Quality Care (EM) Limited

The Baden Powell Centre

Inspection report

Victoria Street
Chesterfield
Derbyshire
S41 7LP

Tel: 01246210910
Website: www.qualitycare-em.co.uk

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Ratings

Overall rating for this service	Outstanding ☆

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?	**Outstanding** ☆

Summary of findings

Overall summary

This inspection took place on 6 and 13 December 2016. This was The Baden Powell Centre's third inspection since the service opened in 2013, and the service was compliant in all areas inspected on both previous inspections. The first day of our inspection visit was unannounced.

The Baden Powell Centre specialises in providing accommodation and personal care for up to 16 adults who have a learning disability and autism or other associated needs. At the time of our inspection, there were 15 people living in the service. The people living at the service were all adults under the age of 40 years. The service is run by Quality Care (EM) limited, a privately owned organisation who have four care homes for adults with learning disabilities in Derbyshire and Nottinghamshire.

All the people living at The Baden Powell Centre had their own self-contained apartments, with their own bedroom, bathroom, and open-plan kitchen, dining and living room areas. People also had access to communal facilities including a gym, café, arts and crafts space and a sensory room. Separate laundry facilities were available within the main building. People had access to the service's enclosed garden. Local independent shops were accessible within short walking distance, as were a range of leisure and entertainment facilities.

The service had a registered manager at the time of our inspection visit, and they were available throughout our inspection visit. 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.

People were supported to live their lives as independently as possible, both within The Baden Powell Centre and out in the local community. Each person had support that was specifically tailored to their needs and aspirations. The service had made a difference to the lives of people living there. There had been positive changes for people since they moved to the service, which could be evidenced through their personal achievements, happiness, and opportunities to try new experiences. Staff understood how to maintain a balance between developing new skills, taking risks and being safe in order to ensure people were supported to live their lives in as ordinary a way as possible. People were able to try new activities and build on their skills by a staff team who understood their needs and knew how to balance opportunities and risks. Staff supported people to reflect on their achievements and look at what they would like to do in the future. For example, one person was looking forward to moving to live more independently, and other people were accessing community facilities such as sports clubs. The registered manager and all staff had an excellent understanding of managing risks and supporting people to maintain independence. There was a robust system in place to protect people from the risk of harm and abuse, and people, relatives and staff felt confident to raise concerns about unsafe care.

Staff were recruited in a safe way, and were well trained and supported. The provider did checks to ensure

that potential staff were suitable to work with people needing care. Staff received a comprehensive induction, regular supervision and had checks on their knowledge and skills. They had training in a range of skills the provider felt necessary to meet the needs of people at the service. This included bespoke training and support to ensure people with complex needs were supported by staff with the right skills and experience. Training was based on current best practice and guidance, so staff had up to date skills and knowledge to support people effectively. All staff were encouraged to contribute to the planning of people's care, and to put forward ideas for improving the quality of the service. There were enough staff to support people in the way they wanted, at the times they needed it.

There was a strong culture of providing person-centred care and support that was tailored to each person's needs, wishes and aspirations. People lived in safe, comfortable and homely apartments within the service. They were supported to make their own choices about their lifestyles. People were involved in planning and regularly reviewing their care to enable them to receive the service that worked for them. Staff worked in a very person-centred way, by responding to people' individual communication and sensory needs. The provider developed creative ways of ensuring people led the lives they wished. People were supported to have choice and control over their daily lives. This meant people had a bespoke service which was tailored to their individual needs and aspirations, which was flexible to change as they developed confidence and skills.

People consented to care and support in many aspects of their daily lives, and were encouraged to make their own choices. Appropriate arrangements were in place to assess whether people were able to consent to their care, where this was needed. The provider met the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS). This ensured people's care was provided lawfully, and they had their rights respected.

People's nutritional needs were met. They had access to a range of health and social care professionals for advice, treatment and support. Staff monitored people's health and well-being effectively, and responded quickly to any concerns.

People felt cared for by staff who treated them with kindness, dignity and respect. People, their relatives, and staff felt able to raise concerns or suggestions in relation to the quality of care, and were confident the provider would take action where needed. The provider had a complaints procedure to ensure issues with quality of care were addressed.

The provider had fostered positive values and a shared vision for the service with the staff team. The service was developed with people, relatives and staff. Staff were highly motivated and proud of the care and support they provided to people. There were effective and robust systems in place to monitor the quality of the service, and action was taken quickly to improve care. The registered manager understood their responsibilities, and CQC was appropriately notified of events as required.

