people with their medicines had been trained and had their competency assessed. Designated staff held the keys to the medicine storage area. Medicines in use were within their expiry dates and bottles of liquid medicine had the date of opening recorded. Temperatures of the medicine storage, including refrigerated storage, were checked regularly and were within the recommended range. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

The home was visibly clean and was free from odours. Hand washing facilities were available around the building and staff made appropriate use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff understood how to prevent and control risks to people from infection. One relative had fedback in an email to the service stating, 'The cleanliness is very good.'

Accidents, incidents and near misses were logged and audited. This included a review of factors that had contributed to the event, the severity and how it was resolved. Accident records were reviewed by management and lessons shared with staff during team meetings, handovers and supervision. This helped to reduce the chance of a reoccurrence.

Good

Is the service effective?

Our findings

People had their needs thoroughly assessed prior to moving to the home. Their pre-assessment included identifying needs related to their current health and well-being needs, the new home environment and the potential impact they may have on other people already living at Barley Close.

People were supported by staff who had received an induction. This included shadowing more experienced staff and probationary reviews to check that staff had the rights skills and competence. Staff were trained to meet people's specific needs. Courses included: diabetes awareness, autism awareness, behavioural support and communication. One staff member said, "Training here is good. We had trauma training a few weeks ago. We learnt that it's the behaviour rather than the person." The trauma training was a bespoke session created in consultation with a senior community nurse and was delivered to staff to assist them with trauma informed approaches with one of the people at the home.

A professional who had provided training to staff at Barley Close had fedback to the registered manager, 'They [staff] were passionate, enthusiastic and really friendly. It has been a breath of fresh air and they are all very proud of the work they do and their attitude was excellent. They (staff) are all big fans of yours too. Please pass on my thanks.'

Staff received regular supervision and annual appraisals that were used as an opportunity to reflect on their practice and to discuss their professional development. Supervision included discussion with staff about their general well-being, workload, health and safety and progress on any previously identified actions.

People were encouraged and supported to enjoy a healthy diet with risks managed effectively. People's dietary needs were known and met. One person had their nutrition through an enteral tube. This is a tube that goes directly into a person's stomach. Staff had specific training on how to manage this. People's food and drink intake was monitored and those with diabetes had their blood sugar levels closely monitored.

People at risk of weight loss or gain were weighed regularly with this information used to inform decisions about the need for specialist advice, for example from the speech and language team, tissue viability nurse or dietician. People's communication plans included how they made others aware of their need for food and drink. For example, one person's plan stated, 'when I am thirsty I may stick my tongue out, making noises resembling drinking.'

People were given support to shop for foods and to prepare and cook meals. The home had a main kitchen and a training kitchen with height adjustable work tops where people could be involved and develop their skills in this area. Pictures of food and drink and plated foods were used to help people to choose what they wanted each day. When people changed their mind, we observed staff supporting them to choose something else. Meal support was given in line with health professional recommendations, at each person's pace and in a relaxed and calm way. People had adapted crockery and utensils which helped support them to be as independent as possible. One person had been supplied with an adapted spoon and plate which reduced the risk of them choking, damaging their teeth and promoted their independence.

People were supported by staff who understood the importance of liaising with health and social care professionals to help maintain people's health and wellbeing. For example, staff had liaised with a dietician on behalf of a person who required nutritional support via an enteral tube. The person liked strongly flavoured foods, so the staff had helped them obtain and try a wider choice of feed flavours to help improve their meal experience. With regards another person at the home, a social care professional told us, "They took on advice well and it shows in what they've achieved with [name]." Other health professional comments included: "I think they're pretty good. They have taken on things we have asked them to do like changing a person's tube in an emergency. I'm impressed that they also let me know when things go wrong", "They are very receptive of advice given by my team and always happy to meet to discuss progress" and, 'Staff happy to work through problems for the best outcome for the individual.'

Each person had a hospital passport that they took with them when accessing other services. The passports included information on people's communication needs, family and GP contact details, support needs, and signs of anxiety and pain. People were supported to access health services including epilepsy nurses, dentists, neurologists and GP surgeries.

The service worked in partnership with local GPs and psychiatrists to regularly review medicines in line with Stopping Over Medication of People with learning disability, autism or both (STOMP). STOMP is an NHS-led campaign about making sure people get the right medicine if they need it. It encourages people to have regular medicine reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved.

