

Leonard Cheshire Disability

# Barnett Wood Lane - Care Home Learning Disabilities

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

At our last inspection in February 2016 we rated the service as outstanding. At this inspection we found the evidence continued to support the rating of outstanding in the Caring domain and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. The rating for the Well Led domain has reduced to 'Good' because the provider's quality assurance processes had not promoted continuous improvement within this home, for example to work towards outstanding in other areas or taken the learning from this home to develop their other services.

This inspection took place on 06 November 2018 and was unannounced.

Barnett Wood Lane - Care Home Learning Disabilities is a 'care home'. People in care homes receive accommodation and nursing or 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 care service 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.

Barnett Wood Lane is registered to provide accommodation and personal care for up to six adults who have a learning disability. At the time of our inspection three people lived there. The service is delivered from a two-story house in a residential area.

It is a requirement of the provider's registration that they have 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. The registered manager was present during this inspection.

Barnett Wood Lane continues to have a rating of outstanding in the care domains, with an overall good rating across the service.

People continued to be supported by kind and caring staff. Peoples independence was well promoted and supported by the staff team. Staff have worked here for many years, and have built caring relationships with people and enjoy their company. People are provided with the care, support and equipment they need to stay as independent as possible. People were supported to stay safe. Risks to people's health and safety, including the risk of abuse were identified and well managed. People's medicines were managed in a safe way, and they received them when needed. The home was kept clean by the staff team, with the help of the people who lived there. Accidents and incidents were reviewed by the registered manager and staff team to minimise the risk of them happening again.

Peoples needs were assessed before they came to the home, to ensure that the staff and environment could meet those needs. There are a sufficient number of staff deployed to meet people's needs. A robust recruitment and selection process is in place. This ensures prospective new staff have the right skills and are suitable to work with people living in the home.

People have enough to eat and drink. People are involved in menu planning and food shopping, so they have the food they like. People have access to health care professionals when the need arises, as well as for routine check-ups to keep them healthy. Where people lacked the capacity to make specific decisions, the staff understood and followed the requirements of the Mental Capacity Act 2005. This ensured that decisions made for people in their best interest and any restrictions put into place to keep them safe were done in a lawful way.

Care records were comprehensive and give a detailed description of the person, and their individual needs. Staff provide care and support that responded to these needs. People were supported at the end of their lives to have a dignified and as far as possible pain free death.

There was a robust complaints process in place, however this had not been needed as everyone we spoke with was happy with the service.

The home and staff team continue to be well led. The registered manager leads by example and staff are happy in their roles. However, the provider had not ensured that the service had continuously improved, nor had they taken the opportunity to learn from the what the registered manager and her team had done to achieve an Outstanding rating to develop their other services.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remains Outstanding</p>	<p><b>Outstanding</b> ☆</p>
<p><b>Is the service responsive?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service is well led.</p> <p>Quality assurance processes within the home continued to ensure people received a good standard of safe care and support. However, the provider had not ensured that the service had continuously improved.</p> <p>People and their families were still positive about the care and support given to people. Staff felt supported and able to offer ideas and suggestions on how the service was run.</p> <p>The registered manager notified CQC of significant events, which is a requirement of their registration with us.</p>	<p><b>Good</b> ●</p>

# Barnett Wood Lane - Care Home Learning Disabilities

## **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 checked 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.

The inspection took place on 06 November 2018 and was conducted by one inspector. It was a comprehensive, unannounced inspection.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. 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. This enabled us to ensure we were addressing potential areas of concern at our inspection.

During the inspection visit we spoke or interacted with three people who lived at the home and observed how care and support were delivered in the communal areas. We spoke with the registered manager and two care staff.

We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at other records related to people's care and how the service operated, including three medicine records, one staff recruitment file and the provider's quality assurance audits.

## Is the service safe?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People said, or gestured that they felt safe living at Barnett Wood Lane. One person said, "Yes" when we asked this question, and another person nodded and smiled.