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 consistently safe.

People were supported to take positive risks, and this enabled them to be as independent as possible. People were protected from the risk of harm and potential abuse because staff knew how to recognise concerns and were confident to raise them. Staff were recruited safely, and the provider took action where unsafe working practice was found. Medicines were managed safely, and there were robust systems in place to manage and reduce the likelihood of accidents and incidents.

Is the service effective?

Good

The service was outstanding in ensuring people received effective care and support.

People received innovative care and support from staff who were trained and skilled. There were facilities to support people's care and development, and people were encouraged to practice and develop their independent living skills. Staff understood how to maximise people's ability to consent to care, and where people could not consent, staff demonstrated they followed the Mental Capacity Act 2005 (MCA) and protected people's rights. People were supported to maintain a balanced diet, and to access healthcare when this was required.

Is the service caring?

Outstanding ☆

The service was outstanding in providing caring support to people.

All staff were committed to providing high quality care focussed on people's own needs and aspirations. People enjoyed positive relationships with staff that helped them develop their confidence and social skills. People were encouraged to express their views about care, and they felt listened to and respected. Staff consistently demonstrated the principles of providing care with privacy and dignity.

Is the service responsive?

Good

The service was outstanding in responding to people's needs.

People received care and support based on their needs and preferences. They were involved in all aspects of their care and were supported to have the lives they wanted. Staff understood people's complex communication needs, and this enabled people to fully participate in their care and in their communities. Relatives and friends were welcome to visit whenever people wished, and everyone knew how to make a complaint or raise concerns. People and relatives felt confident they would be listened to and changes made to improve the quality of care.

Is the service well-led?

Outstanding ☆

The service was led in an outstanding way.

The leadership and management of the service assured the delivery of high quality person-centred care, which focussed on each individual. The culture of the service was open and inclusive, and the staff team were motivated, worked well together and clearly enjoyed supporting people. The service worked in partnership with key organisations to ensure people received the care and support they needed.

The Baden Powell Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 13 December 2016. The first day of our inspection visit was unannounced. The inspection visit was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of our inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. This was returned to us by the service.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, notifications of serious injuries or allegations of abuse. We spoke with the local authority and health commissioning teams, and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

During the inspection we spoke with eleven people who used the service, and two relatives. We spoke with six care staff, one member of the development team, deputy manager, and the registered manager. We received feedback from eight health and social care professionals. We looked at a range of records related to how the service was managed. These included two people's care records (including medicine administration records), two staff recruitment and training files, and the provider's quality auditing system.

Good

Is the service safe?

Our findings

People were safe living at The Baden Powell Centre. One person said, "I know no-one can get in other than me and the staff." Another person told us they had been confident to speak up when their staff support had not met their expectations. A third person was aware of safeguarding, and said they were very confident in the staff team's ability to keep them safe. Relatives spoke very positively about different ways their family members were supported to remain safe at the service. A relative said, "I would know if [my family member] was unhappy – they're not."

People were able to achieve the right balance between independence and safety, supported by staff who enabled positive risk taking. For example, one person told us they were learning how to use kitchen knives safely to enable them to develop their cooking skills, and staff and care records confirmed this. Staff said without this level of ongoing support to build skills, the person would not be able to use knives safely. By working with the person to increase their skills and awareness of risks, staff enabled them to learn a new activity. A relative described how staff took steps to ensure windows were locked and secure in their family member's apartment, and said this reassured them the person would be kept safe.

Staff recognised when people felt unsafe. As part of planning for people moving to The Baden Powell Centre, those who required more space, or specific adjustments to their living environment were involved in discussions about how to provide a safe environment. For example, one person needed a ground floor apartment to enable staff to support them safely. As another person wished to move from the ground floor to a larger apartment, options were discussed with both people, and they were supported to have the living environments they wanted that made them feel safe.

