

Centric HomeCare

Barnfield HomeCare

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Barnfield Home Care is registered to provide personal care to people living in their own homes, including older people who have a physical disability or people living with dementia. This provider purchased the business from the previous owners and registered with us as a new provider on 27 July 2020.

At the time of our visit the agency supported 42 people who received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do provide personal care, staff also consider any wider social care provided. Care calls ranged from 30-minutes to eight-hour duration at the time of this inspection.

People's experience of using this service and what we found

Improvements to the provider's audit and checking processes were needed so they had clear evidence to show, what aspects of the service they had checked, what needed improving and what those improvement plans were. The provider told us since purchasing the business, their focus for the last 12 months was on making those positive changes. They told us regular checks were made but transitioning from old to new systems meant clear recording systems were not yet embedded. It was evident the changes already made, showed the provider was committed to driving up standards.

People and relatives were complimentary about the service they or their relative received. People and relatives said improvements had been made since our last inspection when we inspected under different business ownership. Relatives in particular told us, management, communication and feeling involved in their family members care was much better.

People were cared for by staff who were safely recruited. Staff and the provider knew how to keep people safe and protected from abusive practice. Systems to learn lessons when things went wrong helped to drive improvements and the registered manager notified us and the relevant body at the right times.

People said staff were kind, caring, gentle and always willing to do what was needed and expected of them. People were cared for by staff who attended training relevant to their roles. Assessments were completed before care was provided. This helped to ensure staff had the relevant skills and knowledge to meet a person's needs.

Staff followed infection control procedures in line with national guidance for reducing the spread of COVID-19.

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

Staff's knowledge of how to support people was consistent with people's care needs, however changes were not always recorded swiftly in people's care plans. Risks related to people's care were recorded and reviewed, but these were not always detailed and updated. There were instructions for staff to follow to manage those identified risks, however for some risks, such as risks related to specialist equipment, these needed to be more specific. The registered manager assured us this would be addressed.

People feedback from our telephone calls showed regular checks on their satisfaction were made any improvements or changes were swiftly made.

People and staff were complimentary of the management team. People and relatives said the management team was approachable and responsive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 17 July 2020 and this is the first inspection under the new provider.

Why we inspected

This was a planned inspection based on the date the service was first registered with the CQC.

Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Barnfield HomeCare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector who visited Barnfield Home Care offices on the 31 August 2021. Off site, one expert by experience undertook telephone calls to people and relatives who consented to us calling them. These calls were completed on 27 August 2021 and staff telephone calls were completed 02 September 2021.

Service and service type

Barnfield Home Care provides a domiciliary care service to people in their own homes. CQC regulates the personal care provided.

The service had a registered manager. This means the registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave short notice of the inspection because of the risks associated with COVID-19. This meant that we could discuss how to ensure everyone remained safe during the inspection.

What we did before inspection

We reviewed information we had received about the service. We used any information the provider had sent us from their annual Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held, such as people and relatives' experiences and statutory notifications. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who received a service and five relatives of those who were supported by the agency to get their experiences about the quality of service. We spoke with three members of care staff. We also spoke with one care supervisor, one care co-ordinator, an IT Learning and development co-ordinator, the registered manager and one of the owners.

We reviewed a range of records. This included examples of three people's care records and examples of medication records. We also looked at two staff recruitment files and records that related to the management and quality assurance of the service, especially around managing risk, medicines management, complaints, compliments and systems to manage care call timings.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of causing unnecessary risk or injury. Individual plans of care recorded some risk control measures for staff to follow to keep people safe. However, some improvements to records were required, for example, when people used specific mobility aids. Speaking with staff, they knew how to keep people safe and what equipment to use. People told us they felt safe when staff helped them with transfers.
- Risks associated with certain health conditions such as increased frequency of falling, risks related to skin breakdown and risks related to catheter care were provided to staff in the form of information sheets. However, those risks were not recorded in the person's plan of care. The registered manager assured us, plans would be reviewed and updated.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they received safe care. One person said, "I feel as safe as houses with the carers and have had no problems."
- People said they had the same staff team support them which made them feel safe because they got to know those who supported them.
- Staff told us they had received training in how to keep people safe and told us how they would report safeguarding concerns. One staff member said, "If I saw any unexplained bruising, I would seek the persons consent and take photos and report it to the manager."