People were safe because staff understood their roles and responsibilities around identifying and reporting abuse. Staff understood who to contact should they feel abuse had taken place, and appropriate referrals to the local authority safeguarding team had been made when appropriate. Clear, easy to read information was displayed around the home. This gave guidance to people, visitors and staff on what abuse was, and how to report it. The information also included information about others that could help, such as local advocacy services, the GP or the police. Policies in relation to safeguarding and whistleblowing reflected the local authority's procedures and were clearly displayed in the house.

The risks of harm related to people's health and support needs had been well managed. Management of risks was done in a way to minimise the impact to people's freedom. For example, people were supported to take part in 'risky' activities such as horse riding, or to be involved in managing their own medicines. People's care plans contained detailed assessments of hazards to their health and clear guidelines in how these were managed.

The registered manager had continued to review accidents and incidents with a view to prevent reoccurrence. There had been very few accidents since our last inspection which demonstrated that risks to people were well managed.

There were enough staff to keep people safe. Numbers of staff on each shift were based on the individual needs of the people who lived here. This level was adapted as needs in the home changed. For example, when the home's occupancy fell from four to three, the remaining people's needs were reassessed. This resulted in the night shift going from a waking, to a sleeping night worker, due to the reduced needs of people.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that potential staff were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the home and people took part in fire drills. There was also detailed information in care plans on how people communicate in an emergency and guidance for staff of specific phrases to use, to encourage people to evacuate the house. The home was kept clean to reduce the risk of spreading infection, and staff encouraged people to wash their hands before and

after meals, or when using the toilet to reduce the risks of cross contamination. People were also involved in keeping the house clean which helped give them an understanding of infection control.

People's medicines were given as prescribed and managed in a safe way. People's ability to manage their own medicines was clearly documented in their care plans if applicable. Medicines were stored appropriately in a clean environment. The use of medicines was regularly audited to ensure the staff had followed safe systems of work. Where people had been prescribed medicines on an 'as required' basis, such as to relieve pain, plans were in place for them to be given safely.

## Is the service effective?

### Our findings

The home continued to provide people with effective care and support.

The registered manager assessed the needs of people before they moved into the home. This ensured that their needs could be met, and equipment or modifications to the home could be installed before they arrived. This also gave the opportunity to check if any special action was required to meet legal requirements. For example, use of specialist medicines, use of equipment that lifts people, or meeting the requirements of the Equalities Act. No one new had come to live at the home since our last inspection.

Staff received ongoing and refresher training which ensured they had sufficient knowledge and skills to enable them to care for people. The registered manager ensured staff kept up to date with current best practice. Training specific to the needs of people had also been given. This included training on insulin controlled diabetes which the registered manager arranged for staff with the district nurse. Staff had regular supervisions (one to one meetings with their manager) to discuss training needs, and give them the opportunity to discuss their role with their manager. The induction process for new staff included shadowing more experienced staff, as well as a comprehensive list of mandatory training. No new staff had joined the service since our last inspection.

There was emphasis on the importance of people eating and drinking well. People were involved in the food they wanted to eat by going out shopping. Peoples likes and dislikes were clearly documented in their care records. Nutritional and dietary needs were discussed with people to help them understand about healthy lifestyle choices. This included one person whose weight gain had meant they were unable to take part in an activity they loved (which had a maximum weight limit). Through discussion and healthy option choices they had managed to lose weight and continue with the activity. Drinks and snacks were offered to people throughout the day of the inspection, with most of them being made by the people themselves. Where modified diets were required, such as to reduce the risk of choking, speech and language therapist guidance had been followed.

Staff teams worked well together so that people's needs were met. Staff met during handover meetings to discuss how the day/night had gone, and if people had any additional needs, such as if they felt unwell. They also used the meetings to pass on people's preferences or plans for the day. This included working with hospital staff to ensure people's needs were met.

People continued to have good access to health care professionals to help keep them healthy. Each person had a health action plan in place that detailed routine health checks that were required to maintain people's health. These appointments included dentists, chiropodists, and opticians. Staff worked effectively with the health care professionals to ensure any guidance given was recorded and followed.