Staff demonstrated a thorough knowledge of risks and demonstrated that they understood how to keep people safe from the risk of avoidable harm. Risk assessments were person-centred and detailed the steps people and staff needed to take to ensure people could participate in activities. For example, one person needed regular and consistent staff, particularly when supporting them to attend appointments. Records showed the person was consistently supported by the same staff, for example, to GP appointments. This reduced the risk of them becoming anxious and behaving unpredictably, and placing themselves at risk. People were involved in the risk assessment process and each assessment was produced in a suitable format so people could understand it. All staff had a clear understanding of people's needs and how to respond to each person's need to feel safe and cared for. Care plans contained information about how people could be calmed and comforted, to reduce the likelihood of their anxiety or fear increasing. Risk assessments were reviewed with people regularly and updated to ensure staff knew how to support people safely and maintain their independent living skills. People were protected from the risk of avoidable harm, and supported to develop their independent living skills.

Accidents and incidents were reviewed and monitored to identify potential trends and to prevent reoccurrences. We saw documentation to support this, and saw where action had been taken to minimise the risk of future accidents and incidents. The provider had systems in place to record, monitor and analyse behaviour that may cause harm to people. We saw, for one person, how staff were documenting and

analysing a particular behaviour. The registered manager confirmed staff had sought specialist support to try to understand the behaviour and what the person was communicating. They found alternative behaviours the person could do which would reduce the risk of physical harm to them. This had resulted in a decrease of incidents where the person's behaviour had placed them at risk of harm. This demonstrated the provider was proactively monitoring and taking steps to reduce the risks of avoidable harm through incidents and accidents.

People were kept safe from the risk of potential abuse. They felt safe, and were confident to tell staff if they were concerned about anything. Relatives were confident in the staff team's ability to ensure their family members were safe. Relatives were also confident in raising any concerns about people's care. Staff knew how to identify people at risk of abuse and were confident to recognise and report concerns about abuse or suspected abuse. They also knew how to contact the local authority or the Care Quality Commission (CQC) with concerns if this was needed. The provider had clear detailed policies on safeguarding people from the risk of abuse, and staff knew how to follow this. Staff received training in safeguarding people from the risk of avoidable harm and this was supported by their training records. Records at the service and information held by CQC confirmed where staff skills fell below the standard expected by the provider, steps were taken to address this. This ensured people were kept safe from the risks associated with unsafe care.

There were enough staff to provide the care and support people needed. People had one-to-one or two-to-one staff support according to their level of needs and depending on which activity they were doing. People, relatives and staff all confirmed that staffing levels were sufficient to enable people to be supported to have active lives. This enabled people to take part in activities of their choice safely and ensured staff were always available to support them.

There were safe recruitment practices in place, and the provider worked to ensure staff with the right skills, values and attitudes were employed. Staff told us, and records showed the provider undertook pre-employment checks, which helped to ensure prospective staff were suitable to care for people receiving care. This included obtaining employment and character references, and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. All staff had a probationary period before being employed permanently. This meant people and their relatives could be reassured staff were of good character and were fit to carry out their work.

People's medicines were managed safely and in accordance with professional guidance. People felt staff supported them to manage medicines safely, and confirmed that staff recorded this. Each person had privacy when being supported with medicines. One person told us they were learning to manage their own medicines. They and staff showed us how their medicines were taken, recorded and checked. Staff told us and records showed they received training and had checks to ensure they managed medicines safely. They knew what action to take if they identified a medicines error. The provider had up to date guidance for staff which was accessible for staff who dealt with medicines. We saw all medicines were stored, documented, administered and disposed of in accordance with current guidance and legislation. Staff took time to explain to people what their medicines were for, and checked people were happy to take them. The provider had comprehensive daily, weekly and monthly checks to ensure medicine errors were minimised. This meant people received their medicines as prescribed.

The provider ensured risks associated with the service environment were assessed and steps taken to minimise risks. One person told us they were involved in helping staff check the building fire safety systems. Staff and records confirmed this was the case. People's files contained emergency information and contact details for relatives and other key people in their lives. Each person had a personal emergency evacuation plan (PEEP) which contained detailed information on how to support each person to remain safe in the

event of an emergency. The PEEPs included specific information about people's individual needs in relation to their autism, and were written to ensure people could understand what they had to do, and what staff would do to keep them safe. Staff knew what to do in the event of an emergency, and the provider had a business contingency plan in place. This meant people would be reassured and supported safely in ways that suited them if there was an emergency.

Good

Is the service effective?

