

Miss Sharon Maureen Venton

# The Barn and Coach

## 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

### About the service

The Barn and Coach is a residential care home providing personal care to 14 people aged 65 and over at the time of the inspection. The service can support up to 15 people in one adapted building.

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

People told us they were happy living at the service and felt safe. One person said, "The staff are very good. Anything you want the staff will do for you." Relatives spoken with were complimentary about the staff and the registered manager. One relative told us, "The registered manager is good at what she does, I have so much faith in her."

The registered manager and staff spoke with compassion when referring to the people they cared for. The caring ethos of putting people first, was expressed by all staff we spoke with. One staff told us, "We are encouraged to talk and get to know them [people], they come first."

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.

The service was person-centred and promoted independence. People's nutrition and hydration needs were catered for and people told us the food was very good. People and relatives commented that the service was small and friendly. One relative told us, "It feels like a 'home' with a family atmosphere." Another said, "It's not posh but it's the care we are interested in."

Systems were in place to keep people safe through audit monitoring. Medicines were managed safely, and records showed that people received their medicines as prescribed.

The service worked in collaboration with health and social care professionals. We spoke with one professional who told us that staff were friendly and communicated well with them.

There was a safe recruitment process in place and staff received training and supervision. The registered manager was visible at the service and worked alongside staff monitoring care practices. Staff told us they were listened to and the registered manager was approachable.

Rating at last inspection: Good (report published 3 February 2017)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 well-led.

Details are in our well-led findings below.

Good ●

# The Barn and Coach

## 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 team consisted of one inspector.

#### Service and service type

The Barn and Coach is a 'care home'. People in care homes receive accommodation and personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider of The Barn and Coach is also the registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with five members of staff including the provider/registered manager, senior care

workers, care workers and the cook. We spoke with one professional who regularly visited the service.

We viewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service and were confident that if they had any concerns, the registered manager would take appropriate action. One relative told us, "We have peace of mind that [relative] is safe, no concerns."
- Staff could demonstrate an understanding of adult safeguarding procedures and how to report an allegation of abuse. Records showed staff had received training in adult safeguarding.
- Systems were in place to safeguard people including policies and guidelines on safeguarding and whistleblowing.

Assessing risk, safety monitoring and management

- Individual risk assessments were carried out which identified potential risks and action taken to minimise risks.
- Systems were in place to ensure the building and equipment were safe. Maintenance certificates were seen which showed that checks were carried out, for example moving and handling equipment and electrical testing.
- The service worked with the local authority falls prevention team. Falls were audited monthly, and data analysed to assess what action may be taken to minimise the risks.

Staffing and recruitment

- Safe staff recruitment processes were followed. We checked four staff files which contained relevant information about the applicants, and the necessary employment safety checks to ensure staff were suitable to work with vulnerable people were carried out.
- We observed there were enough staff on duty to meet people's care needs.
- There was continuity of staff. This was appreciated by people and their relatives who told us, "What we like is staff are employed, no agency" and "We know the staff and they know our relative and us."
- The registered manager confirmed that they were hands-on, and any shortages of staff were met internally.

Using medicines safely

- People's medicines were managed safely. Stock count of medicines added up correctly. The registered manager informed us that they had changed the 'as required' medicines to the monitored dose system for ease of administration and auditing.
- Medicines were stored safely in a locked cupboard. Medicine administration records showed that people had received their medicines as prescribed.
- We observed medicines being administered at lunchtime. The staff member was attentive to the needs of the person in an unhurried way, providing them with a drink.

- People were offered their 'as required' medicines and records showed that these were given when required. However, there was no additional guidance information on when 'as required' medicines should be given which is good practice, particularly for those people who might not be able to tell staff when they need this medicine. We discussed this with the registered manager who responded immediately, and they were put into place.
- Monthly medication audits were carried out. The dispensing chemist carried out their own annual audit as part of their monitoring system.

#### Preventing and controlling infection

- Staff had received training on infection control. Staff understood infection control procedures and when to use personal protective equipment (PPE) such as gloves and aprons to prevent transferring infection from one person to another.
- The service was clean, tidy and odour free. One relative told us, "On my initial visit to the home I was impressed by the cleanliness, no odour."
- The kitchen was clean and tidy. The refrigeration temperature was recorded daily, and records showed that these were within safe ranges. Hot food was probed with a thermometer to ensure it was served at the correct temperature, so food was safe. Cleaning schedules were followed.