The home people lived in met their needs. It was decorated to give a homely feel, but looked tired in places. The registered manager was in liaison with the provider to commit to a plan of redecoration. Adaptations had been made to meet individual needs, for example a ground floor en-suite shower room in one of the

bedrooms for people with limited mobility.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw the service continued to work within these principles. Mental capacity records clearly described how people had been helped to understand specific decisions, such as by using objects of reference.

Where people lacked capacity to make certain decisions, appropriate assessments had been completed to ensure the requirements of the Act were met. Staff had an understanding of the Mental Capacity Act 2005 including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff asked for people's consent before giving care and support throughout the inspection.

## Is the service caring?

### Our findings

People received the same level of compassionate care and support as at our previous inspection. The rating continues to be outstanding.

We had positive feedback about the caring nature of the staff. A relative wrote, "The love and care from the staff was out of this world."

The compassionate nature of staff was clearly recognised by people, their families and others with a link to the home. This was demonstrated after one person passed away. The exemplary caring nature of the staff team was recognised by the Funeral Arranger. Feedback from this person sent to the home included, "The order of service that you hand-made, the flowers you ordered and the words you all expressed about [person's name] were extremely heartfelt, I can honestly say you are all very kind and loving people." Staff's passion and caring nature were further shown when they had taken time to write a poem for the funeral, and did a reading to celebrate the person's life. This care and attention to the person's final wishes extended to ensuring their preferred clothing and make up were used. This showed great respect, and gave the person a dignified good bye. Staff also ensured that people were cared for to pay their respects, and deal with the loss. People were asked if they wished to attend the funeral, and the registered manager bought roses that they could place on the person's coffin as a mark of love and respect. A staff member purchased foods that the person had liked such as prawn curry, sag aloo, and noodles for her friends to celebrate her life at Barnett Wood Lane.

People and staff were seen to talk and interact together and we could see that caring relationships had been formed. This was demonstrated where we saw staff and people joking and laughing together, as well as taking their meals together at the dining table. People clearly enjoyed the company of the staff who supported them, and the interactions made people feel they mattered. People's privacy and dignity were well respected by staff. Personal care was carried out behind closed doors, and people were appropriately dressed for the activities they took part in.

People continued to receive caring and attentive support from the staff. Staff were passionate about encouraging people to be as independent as possible, from making their own drinks, using specialist cups and teapots to make it easier to hold, to unlocking and opening the car for people going out on activities. Staff spoke in caring terms when they referred to people, describing them as "lovely." When a person was cared for in bed at the end of their life, staff carried on doing the things the person had liked. This included painting their nails/putting on jewellery and dressing them in their favourite outfits even though they were in bed.

Information about people's care and support continued to be given in a manner they could understand. Easy to read documents and posters informing people about activities, safety advice, and other useful information were seen around the home. Use of pictures and showing people choices were used effectively to help people make informed choices about their care and support.

## Is the service responsive?

### Our findings

People continued to receive responsive care.

People's care and support were clearly documented to enable staff to provide a responsive service. Care plans were person centred because they gave good information about the whole life of the person. There was a useful one-page profile which included information about things that were important to each person, and key support guidance. This would be useful for new staff, or if the person had to stay at another service, such as hospital.

The care plans used a format that focussed on things that people wanted to achieve. One of these detailed a person had a goal of staying overnight at holiday locations. This was planned to be achieved in December 2018, where a short break away had been booked for the person. However, many of the other 'Things I want to achieve in my life' sections showed no progress. The majority of the keyworker reviews under these sections simply stated, 'Person is happy with that aspect of their life.' The registered manager agreed that this should be developed further. This would ensure the good work that resulted in people progressing in their skills was recorded.

People were supported to enjoy their hobbies and interests. These were well documented in care plans, and all supported with photographs of people taking part. Activities such as bowling, pub and restaurant trips, all enabled people to socialise out in the local community. The range of activities available to people helped to keep them physically fit, and had a positive impact to their mental health.

Preferences and choices were clearly recorded, and staff were seen to follow these during the day of the inspection. Key parts of the care plans were also presented in easy to read formats, using pictures and simple text. To give the people the best chance of understanding what had been written about them. Care plans were reviewed on a regular basis with the person to check the care they received was still meeting their needs.