Preventing and controlling infection

- People were supported by staff who followed safe infection control practices. One person said, "The staff wear gloves, apron and mask which covers their mouth and nose."
- Staff told us they had a plentiful supply of PPE and they disposed of used PPE safely. Staff followed their training as well as updates in government guidance which helped keep them as those they supported, safe.
- Staff continued to be part of the COVID-19 weekly testing programme.

Staffing and recruitment

- Recruitment checks were robust, and the provider said when they took on the previous business's staff, all security checks were redone to ensure staff were safe to work with people and of suitable character. Safe recruitment checks included obtaining written references from previous employers and checks with the Disclosure Barring Service (DBS).

Learning lessons when things go wrong

- The registered manager and provider had reviewed and improved the internal processes and systems to help drive improvement. For example, improvements to recruitment, care planning and introducing an electronic system, helped them become more efficient and aware of what needed their focus to improve.
- Incidents were followed up and where appropriate, measures were put in place to mitigate the risk of reoccurrence. Lessons learnt were shared with staff at meetings and through individual staff supervisions.

Using medicines safely

- In most cases, the person or their family member administered any prescribed medicines and they were not reliant on staff support.
- Where staff did support people, records confirmed what medicine was provided and when. Some improvement to clearly record doses and time critical medicines on the medicine administration record, would help ensure medicines were consistently administered safely. The registered manager agreed to do this and to remind staff about assisting, prompting and administering, and what to record.
- Regular checks of medicine administration records and checks of staff's competency and observed practice, ensured medicines were administered safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- Everyone receiving a regulated activity, lived in their own home and were not restricted in how they lived their lives.
- People and relatives said staff sought consent and involved them in their care. One person said, "They are very good and explain what they are doing."
- Care plans encouraged people to make their own decisions at each care call. Staff said they assumed the person had capacity to make their own decisions and understood the importance of obtaining people's consent.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives were able to make their own choices to seek health professional support.
- One relative described how care staff had sought timely support from a health professional. This relative said, "The care staff know my relative well, they even spotted when they had a water infection." Other people told us how staff supported them to arrange medical appointments.
- The registered manager told us they supported people if required, to access health support such as occupational therapists, GP's and district nurses if people needed additional healthcare intervention.