#### Learning lessons when things go wrong

- The registered manager discussed information about incidents and accidents with staff. The registered manager monitored these events to help prevent further occurrences.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A comprehensive assessment was carried out before people moved into the service. One relative told us, "The registered manager came out to assess. I loved her approach, very informal and all based on the resident, putting our relative first."
- People's care and support was delivered in line with good practice guidelines. Care plans were person-centred and identified care needs and choices.

Staff support: induction, training, skills and experience

- Newly appointed staff received an induction. Those new to the care sector undertook the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care.
- All staff undertook mandatory training in subjects such as moving and handling, first aid, fire and dementia. In the last inspection, some staff were found not to have completed some of the courses, however staff were now current in their training. The registered manager had invested in training and provided on-line and practical training as well as inviting external speakers.
- Training on additional care topics were provided through different learning experiences, for example Parkinson's Disease, pressure area care and oral health.
- Staff received regular supervision and annual appraisals. The registered manager carried out observational supervisions during medicine administration, to ensure staff were competent and to identify if additional training was required.

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

- Care plans included nutrition and hydration risk assessments. Dietary preferences were recorded.
- We spoke with the cook who informed us that food was purchased locally and they followed a 4-weekly menu. People were given a choice of meals and there was a menu on the board in the dining room.
- The service catered for different dietary requirements including pureed and soft diets.
- People ate their meals where they wished. People were given assistance in preparation for their meal either in the dining room, lounge or their bedroom.
- We observed the serving of lunch. The food looked appetising and people commented that they enjoyed their meal. Drinks were offered during lunchtime and throughout the day. One person told us, "The food is good. There is choice, you can have something else if you don't like it. A relative said, "My [relative] loves the food, proper comfort food, cooked from scratch. They always have enough to eat."
- Those being cared for in bed were assisted with nutrition and hydration. We checked the records and saw

that fluid charts had been completed. One relative told us, "When we visit my [relative] always has a drink there and the charts are always completed." Another said, "Staff always encourage [relative] to eat and drink, charts are always available for us to see and they are always completed."

Staff working with other agencies to provide consistent, effective, timely care

- During the inspection, there was a visit by a health professional who visited the service daily. There was a good working relationship between the professional and care staff. They [professional] told us that they had no problems with the service and the staff would report to them any concerns. "The home is friendly. It's a good home, they [staff] follow instructions."
- The service worked well with other services including the GP, social worker, community staff and continuing healthcare team. People were able to retain their GP on joining the service if they were within the local area. Referrals were made to other professionals such as the dentist, optician and audiology as required.
- Within the care plan, a section known as the 'hospital passport', contained relevant details about the person in the event of a hospital admission. The service was part of the Red Bag scheme or Hospital Transfer Pathway. This scheme was an NHS initiative where information about the person (hospital passport), medicines and belongings were placed in the red bag to ease person transfer from the service to the hospital.

Adapting service, design, decoration to meet people's needs

- The communal areas were suitably decorated although the décor was a little worn and tired. However, all areas of the service were clean and tidy with no odour. One relative told us, "The home is a little shabby, however it feels like home. [Relative] loves it here and I never thought I would hear that."
- People's bedrooms were personalised with items of their own furniture and photographs. One person told us that they liked their room and they had all that they needed.

Supporting people to live healthier lives, access healthcare services and support

- People's weights were recorded monthly or more often if required. Where necessary, the community nurses carried out assessments using the Malnutrition Universal Assessment Tool (MUST) on those who were at risk or were unable to be weighed using the scales.
- The registered manager told us that they had a good professional relationship with the dietician, and referrals were made for advice as required. Referrals to the speech and language team (SaLT) were made where there were concerns regarding dysphagia (difficulty in swallowing). For some people, the requirement of a multi-disciplinary team approach was managed.
- The registered manager told us that they followed safe practice for visiting professionals such as the chiropodist, and records were kept of their Disclosure and Barring Service (DBS) and insurance.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People's capacity to make decisions about their care was assessed and recorded in their care plan.
- Where DoLS were required following assessment, they were applied for. One person had received an advocate through the advocacy service. Advocacy seeks to ensure people have their voice heard on issues that are important to them.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The staff were observed treating people with respect and in a dignified way. Staff spoke with compassion when talking about the people they cared for.
- There was positive interaction between staff and the people who used the service and good communication with the relatives who visited. Relatives told us, "Staff are lovely and kind. Absolutely wonderful, it is small so staff have the time if someone needs help, they are there immediately." Another said, "It is a family atmosphere, staff spend time talking to people. Staff are open and willing to talk to us."
- People's religious, spiritual, cultural and lifestyle choices were considered, which met with the Equality Act 2010 and this was recorded in the care plan.
- The registered manager informed us that the local clergy visited and conducted services. They said, "They are more like meetings, friendly and people chat and sing hymns." We were told that the service had people from different denominations and cultures recently and had supported them to continue with areas of their life that were important to them.
- Those being cared for in bed were monitored throughout the day and care was taken to make them comfortable.