The home was a two-storey detached property with wheelchair accessible corridors, handrails and colourful artwork on the walls. The first floor was accessible via a staircase. People who were sufficiently mobile had their bedrooms on the first floor. Door sensors were in place so that staff could respond to provide discreet support when they wanted to use the stairs. We observed that this support was provided in a timely way and allowed the people to be as independent as possible.

All ground floor areas of the home and enclosed garden were accessible for people including those with more limited mobility. The home had recently purchased a greenhouse where it was planning to support people to grow fruit and vegetables. The interior of the home included an, communal lounge, dining room, conservatory and a sensory room. A professional had fedback, 'The home itself is a lovely space physically. There always feels as though there is enough space for all the residents to be and do their own thing.'

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People at Barley Close were living with a learning disability or autism, which affected their ability to make some decisions about their care and support. We checked whether the service was working within the principles of the MCA. Our observations confirmed that staff had a good understanding of the principles of the MCA and used this when supporting people.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people were assessed as lacking capacity to make an informed decision on a particular issue, such as the use of bed rails or a door sensor, best interest decisions

had been made with relatives, staff and professionals. Five people had authorised DoLS in place and three people were pending assessment from the relevant Local Authority. We found that no authorisations had any attached to them.

When we raised with the registered manager that one person's DoLS authorisation had expired two weeks prior to the inspection they told us they would apply to have this renewed. After the inspection we received confirmation that the renewal had been applied for. Staff had received training to understand their responsibilities under the MCA and DoLS and were able to confidently tell us how they sought consent and worked in people's best interests.

Good

Is the service caring?

Our findings

People were treated with respect and kindness at all times. Due to people's communication needs we were unable to obtain their views but we observed each person smiling and reacting positively whenever they were supported by staff. Staff spoke with them in a very friendly and compassionate way and it was clear that they had an excellent understanding of the people they were supporting. People had various methods of communicating with each other and staff. These included vocalising, eye pointing, sign language, facial expression, photos and everyday objects. These methods of communication were known, respected and used by staff.

Interactions between people and staff were natural and warm. There was a relaxed and happy atmosphere within the home. Staff understood how to support people when they were feeling anxious or upset for example when dealing with living in a new home, bereavement and/or loss. Staff were consistently attentive to people's needs and responded in a timely way. It was evident in people's body language that they got along with the staff supporting them and enjoyed their company. A relative had fedback, 'I feel that the standard and care of [name] is excellent, they (staff) have been very understanding to [name's] needs." Health and social care professionals commented: "They are really kind. You can tell they know the residents really well", "I find them very dedicated and exceptionally caring", "I have always found staff to be very respectful of residents and their individual needs" and (via email), 'I am always struck by the very positive and caring atmosphere there and the respect and care shown by the staff.'

People's bedrooms were personalised with their belongings, such as furniture, family photographs and ornaments to help them feel at home. Bedrooms were decorated in a way that reflected their gender, age and interests. Staff referred to these items, such as family photos or cuddly toys, which supported meaningful interactions and helped people to feel calm and content. For example, staff ensured that one person's favourite cuddly toys were in their bed at night which helped them have a good night's sleep.

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. One relative said, "As a parent, being welcome to visit anytime is really appreciated."

Staff understood and met people's communication needs which were detailed within their care plans. For example, one person's plan noted, '[Name] is capable of making a choice given picture references.' Another person's reminded staff to give the person time to process information to make an informed choice. People's care plans detailed the circumstances which would positively or negatively affect a person making a decision, for example being in a quiet environment, being post seizure, anxious or tired. This supported people to be more actively involved in choices and decisions affecting their life. Communication plans and hospital passports were used to ensure people's needs in this area were shared with new staff and health and social care professionals. This ensured all staff were responsive to people's needs and supported people when accessing community services such as local hospitals or a dentist. Some of the communication plans were due for review and the registered manager said they would action this.

People had as much choice and control over their lives as possible. They were supported to express their

views about their care using their preferred method of communication and were actively supported to influence and have control over their day to day lives. Our observations and people's plans confirmed this. This included people being supported to have a particular gender of carer supporting them with intimate care. One person's plan noted that they liked their bath 'deep and bubbly' and that they preferred to start getting ready for bed between 18:30 and 20:00. Another person's plan noted, '[Name] will indicate when [name] is ready to get up usually between 07:00 and 08:00 but sometimes likes to have a lie-in.'

