

St Joseph's Specialist Trust

Long Barn Supported Living

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Long Barn is a supported living service for up to six people with a learning disability, autism and, communication needs. At the time of the inspection, there were five people living at the service. The service consisted of a main house where three people shared a kitchen and communal living area and a further two self-contained flats on site which the other two people lived in.

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

The provider's governance system was not consistently effective and failed to identify shortfalls or recognise how improvements could be made. Best practice guidance such as National Institute for Health and Care Excellence (NICE) was not always followed or adhered too.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

Staff were focussed on supporting people to be as independent as possible. People had individual goals they were working towards to increase their level of independence with everyday tasks. People were supported to communicate their views and to make choices and have control in their daily lives. Staff utilised a wide range of communication tools to ensure people's voices and needs were heard, recognised and acted upon.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Staff knew people well and understood their needs. Care and support was person centred and reflective of the individual needs of people. Relatives praised the staff team and spoke highly of how staff enabled their loved one to live fulfilling and independent lives. People had developed positive and trusting relationships with staff.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

The culture of the service was open and inclusive. Staff were motivated and positive in their view of the service and described being well supported and having access to relevant training. Relatives told us their views were welcomed and considered. People were supported to have access to the local community and to follow their interests.

Systems were in place to protect people from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place.

Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity. Staff spoke highly of the support they received from management and relatives praised the service. One relative told us, "The service is brilliant."

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

Rating at last inspection

The last rating for this service under the previous provider was Good (report published 2 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service

We have identified one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Long Barn Supported Living

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 two inspectors, one of whom was a medicines inspector.

Service and service type

This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at the service to speak with us.

What we did before the inspection

We reviewed information we already had about the service. We sought feedback from healthcare professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We had also carried out a direct monitoring call with the registered manager on 9 September 2021. As part

of this monitoring approach we spoke with three staff members, four relatives and two people. We also received feedback from a social care professional.

We used all of this information to plan our inspection.

During the inspection

People's communication styles meant that some people relied on staff who knew them well to understand them. It was difficult to obtain people's views regarding the quality of care they received, so we spent time with people and observed their support; this helped us understand the experience of people who used the service. We spoke with the registered manager, two deputy managers and three care workers. We reviewed a range of records. This included four people's care plans, medication administration record (MAR) charts and staff rotas. We also looked at two staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records; policies and procedures, audits and action plans and a range of 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.

Using medicines safely

- Staff supported people with their medicine regime. The registered manager completed regular medication audits. However, these audits failed to consistently identify shortfalls or address how improvements could be made. We have further reported on these concerns in the 'Well-Led' domain.
- Staff who administered medicines were trained and competent to administer medicines safely. Regular supervision and competency assessments ensured that staff skills, knowledge and competence was up to date. Staff recorded on the MAR (Medicine Administration records) when medicines were given to people.
- Safe systems were in place for the ordering of medicines.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- Systems and processes safeguarded people from the risk of abuse, harm or discrimination. There had been no recent safeguarding concerns in the service.
- Staff were provided with training to recognise the signs of abuse and were confident in how to identify and report any safeguarding issues if needed. One staff member told us, "Signs of abuse could be that the individual is withdrawn, behaving differently, physical signs such as marks bruises or being scared of the staff."
- Safeguarding was discussed regularly within team meetings and during supervisions. Systems were in place to continually assess staff's knowledge and understanding of adult safeguarding.
- During our observations, people's body language was relaxed and positive which indicated that they felt safe and comfortable in the presence of staff. One relative told us, "They are safe and happy and that's all I can ask for."
- Staff were proactive in supporting people's diverse needs and recognised that they were at risk of experiencing discrimination or abuse when out in the community. Staff told us how they utilised reassurance strategies when supporting people out in the community alongside distraction techniques to help keep people safe. One staff member told us how crowded environments could heighten one person's anxiety as they were worried people were looking at them. Staff commented that to help alleviate the person's anxiety they would smile at everyone together and provide reassurance when needed.
- The management team were actively involved in the day to day running of the service. They reflected on how to support people to improve their experience following any untoward event.
- The registered manager described how learning was derived from safeguarding concerns, complaints, feedback and incident and accidents. The registered manager explained how recent feedback received enabled changes to be made to staff practice which in turn promoted one person's independence.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These included information about the risks people faced and about how to mitigate those risks. Assessments covered risks including those related to finances; accessing the community, allergies and using knives. Assessments were subject to review, so they were able to reflect people's risk as they changed over time.
- Care and support was provided to people living with epilepsy. Epilepsy guidance and risk assessments were in place which included information on the signs of a seizure, when to call 999 and when to administer emergency medicine.
- Staff were aware of people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks. For example, staff told us how one person could become distressed by the presence of dogs when accessing the community. Staff told us how they completed risk assessments if they were going anywhere new with the person. These risk assessments considered the likelihood of dogs being encountered and how to support the person if they do encounter dogs when out and about.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. Positive behaviour support (PBS) plans were in place and provided guidance for staff on how to support people during periods of agitation or anxiety
- In the past year there had been one incident which required staff to use physical intervention to keep a person safe. Staff told us how despite de-escalation strategies, the person was becoming a risk to themselves and others. Physical intervention was used for the shortest period to enable the person to become calm, whilst also promoting their safety. Following the incident, staff received de-briefs and the incident was reviewed to ensure that the use of physical intervention was the last resort and used for the minimum amount of time.
- There were systems in place to ensure the premises were maintained safely. There were personalised plans for people to ensure a safe evacuation from the premises in an emergency such as a fire.