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

- The registered manager spoke with compassion when they spoke about the people who used the service and knew in detail the needs of everyone.
- Quality assurance questionnaires had been completed. We saw one from a relative, "Lovely staff, it's a happy place. Very welcoming on [relative's] first arrival." Another from a person who used the service read, "Very caring, I feel all staff look after me very well."
- Care plans are audited monthly by the registered manager. People and relatives told us they were involved in their care planning needs.

Respecting and promoting people's privacy, dignity and independence

- There was a relaxed atmosphere and people were cared for in an unhurried way. We observed people walking independently and some with frames, whilst staff assisted others.
- People were treated with dignity. The people we spoke with were consulted to gain their consent prior to us speaking to them in private.
- People told us they were treated in a dignified manner. One person told us, "The manager is lovely, I feel listened to. The staff are very good, they don't rush me. I try to remain independent and walk with my frame."



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were person-centred and identified preferences and choice. They were comprehensive and changes in care needs identified on the monthly audit checks were clearly recorded.
- Health professionals who visited were encouraged to write in the care plans which provided clear instructions for staff.
- Relatives and friends were involved in supporting people. We saw from the care plan that one person's friend took them to their annual check at the outpatient department as this was something they had always undertaken. One person told us, "I came for respite care and decided to stay. I like the company. I go out for meals with my family. Anything you ask the staff for they will do."
- During the inspection, we observed people being consulted with choice of meals and as required medication.

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.

- People's preferred method of communication was recognised through a communication assessment.
- The care plan referred to the person's hearing and vision, and included when hearing aids and glasses were worn.

Improving care quality in response to complaints or concerns

- There were systems in place to respond to complaints and concerns appropriately.
- The complaints policy and how to make a complaint was displayed in the service.
- People, relatives and staff told us they were confident to raise a complaint or concern to the registered manager and that it would be handled appropriately. One relative told us, "The manager is a real diamond, they would follow-up any concern." Another said, "I had a few small issues in the past and they were dealt with."

End of life care and support

- The service worked with the local hospice and community nurses to provide end of life care.
- Care plans recorded people's end of life wishes.
- Where appropriate, care plans had information about decisions taken for 'do not attempt cardiopulmonary resuscitation' (DNACPR). This is a way of recording a decision a person or others on their

behalf had made that they would not be resuscitated in the event of a sudden cardiac collapse.

- End of life policy included diversity in relation to religious and spiritual beliefs.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care plans were person-centred, and staff were knowledgeable about the people who used the service.
- Relatives told us that staff were always available to speak with. One relative told us, "Staff are open and willing to talk with us." Another said, "They [registered manager] always listen, any little niggles I would tell them and they would sort it out."

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

- The registered manager understood duty of candour and acted promptly on issues with an open and honest approach.
- The registered manager was visible at the service and worked with staff, leading by example. The registered manager understood the care needs of the people using the service and was approachable.
- Policies and procedures were in place and these were reviewed by the registered manager to ensure they were current.

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

- The registered manager spoke with passion and enthusiasm when talking about the service.
- Staff told us they worked as a team and this was observed during the visit.
- Staff meetings were held and documented.
- Staff received supervision and appraisals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted an open culture. The registered manager assigned one evening a week for protected time consultation appointments to enable those relatives who worked, to either telephone or visit to speak with them.
- Resident meetings were held every two months and people were invited to express their views.

Continuous learning and improving care

- A variety of courses had been planned to enhance the knowledge of the staff.
- The registered manager responded positively to outcomes of regulatory and local authority inspections,

and any recommendations were acted upon promptly.

Working in partnership with others

- The registered manager linked with the local authority meetings to engage with other managers for shared learning.
- The service worked in partnership with health and social care professionals and the local community.