Our findings

All the people living at The Baden Powell Centre had self-contained apartments, with their own bedroom, bathroom, and open-plan kitchen, dining and living room areas. People also had access to communal facilities including a gym, café, arts and crafts space and a sensory room. People were supported and encouraged to choose how they wanted their apartments to be decorated. Their living areas were decorated and personalised in ways which reflected their tastes. One person told us how they had chosen the way their apartment was decorated, and showed us round. It was evident from this conversation and their non-verbal communication they took great pride in having their own apartment that was decorated and furnished in a way that reflected their choices and personality. Information about daily support was available in each apartment in a style that suited each person. For example, some people had an activity planner for the week that used words and symbols so they knew what they had planned for each day. One person had a reminder about contacting family regularly. Staff told us and records showed the person was supported by staff to have regular phone calls with family on specific days they had identified. The communal areas at Baden Powell Centre had accessible information and signs to ensure people knew where key facilities were, and, for example, what to do if the fire alarm went off. All of the ground floor apartments were fully accessible, with four of the apartments designed to support people with extensive physical disabilities. This meant people had their own private living spaces where they could learn and maintain their independent living skills, and live in an environment they could tailor to their preferences and lifestyles.

People had their own kitchens within their apartments, where they received individual support to plan and cook meals. There was also a café within the building where people could socialise with friends and family. People were supported by staff to plan, shop and prepare food and drinks of their choice. Because people had one-to-one staff support, they were able to make drinks and prepare food at times they chose. One person had developed a meal planner with staff, and this clear plan was important to them so they knew what to expect. Another person spoke with us about the support they had to eat healthy meals. They showed us how staff supported them to plan healthy food to help them maintain a healthy weight. Staff were responsible for ensuring good food hygiene practices were followed, and there were checks in place to ensure food was stored and prepared correctly. People who were at risk of not having enough food or drinks, or having excess food were assessed and monitored, and where appropriate, advice was sought from external health professionals. This meant people were supported to have sufficient to eat and drink, and were supported to plan and prepare meals of their choice.

People were supported by staff who were trained and experienced to provide their personal care. One person said, "Staff know how to support me through my support plan." They confirmed their support was discussed and reviewed regularly to ensure it met their needs. Relatives said they had full confidence in the skills and knowledge of the staff team.

All staff had a probationary period before being employed permanently. New staff undertook the Care Certificate as part of their induction, and all staff were working towards or had achieved this. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours that unregulated health and social care workers should adhere to. The provider had an induction for new staff which included

training, shadowing experienced colleagues, being introduced to the people they would be caring for, and skills checks. One staff member said their induction had been really helpful and the experience of shadowing colleagues to see how they worked was, "Really good." Another described their induction as, "The best training I've ever had." Staff told us they felt their induction gave them the skills to be able to meet people's needs. The provider worked in partnership with a local specialist training provider to deliver training to staff, including a service specific induction programme, ongoing training the provider deemed mandatory, and bespoke training to enable staff to meet individual people's needs.

Staff undertook training in a range of areas the provider considered essential, including safeguarding, medicines management, pro-active strategies for supporting people and supporting people with autism. Staff worked in small teams with specific people at the service, and were supported to undertake further training and learning in relation to people's individual needs. For example, all staff working with one person received additional training and support in a particular method of communication. This enabled the person to understand what was happening, to process information, and to communicate their views and wishes. Each team leader worked with their staff colleagues to ensure training and skills were up to date, and were designed to ensure each person received the support they needed. Specific training was provided for staff working with people who had medical conditions to ensure staff had the skills and experience to support them correctly. For example, medicine administration for epilepsy seizures, or supporting people with specific eating disorders. Further service specific training was provided in proactively managing behaviour that may challenge others. This ensured staff had the skills to identify people's anxiety or distress early, and knew how to support them effectively. Staff told us and records showed they received regular refresher training in areas of care the provider felt necessary to meet the needs of people at the service. Staff confirmed they could ask for additional training and evidence showed they received this where it related to supporting people to maintain their health and wellbeing. All staff had or were working towards achieving nationally recognised qualifications in health and social care. Staff involved in management had or were working towards a level 5 management Diploma in Health and Social Care. This meant people were supported by staff who had the appropriate skills and experience to provide them with the individual support they needed, at the times when they needed.

The provider held regular meetings for staff to discuss information relating to people's care. One staff member told us they were encouraged to discuss lots of ideas about how to support people, and to recognise success, which was very positive. Staff told us and records showed there were detailed discussions about people's health and social needs and how best to improve people's lives. Staff also regularly discussed risks, incidents and accidents, and agreed on appropriate ways to reduce these. We saw evidence of staff involvement in decisions about how best to support people living at the service. Staff had regular individual meetings with their supervisor to discuss their work performance, training and development. The provider also ensured staff skills and competency was to the standards they required through regular checks. For example, staff who supported people with medicines had regular checks to ensure they had the skills and knowledge to do this effectively. The provider ensured staff maintained the level of skills and knowledge needed to support people in ways that worked for them.