Staffing and recruitment

- There were enough suitable staff to care for people safely. One relative told us, "Staffing levels are safe. I have no concerns there."
- There were enough staff to provide people with flexible care to meet their needs. Staffing levels during our visit matched the rota and enabled people's needs to be met safely. People were observed going out to work and going out for drives and walks. Where people received funded one to one care from the Local Authority, this was observed as being met and provided.
- Systems were in place to involve people in the recruitment process. The registered manager explained how potential staff would be observed interacting with people and people would be asked for their opinions on potential new staff members.
- Staff were recruited safely. Checks included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

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 Good. At this inspection this key question has remained the same. 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

- People's needs, and choices were assessed in a holistic and person-centred way. The registered manager and staff team recognised the importance of working in partnership with people and their relatives to ensure care was assessed and provided in a meaningful way.
- Relatives and healthcare professionals spoke highly of the assessment process. One relative told us, "They are extremely person centred." A healthcare professional told us, "All the staff know the tenants needs inside and out."
- People's needs and choices were fully taken account of when planning care. Health action plans and communication passports were in place. However, these had not always been reviewed or updated in a timely manner. We have further reported on documentation concerns within the 'Well-led' section of the report.
- Assessments were carried out in line with relevant legislation. For example, staff used evidence-based guidance tools to support the assessment of people's needs. Disability Distress Assessment Tools (DisDat) was used to identify signs that might indicate pain or distress for people who had limited communication.
- People's needs and choices in relation to equality and diversity were thoroughly assessed and where required, care was delivered to meet those needs. This ensured people were protected from discrimination in accordance with the Equality Act 2010.
- The service was working in line with the underlying principles of Right Support, Right Care, Right Culture. For example, people led meaningful lives and were supported to have choice, control and independence.

Staff support: induction, training, skills and experience

- Staff received training and support to ensure they were confident and competent in their roles. Staff consistently praised the support they received from the registered manager. One staff member told us, "I get a lot of support from the registered manager, he is approachable and friendly."
- Staff were observed to be confident and skilled in their approach with people. Relatives also told us that they had confidence in the skills and abilities of the staff team. One relative commented, "100%, they are very skilled and know how to look after my loved one."
- Staff were provided with induction and mandatory training that enabled them to support people in a way that met their needs effectively. Training covered areas including medication, safeguarding, autism awareness and epilepsy.
- People with specialist needs were protected because staff were provided with the training needed to understand and support their specific needs safely. For example, how to support people when they experienced emotions such as anxiety or distress.
- There were regular supervision and team meetings for staff. There was an open-door culture in the service

and staff said they felt supported as the registered manager often worked alongside them.

- Care and support was provided to a number of people living with autism. The provider had recently been awarded an autism accreditation by the national autistic society. Staff spoke with pride on how they supported people living with autism to live meaningful and fulfilling lives. One staff member told us, "The training on autism was great. It really helped me develop my own practice and how best I can support people."