Staff understood people's support needs and preferences. They could tell us details about the people they cared for, or explain behaviours that we saw which reflected the information we had seen in the care records.

People were supported by staff that listened to and would respond to complaints or comments. There was a complaints policy in place that was clearly displayed around the home, in an easy to read format. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government and Social Care Ombudsman. There had been no complaints since the last inspection.

People were supported at the end of their lives. As demonstrated in the Caring domain, staff had ensured that a person's preferences had been followed after they had passed away. Detailed end of life plans were in place for those that had consented to have them completed. These covered people's faiths, type of funeral

they would like, and where they would like to be if they became very ill, such as staying at the home, or going to hospital. The registered manager had arranged for a Psychologist to visit to explain to staff, and people at the home, about end of life for people living with dementia. This was done as two staff had not experienced a person they cared for dying, and the registered manager wanted to ensure they were prepared, and be able to focus on meeting the person's needs. Feedback from those involved clearly showed this had been successfully achieved.

## Is the service well-led?

### Our findings

The service continued to be well led, however continuous learning had not been sustained or implemented at the service. The registered manager had been involved in a Leonard Cheshire video after the inspection in 2016, however this was an advertisement for the home, rather than guidance about what they had done to achieve their outstanding rating. In the video the registered manager states they were aiming for a rating of outstanding at their next inspection, "And how we do that I do not know." The provider had not given any guidance or support to the registered manager, or her team on how they could achieve this.

Improvements that had been scheduled to be completed in 2016 had also not been achieved. For example in 2016 the registered manager stated that a sensory garden was due to be completed in the summer of 2016. In their provider information return completed in May 2018 it stated this had not yet been done. This was still not completed at the time of our inspection in 2018.

The providers quality assurance system continued to ensure people received an overall good standard of care and support, although it did not prompt continuous improvement within the home. The annual audit completed by the Leonard Cheshire quality team had last been completed in October 2018. This had given the home a rating of Outstanding, but only in the domains of Caring and Well Led that we had given this rating at our last inspection. The audit had not raised any issues, but it had not promoted continuous improvement, such as by giving guidance or information about how the service could improve to achieve outstanding in other areas.

In addition, areas of outstanding care, had not been recognised as such. For example, the care given to a person at the end of their life had been recorded as "It was person centred," within the providers audit. No recognition of the effort and care given by the registered manager and her team had been identified, and the practical aspects of what they had achieved had not been recorded and used as best practice guidance across the Leonard Cheshire organisation. The shortfall in recording people's achievements had also not been identified by these provider checks.

Quality audits were completed on all aspects of the home to ensure people received a safe level of care and support. These covered areas such as infection control, health and safety, and medicines. These audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion.

After the inspection the provider supplied us with information about improvement activities that were taking place across the organisation. This included the appointment of a Learning Disability Development Lead in October 2017. This post looked at improving practice across the providers services. As a result Leonard Cheshire had begun to run a series of pilots across their services to maximise choice and control in day to day activity for people. These projects begun in January 2019, so were not in place at the time of the inspection, and impact to people could not be evidenced.

There was a positive, person focussed culture within the home, which was reflected in our findings across all

the five key questions that we asked. The registered manager and staff team continued to champion people's independence. The values of the home include involvement, promoting independence, fairness, safety, dignity and respect. These were all seen demonstrated by staff during the inspection. For example, by the way staff interacted with people, and how they always reminded people they could do things for themselves. During the inspection the values of respect and promoting people's independence were routinely demonstrated by staff when they interacted with people.

People and those important to them continued to be involved in how the service was run. Results of satisfaction surveys from people, their families and health care professionals continued to be positive about the care and support given at the home.

Staff were also involved in making improvements to the service people received. The provider and registered manager sought feedback via team meetings, and staff surveys. This kept staff up to date with what was happening, and gave them the opportunity to comment and give suggestions.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.

Partnership working with other agencies continued to ensure people received a level of care and support that met their needs. This included working with district nursing team, speech and language therapists, psychologists, and the local hospice service.