Staff support: induction, training, skills and experience

- Newly recruited staff told us they had shadowed experienced staff members so they got to know those people they would be supporting, well. They said this also helped the person get to know them.
- Staff said they received training relevant to their roles and for those people who they supported. Staff said face to face training was being planned which they said would help the team learn together, from each other. The provider recorded and updated staff training at the required intervals.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support identified in their care records to eat and drink. Family members usually were responsible for providing meals, staff prepared and provided those meals.
- Staff said they usually prepared or heated meals that the person or family member had requested.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in making decisions about the support they received.
- Reviews of care were completed and regular contact with people and their families ensured the care provided continued to meet people's needs.
- The registered manager involved people before care had begun, involving people in a pre-assessment to help ensure they were able to meet people's expectations.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff respected their privacy, dignity, choices and everyone felt comfortable and at ease, when staff supported them. One relative said, "The care staff help keep my relative's dignity by telling them what they are going to do, and they are very respectful. We could not be more pleased with them."
- Staff explained how they respected people's privacy – they always knocked on doors and spoke before entering and closed the curtains to retain privacy. During personal care, staff covered people up as much as possible to maintain the persons dignity. People and relatives confirmed this.
- People's comments showed they were encouraged to be as independent as possible. One person valued staff's support, saying, "The fact that the staff check on me means I can stay at home and keep my independence."
- Staff prompted people to do things for themselves – for example encouraging people to wash themselves which prompted independence and protected people's dignity.
- Throughout the COVID-19 pandemic, staff kept people safe and cared for by following the same national restrictions as other members of the public, including following each step in the government's roadmap around social contact.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality needs were respected. Important information was used to personalise people's individual plans.
- At the time of this inspection, there were limited male care staff. We asked how gender of care staff and people's preferred choices were respected. The registered manager said, if more care packages required a male staff member and they could not meet those people's needs, those care packages may not be taken unless other options could not be found.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Initial care assessments ensured people's needs could be met from the start by staff who had the skills and experience to provide that care.
- People agreed their call times and a regular group of care staff supported people. People said their care calls were on time and they were pleased to have continuity of staff.
- People had flexibility to rearrange their times where needed. One person said, "When I have cancelled a call, I have just phoned; they are ever so good."
- A care co-ordinator explained how they planned care calls to ensure continuity of staff was maintained, especially for calls requiring two care staff. Calls were managed to reduce travel time.
- Staff told us they usually cared for the same people and double up calls, were often the same staff so staff were familiar and confident to possibly use certain specialist equipment or support a person who had a more complex health condition.
- Staff feedback was they knew people well, communicated well as a team and any changes were shared and known. However, staff's knowledge was not always matched with people's care records. Three care plans we saw we were not up to date. People's needs or use of equipment had changed. The registered manager agreed to review all care plans to ensure consistent care was provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people were able to understand the literature in its written form. Care plans recorded whether people had sensory impairments.
- Some people had limited communication or a cognitive impairment. In one example, staff told us how they spoke with that person, using shorter and less complicated words to aid understanding.

Improving care quality in response to complaints or concerns

- No complaints had been made since the providers registration with us. There was a process for people and relatives to follow.
- Everyone we spoke with was satisfied with the service provided and they knew how to make a complaint. Information was held in their care file in their home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems of audits and checks were not yet effective and required further improvements to evidence that the providers essential checks that formed part of their governance, were completed.
- The registered manager and provider said they completed regular checks for care calls, care times, safe recruitment and medicines administration. Audits of those checks where not held to see what was checked, when and actions taken. Some of the quality issues around care plans, risks assessments and medicines records we found during our visit, had not been identified.
- It was clear the provider was improving systems and through their newly acquired IT systems and better understanding, the provider was confident their systems would record those completed checks. Following our inspection visit, the provider sent us evidence to show they had taken action to improve their systems and checks. These systems will need time to embed to show their effectiveness.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture and values of the agency was 'Let our family take care of yours'. Improvements the new provider had introduced, relatives said led to better outcomes. One person said, "All the staff are very nice; you could not ask for better people and they are like my own children." A relative told us, "I would recommend Barnfield and have already done so; we are so pleased with them, particularly compared to other agencies we have had."
- Staff understood their roles and those of each other. Staff said the team worked very well together, especially in the last 12 months through better communication and processes.
- Staff said they felt valued. Staff said the support, training and call management was much improved. The provider celebrated important staff events such as birthdays or other special occasions. One staff member said, "It makes you feel appreciated."
- The registered manager had an open-door policy. Staff said the registered manager and provider were approachable and listened.
- The registered manager said they were proud of their staff team, especially how they all worked through the COVID-19 pandemic to keep people safe.

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of caring extended to supporting local communities and initiatives. The registered manager and provider shared examples of how staff supported the local community. The provider said this helped get to know the communities for the people they supported. Also, the provider said it helped get to know the health partners within the community.
- Improved links for better partnership working were becoming established. Links were made with occupational therapists, GP's, Parkinson's Society, and a local hospice. These links would help support those people they cared for.
- Following our inspection visit, the provider welcomed our feedback and findings. They sent us information to show how they had taken action, to address the improvements required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People's views and feedback was sought through planned meetings and surveys.
- Incident and accident analysis included a 'root cause analysis' to identify any patterns or emerging trends.
- Where reportable incidents were shared with us, investigations and actions had taken place to ensure similar incidents did not happen again.