Staff told us and evidence showed they kept daily records of key events relating to people's care. Information about people's care was recorded and staff shared key information with colleagues throughout the day and at shift handover. This meant staff knew what action was needed to ensure people received care they needed.

People and relatives confirmed that staff always sought permission before offering personal care. One relative said, "Staff are very good at supporting [my family member] to make the choices they want to make." They also said staff were good at working with their family member to ensure they were making their

own choices, rather than just agreeing with staff's ideas or suggestions. Consent was sought from people using communication that was meaningful to them. For example, although many people could communicate verbally, others could not. Some people communicated their choices and needs using pictures, symbol cards, Makaton signs and objects of reference, depending on each person's communication style. Makaton is a language using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech. Relatives, staff and records demonstrated that staff consistently sought to support and encouraged people to express their views and make their own decisions about their lives. Because people were supported to express their views and wishes in ways that were meaningful to them, it meant people were able to have more control over their own decisions about how they wanted to lead their lives.

The provider was working in accordance with the Mental Capacity Act 2005 (MCA). Staff had good knowledge of the MCA and confidently demonstrated this to ensure people's rights were respected. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met.

Where people had capacity to consent to their care, this was documented, and staff respected decisions people made for themselves. Where people lacked capacity to make certain decisions, the provider followed the principles of the MCA to ensure best interest decisions were made lawfully. Staff understood the principles of the MCA, and put this into practice in their everyday work in a consistently confident way. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to provide restrictive care that amounts to a deprivation of liberty. The provider had assessed people as being at risk of being deprived of their liberty and had made applications to the relevant Supervisory Bodies appropriately for a number of people. People who were deprived of their liberty had access to support to enable them to understand MCA DoLS and to exercise their rights. For example, we saw people with DoLS authorisations had regular visits from their relevant person's representative (RPR). The role of the RPR is to ensure that people can exercise their rights under the MCA, and that their care is as least restrictive as possible. People's care was regularly reviewed to ensure that any restrictions in care were legal and in proportion to any risks. The provider was working in accordance with the MCA, and people had their rights upheld in this respect.

People were supported to access health services when they needed to, and staff helped them to monitor and maintain their health. People and their relatives were confident that staff understood people's health needs, and supported people to their regular health appointments as needed. Relatives also felt staff knew how to respond appropriately to healthcare emergencies to ensure people got the medical attention they needed. One relative commented, "Staff are very able and good to monitor and cope with [health condition]. They know what to do and how to respond. I feel confident in the staff [in relation to monitoring and managing a complex health condition.]" Staff told us, and records confirmed people were supported to access health services in a timely manner when needed, and staff worked with health services to ensure people had medical care based on current best practice. For example, on the second day of our inspection, we saw one person was being supported to receive emergency medical care. The person's relative expressed confidence in the staff team's knowledge and responses to the person's diagnosis. Staff we spoke with and care records demonstrated that staff had the skills and experience to ensure the person's complex

healthcare needs were met safely and in a timely way. Each person had a health action plan. This clearly identified what their health needs were, what support they needed to maintain health, and showed how often essential health appointments needed to take place. We saw where people's health needs changed, staff sought referrals to appropriate professionals quickly. This enabled staff to support people to manage their health and ensure they accessed health and social care services when required.

Outstanding ☆

Is the service caring?

Our findings

People felt supported by staff who provided care in a good-humoured, friendly, dignified and compassionate way. One person felt the level of support they had was right for them; "It's just right. I can have time on my own, and then staff come when I need." Relatives were positive about staff being kind and caring. One relative said, "When you walk in everyone says hello and smiles – there's a real warmth about the place." Another relative described how the provider had sought to match staff skills and interest to their family member, stating, "Staff want to be supporting [my family member]. They're incredibly well selected to support them. They really respond well to this secure and stable staff team. They are so happy there." Health and social care professionals commented positively on the care shown towards people by the staff team, with one professional describing staff as, "Extremely caring and committed."