People's right to privacy was consistently respected. We observed staff knocking on people's doors before entering and giving people the opportunity to spend time alone. When people require support with personal care or their continence this was done discreetly which helped maintain their dignity.

Staff understood the importance of helping people to be as independent as possible and influence the care and support that they received. Care plans detailed the support that people required and what they were able and keen to do themselves. For example, one person's plan around this area advised staff to 'Follow [name's lead], reflect back to [name] what you have understood of [name's choice].' Another person's plan noted, 'I need staff to help me with dressing, but I like to participate to.' Such examples, and our observations, demonstrated that staff interacted with people in a way that actively encouraged and supported them to be at the centre of decisions affecting their lives.

The registered manager told us that the organisation had recently introduced Active Support and that training had been delivered to staff. Active Support changes the style of support from 'caring for' to 'working with', it promotes independence and supports people to take an active part in their own lives. The support given to the person is also active. Active Support enables people with learning disabilities to live ordinary lives.

Good

Is the service responsive?

Our findings

People had person centred care plans that included their needs, abilities, life history, preferences and people important to them. The plans included sections such as 'What people like and admire about me' with one person's stating, 'I have a wicked sense of humour' and 'How to support me well' – this person's plan advised staff they could do this by supporting the person to 'look my best at all times' and that they liked having their nails painted. We heard staff offering to help this person to paint their nails during the inspection. A relative told us, "I am very happy with [name's] care and they keep us informed." Another relative said, "[Name's] always had good care, they (staff) always look after [name] and I know nothing bad has happened to [name], [name] seems happy." People had person-centred reviews which were attended by a range of people personally and professionally important to them including relatives, advocates, the registered manager and staff familiar with their needs.

People's preferences, likes and dislikes were documented, well known and met. Care plans detailed how people liked things to happen each day with this information readily accessible and known to staff. For example, one person's plan noted, '[Name] likes to have [their] hair blow dried until it is crisp and then hot brushed to curl the ends.' Another person's plan noted, 'I love clothes and shoes and will change several times a day.' We observed staff offering to support people in their preferred ways. Staff had received training in Equality, Diversity and Human Rights (EDHR) and used this to inform the way they supported and interacted with people.

Staff had developed creative ways to encourage people to accept support with certain aspects of their personal care. For example, staff sang to a person which made them happier to have their teeth cleaned. This had reduced the need for invasive dental treatment. Staff recognised that people often took time to accept changes to their lives and acknowledged this in the approach they took. For example, the size of one person's finger foods was gradually reduced to help them accept portion sizes that would reduce the risk of them choking.

The service met the requirements of the Accessible Information Standard (AIS). The AIS is a law which requires providers to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure each person had access to the information they needed in a way they could understand to comply with the AIS. People's preferred methods of communication were shared with heath and social care professionals using communication and hospital passports. During our inspection a person was supported to share their preferred methods of communication when visiting a consulant.

Staff supported people to enjoy a wide range of activities both in the home and the community. This had included small group trips to the coast and a local farm and regular, individually funded activities such as aromatherapy or music therapy. People did activities that reflected their interests. A staff member had purchased a wind mobile which had encouraged a person who enjoyed nature to spend more time outside. One person was observed watching their favourite episodes of a popular TV show. This person had been supported to attend a family wedding where they had caught up with a relative they had not seen for some

time. Another person was observed smiling while having aromatherapy.

During the inspection, one person returned to the home after Christmas shopping with staff. They had chosen a Christmas t-shirt and antlers which they proudly showed to everyone in the home. This person was later observed sharing lines from a song that a staff member had created and mimicking the sounds of animals with another staff member in time with an interactive ball. In the recent annual survey, the person's relative had commented, 'I know [name] works well with plenty of interactive amenities and activities.' A professional fedback, 'Staff work hard to ensure that people have access to a good range of activities both in and outside the home. These are tailored to people's needs and interests. People are being supported to have the best life they can day to day.'

The service had a complaints procedure in place. This recorded the nature of complaints, steps taken to resolve these and the outcome. We found that there were no live complaints at the time of our inspection. Relatives advised us that they knew how to complain if they needed to and had confidence that they would be listened to. The provider was reviewing their accessible easy read version of the complaints policy which would support people in the service to make a complaint easily should they wish to.