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

- Where people required support with meal preparation this was detailed in their care plans. However, people were supported to be as independent as possible with meal preparation.
- Staff supported people with food shopping and encouraged healthy eating habits.
- People had their individual cupboards in the kitchen with pictures of meal ideas on the cupboard's doors. Mealtimes were planned around people's activities, jobs and hobbies, as we observed when people went out and returned from various activities.

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

- People were supported to keep in good health by staff maintaining good working relationships with external healthcare services and receiving ongoing healthcare support.
- Healthcare professionals spoke highly of communication from the registered manager and staff team around people's change in health needs. One healthcare professional told us, "It is very clear they are well taken care of and any issues are brought straight to our attention if they need medical help."
- Staff and the management team worked in partnership with a range of healthcare professional to ensure people received effective and timely care. For example, people were supported to have regular dental check-ups, alongside annual health reviews.
- Staff understood people's individual health needs and recognised how hospital appointments or attending unfamiliar environments could cause people undue distress. The registered manager described how they and the staff team worked in partnership with the community nursing team to support people to receive their COVID-19 vaccination in a person-centred way. The registered manager told us, "We recognised that for the people living here, going to a vaccination centre would cause significant distress. So, we worked with the community nursing team who visited Long Barn and together we implemented a tailored and personalised process to ensure that people received their vaccine in a manner that didn't cause any undue distress or anxiety. It worked really well."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 and were being

met.

- The service was being provided within the principles of the MCA. The registered manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. They had ensured people had consented to their care and support.
- Care workers had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. People's care plans and systems were designed to ensure their right to make a decision about their care was promoted and respected.
- Risk assessments were completed to determine if people were deprived of their liberty so that appropriate action could be taken. The registered manager explained how one person had restrictions imposed on their freedom to keep them safe. They added that these restrictions were the least restrictive option and a range of healthcare professionals had been involved in the best interest decision. An application to the court of protection had been made for this individual.

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

- People were well treated, with respect, equally and their diversity recognised including faith, sexuality and age.
- The registered manager was the diversity and inclusion lead for the organisation. The registered manager explained that this role enabled them to support the multicultural needs of the people living at the service alongside the staff team supporting them. They also explained how having a robust understanding of the needs of the people living at Long Barn enabled them and the staff team to ensure all equality and diversity needs are met and respected. For example, supporting people with specific hair care needs.
- Equality and diversity was at the heart of the service and people were supported to feel positive about themselves. For example, staff told us about how they had supported one person to feel more comfortable with their sexuality.
- Relatives spoke highly of the caring nature of the service. One relative told us, "Carers are very emphatic and caring."

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

- People were supported by staff that understood the need to include people in decision making. We observed staff ask people what they wanted to eat, where they wanted to go and what they wanted to do. As staff knew people well, they could offer informed choices to assist the decision-making process.
- People and their relatives were involved in decisions about their care alongside providing feedback on the running of the service. 'Tenant' meetings were held whereby people were supported to give their feedback about the service and put ideas forward. Relatives spoke highly of the service and how they were involved in their loved one's care. One relative told us, "Any decisions to be made, they always involve us but also involve the person as much as possible."
- Staff utilised a variety of different methods to communicate with people and empower people to make day to day decisions about their care. Some people communicated via picture boards and Makaton signs. Staff understood people's individual communication needs and provided personalised support to ensure their decisions were communicated and understood. Staff were observed communicating with one person using their picture book. They helped the person to understand what the day was and what was happening next.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted dignity in all their interactions with people. Staff engaged with people in a meaningful way and supported people to maintain their dignity.

- People were supported by staff to be as independent as possible, learn new skills and to also maintain their current level of independence. People were supported to set goals and work towards those goals. For example, one person was working towards gaining more independence in the kitchen, in particular with buttering their toast. Staff told us how they worked with the person to gain more independence with this task.
- Relatives praised staff's skills in promoting their loved one's independence. One relative told us, "They support him to be as independent as possible with washing, dressing and food skills. The staff go out of their way to push him to become more independent."
- Throughout the inspection, staff were observed involving people in the running of the service and supporting people to maintain their independence. For example, one staff member was supporting a person with their lunch time meal. They gently encouraged the person to get their own plate and to get the food from the fridge that they would like for lunch.
- People were encouraged to develop and maintain personal relationships. The registered manager explained how COVID had been a significant barrier for people due to classes and activities stopping. However, with external classes now resuming, the registered manager told us how it was important for people to meet other people and maintain those friendships.