At the time of the inspection there were no people at the home on end of life care. Given the age of most people at the home end of life care had not been actively considered although the management had started taking this into consideration for one person where they planned to discuss end of life wishes with them and relevant professionals. People who had formerly lived at the home but had passed away were not forgotten. A commemorative tree had been planted in the garden with a plaque that celebrated their life and noted their favourite phrase: 'Always smiling, time for tea, yeah, yeah, yeah.'

Good

Is the service well-led?

Our findings

There was a registered manager 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.

Since the previous inspection the home had had a change in management with the new registered manager starting in October 2017. The home had been without a deputy manager for approximately seven months, but one had been in post for six weeks at the time of the inspection.

Prior to the registered manager's appointment they had been the deputy manager. This meant they had started with a good knowledge of people and the service. The changes in leadership had been recognised by a health professional who told us via email, 'I have noted that there are sudden unexplained changes in management at Barley Close and that sometimes any relationship which we develop takes time to build up again but have no concerns.' The registered manager told us that the home had been without a deputy manager for seven months, but one had been recruited six weeks prior to the inspection. Another health professional told us, "[The registered manager] has a good deputy. [Name of deputy] has a lot of knowledge."

Staff enjoyed working at Barley Close. Staff comments included, "I love working here. Everyone's friendly and supportive", "It's a good staff team" and, "I absolutely love it. Lovely place to work. It's relaxed but organised. I love the sense of reward you get." The registered manager said, "I'm proud of the homely atmosphere we create here. It feels like a family. Everybody gets on." A social care professional expressed, "It's a lovely environment – it feels like a home." Another professional had fedback, 'The atmosphere suggests that people work well together, and that it is a considerate and inclusive place both to work and live.'

One staff member told us, "You can talk to the registered manager about anything. They'll listen and give advice. [Name of registered manager] is brilliant." Another staff member said, "You can go to [name of registered manager] with questions big or small." A social care professional commented, "I've always thought [name of registered manager] is good. They are a good leader and sets a good example."

Staff told us that they felt valued and trusted. Records confirmed this. For example, a staff member's supervision record noted, '[Name] continues to be a valuable member of staff who treats the people we support with dignity and respect." The home awarded recognition to an employee of the month in recognition of their 'dedication, passion and hard work.' In August 2018 the registered manager had fedback to staff in the home's communication book, 'Just wanted to say a big thanks for your hard work this month. It's tough with a lot of staff changes so thank you.'

Team meetings were held monthly, and the minutes showed they were well attended. A new employee had fedback to colleagues at one of the monthly team meetings, 'I think this is a great place, I have been made

to feel very welcome and there is a great staff team. Thank you to everyone for making me feel so welcome.' The team meetings were scheduled in a way that supported attendance from both day and night staff. This helped to make a cohesive team and improve communication amongst staff. The most recent team meeting had included action updates, team values and ideas, whistleblowing and development plans.

People, relatives, staff and professionals were encouraged to contribute to how the home was run via an annual survey. Feedback was then used to understand what the service was doing well and what changes people would like to see. An annual service review and action plan was created from analysing this information. One of the intended actions was a review of pay scales to encourage staff recruitment, retention and continuity of the service people received.

People's care plans showed that staff were involved in assessment processes and the creation of support guidelines. This is not only good practice given the knowledge they have developed about each person who lives at the home but also served to motivate staff and showed how they can influence the service that people receive.

Management were focused on making continual improvements to the service provided. They had produced an annual service review which acknowledged that, with a change in leadership, it was 'a time of re-building for Barley Close.' The registered manager said areas for improvement would include the layout of staff files, further updates of people's care plans and developing the relationship between the home and the community.

The home was led by a registered manager keen to further their skills and knowledge. The registered manager was currently completing a level five diploma in health and social care which they said they were enjoying. They told us they attended monthly meetings with other registered managers and had recently attended a conference for south west managers. The registered manager said this had involved "sharing knowledge, team building exercises and good news stories." They added that they had "attended an assessment masterclass" which they said had taught them how to capture more in-depth information from people at pre-assessment. The registered manager said they felt supported by head office and the regular contact they had with the operations manager.

The service worked in partnership with other agencies to provide good care and treatment to people. One professional had fedback, 'I am very happy with Barley Close as a placement provider. I have been very impressed at the care and support provided to a young person on my caseload placed there. Barley Close feels like a proper home for the people that live there and that is worth a great deal.'