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: Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People living at Long Barn Supported Living received personalised, one to one support so they could receive a service based on their individual lifestyle preferences.
- Some staff had supported people for several years, so they knew people well. This knowledge was invaluable when people were unable to express themselves fully and meant that support could be focussed around likes and preferences. Staff told us how they shared information as a team to ensure consistency.
- People had individualised care plans that described in detail what people could do for themselves and what was important to them. For example, one person's care plan included information written from the perspective of the person on what they enjoyed and didn't enjoy.
- People were leading full and busy lives. They were involved in planning their care and staff encouraged and supported people to be active and to develop and maintain individual interests. On the day of the inspection, people were observed going out for walks, for drives in the car and going out and about shopping.
- People had weekly timetables which included activities and interests that they enjoyed as well as practical tasks to improve their independence such as cooking, cleaning and laundry. Activities also included trips to the local cinema, gym, shopping and going out for meals.
- Relatives spoke highly of how the service and staff team adapted to COVID and how they supported people during the first lockdown, when a number of people's activities and classes stopped running. One relative told us, "Staff coped very well during lockdown, especially as all classes stopped and people's routine changed." Another relative told us, "As they support people with autism, routine is very important and with the first lock down, everyone's routine stopped. It was very difficult for staff as they had to establish new routines with people, but they coped amazingly."

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 were given information in a format which was meaningful to them. The AIS was being followed by the organisation, home and staff with pictorial information available to make it easier for people to understand. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.
- Care plans included information on people's specific communication needs. For example, one person's

care plan referenced the need to use small clear sentences.

- Staff were knowledgeable about people's communication needs and used appropriate methods to support communication including Makaton, pictures and symbols. Throughout the inspection, staff were observed interacting with people using their preferred form of communication. For example, one staff member was communicating with a person using Makaton to help understand what they would like to do.
- The registered manager and staff told us how social stories were regularly used to involve people in events that were not part of their normal routine. For example, explaining COVID and relatives being unable to visit. Social Stories are social learning tools which help to explain new situations to autistic people and individuals with learning disabilities

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was kept updated. An easy read version was available for people. Relatives confirmed that they had no reason to complain but felt confident that any concerns would be acted upon. One relative told us, "I have no concerns, if I needed to raise anything with the manager, I know he would listen and act on the concerns."
- The service had not received complaints in the last twelve months

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 deteriorated to 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: Continuous learning and improving care

- The provider had an audit and quality assurance system in place, however, some systems were ineffective in monitoring quality, identifying shortfalls and driving improvement.
- Medication audits were completed on a regular basis, however, these failed to identify that best practice guidelines such as National Institute for Health and Care Excellence (NICE) were not consistently being followed or adhered too. For example, the NICE guidelines advises that medicines should be stored in line with the manufactures requirements. Some people were prescribed medicines that required storage at a certain temperature and below. Medication audits confirmed that medication was stored at the correct temperature. Whilst the audit confirmed that the medication was stored at the correct temperature. The temperature of the medication cupboard was not monitored or checked by staff. This posed a risk as if medicines are not stored at a temperature recommended by the manufacturer, they may not have the desired effect.
- Weekly and monthly medication audits failed to identify that Medication Administration Charts (MAR charts) were not always accurate. For two people, their allergy status was also not recorded on the MAR chart. For some people the prescribed formulation of the medicine was also incorrectly recorded on the MAR chart. For example, prescribed liquid medicines were recorded as tablets on the individual's MAR chart. Medication audits failed to identify these recording shortfalls.
- Safe systems were not in place for the return of medicines to the pharmacy for disposal. Whilst medicines were not routinely returned to the pharmacy, effective systems were not in place in the event that this was required. Staff did not always complete appropriate records. For example, records failed to contain information relating to the date of disposal, name, quantity and to which pharmacy the medicines were taken too.
- Some people living at Long Barn Supported Living could experience anxiety and distress. Positive behaviour support plans (PBS) were in place. Where people experienced periods of concern or distress, these experiences were regularly reviewed, and the registered manager explained that on a weekly basis all experiences were discussed with the provider's behaviour specialist team to identify any trends, themes or patterns. However, these reviews and analysis were not effective in identifying shortfalls or recognising how improvements to practice could be made. For example, one person had a PBS in place which detailed behaviours of concern. However, staff told us (and this was observed on the inspection) that the person could experience agitation and distress through other people touching them or entering their personal space. This was not reflected in the individual's PBS support plan. Whilst staff knew the person well and

were able to describe how they supported the individual (and no harm had occurred to the individual); guidance was not available for new staff members or agency staff. Subsequent to the inspection, the provider updated and amended the individual's PBS support plan. However, the provider's internal quality assurance checks failed to initially identify this shortfall.

- Quality assurance checks failed to identify that guidance within people's PBS support plan plans was not consistently clear. One person's PBS support plan referenced the need to 'give space' as a strategy to help support the person. However, underpinning guidance was not documented on what was meant by the term 'give space'. Staff told us that sometimes it required directing the person away from the environment and to their bedroom, but staff would regularly check on the person. Staff also commented that sometimes it required them to be able to visually see the person but space between staff and the person was required. Where people were directed away from the environment to maintain their safety, guidance was not in place on how often staff should check on them to ensure staff responded in a consistent manner. Whilst staff confidently told us how they supported people during times of distress and no harm had occurred to people, guidance lacked clear information on what was meant by the term 'give space.' For new staff members or agency staff members this posed the risk that seclusion could unintentionally be used as a form of restraint.
- Some people were administered 'as required' medicines to help manage behaviours associated with distress. The registered manager recognised that the use of medicines to help manage behaviours could be seen as form of chemical restraint. They advised that the administration of medicine was always the last resort and on a weekly basis, such incidents were reviewed and analysed. However, analysis of such incidents was not always clear on what could be improved or whether changes to the individual's PBS were required.
- Documentation between June and September reflected 17 incidences of behaviours of concern. Out of those 17 incidences, 15 required the administration of medicine to help calm the person. Following each occasion, the registered manager completed a de-brief with staff, alongside the de-brief, the incidences were discussed with the provider's behaviour specialists. However, audits and reviews of these incidences failed to reflect why out of 17 incidences, only two didn't require the administration of medicine. Whilst documentation and feedback from staff reflected that all steps were taken before the administration of medicine and no harm had occurred to the individual. Audits and analysis failed to give consideration to what worked on those two occasions and why the remaining 15 required medicine administration. The provider's quality assurance framework failed to evidence what learning was being taken away from each experience which required the use of medicine to help calm the person.
- We brought the above concerns to the attention of the registered manager who was responsive to feedback. Action was taking during and post the inspection to amend and review documentation.

We found no evidence that people had been harmed, however the provider's governance framework failed to identify shortfalls or address how improvements could be made. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff and relatives spoke highly of the service and the registered manager. One relative told us, "I can only describe the service as amazing." Staff spoke highly of the support they received from management and told us that they felt valued and supported within their role.
- Staff spoke with pride and dedication when talking about their work. One staff member told us, "I really enjoy learning about the people living here, their needs and how best we can support them."
- The ethos and values of the service were embedded into everyday care practice. Staff members felt the

service offered a warm, relaxed and homely feel. This was echoed by relatives and health care professionals. One healthcare professional told us, "The communication from Long Barn is by far the best I have encountered as a practice nurse. I can't state enough how impressed I am with the care they give (people) and the staff are wonderful."

- The management had adopted an open and empowering culture at the service. This led to positive outcomes for people. For example, staff noticed that two people were a lot calmer accessing the car when the car had tinted windows in the back. Staff and management therefore worked with relatives to organise for people's individual cars to have tinted windows in the back.
- The registered manager understood their responsibilities regarding the duty of candour. They worked openly with families and kept them updated. Staff and relatives told us they felt comfortable raising any queries with the registered manager, and that the culture was an open one.
- The registered manager was aware of the need to inform the Commission of any notifiable events at the service, in line with legislation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Relatives spoke highly of communication from staff and the registered manager. One relative told us, "Communication is brilliant." Another relative told us, "The service is brilliant, and I cannot fault the manager."
- Equality and diversity was at the forefront of service delivery. The registered manager recognised the multicultural needs of their workforce. For example, support systems were in place to enable staff to pray on shift. Shift rotas were also reviewed in line with Ramadan to ensure staff felt supported during the month of fasting and prayer.
- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to ensure compliance with HSCA 2008. Regulation 17 (1) (2) (a) (b) (c).