People told us and we saw their choices for staff gender were met by the provider. This meant, particularly where staff supported people with intimate personal care, people were supported by staff they were comfortable with. People were supported with their medicines and care needs in a dignified way. This was done in people's own apartments to ensure personal care remained private and confidential.

People and staff had worked together to establish a code of conduct that set out the behaviour expected of staff when supporting people. The code identified how people wanted staff to behave towards them, and also how staff should work together to support people in a positive and respectful manner. This included, for example, staff enjoying their work, but ensuring humour was respectful towards people and colleagues. We saw this code of conduct was displayed clearly around the communal areas of the building, and was written in a way that was accessible to everyone.

Throughout our inspection visit, we saw staff supported people in a caring, friendly and respectful way. For example, staff communicated with people in ways which suited their communication styles. Staff always knocked before entering people's apartments, asked for permission and respected people's responses when offering support or care.

People's care was personalised, and they were supported by staff teams who promoted independence and quality of life. People were supported to have active lives and to take part in opportunities that were meaningful to them. This included participating in activities and hobbies in the local community, as well as daily domestic tasks within their apartments. Staff involved people as much as possible in setting their goals and identifying what their ambitions and aspirations were. Staff then worked with people to identify how they could achieve their goals, and what support they would need. This included identifying family, friends, staff and others who were important to them and their quality of life. One relative described how important it was the provider had younger age-appropriate staff for their family member, stating this had really helped improve their confidence and social skills. Evidence demonstrated the person was supported by staff in a similar age group, and that their confidence in social settings away from the Baden Powell Centre had increased. Another person had identified that living a healthy lifestyle was important to them. They told us and showed us staff had worked with them to help achieve this. Support included developing an exercise plan, and monitoring their weight. This was done using both the gym facilities in the service, attending a

local community gym, and participating in a local health class. Care records and other documentation was made available to people in pictorial and easy read formats. This meant people were actively involved in establishing and reviewing their support, and had information given to them in ways they could understand.

People and their relatives were consistently involved in planning and reviewing their care and support. People were encouraged to express their views and wishes about their daily lives, and staff listened and acted on their views. For people who needed additional communication support, staff had developed methods of enhancing non-verbal communication in conjunction with people and external professions. Staff also spent time developing resources to ensure people could communicate effectively and make choices. For example, we saw a DVD that had been made by a person and staff to enable them to understand the process of moving to the Baden Powell Centre. The DVD gave information and choices to the person in a way they could understand, and it also acted as a record for the person to show how they had been involved, and how they had developed since they moved in. This meant people were able to make their views known and make choices about their everyday lives.

Staff understood and demonstrated how to support people with dignity and maintain their privacy. For example, the provider had arranged for one person to have specialist equipment for their personal care. This enabled the person to independently carry out their own care, without placing themselves at risk. Staff told us this was planned with the person and their relatives before they moved to the service, as was designed to encourage independence and maintain dignity around intimate personal care. This demonstrated dignity and respect for people receiving personal care were central to the staff's values.

Staff understood how to keep information about people's care confidential, and knew why and when to share information appropriately. Care staff had access to the relevant information they needed to support people on a day-to-day basis. Records relating to people's care were stored securely. This showed people's confidentiality was respected.

People were supported to spend private time with their friends and family if they wished. This could be at the Baden Powell Centre or at a place of their choice. One person said staff supported them to see their family regularly. Another person spoke positively about how staff had ensured they spend Christmas with family who were important to them. Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting times. This showed people's right to private and family lives were upheld and their human rights respected.

Information about advocacy services was displayed in the service and we saw advocates had been involved in supporting people to make decisions about their care and life choices. Staff and records confirmed people living at the service were registered to vote, and were supported to exercise their right to vote if they wished to do so. This meant people were supported to understand their rights, and participate in civic life as they had a right to do so.

Good

Is the service responsive?

Our findings

People who used the service felt listened to, and staff responded to their needs and wishes. They also felt staff supported them in ways which worked for them and met their needs. Relatives were positive about the efforts made by staff to ensure people received care and support that met their needs, preferences and aspirations. For example, one relative described way staff ensured their family member was supported to do regular sports activities they had always enjoyed. The person was able to access a wide range of opportunities, both on a one-to-one basis with staff and in groups in the local community. The relative described the positive impact this had on their family member, saying their confidence had increased; they did activities they enjoyed when they wanted which benefitted their physical health and social life. Another relative said, "Couldn't ask for anything better. [Family member] has a very busy social life and does the sort of things we never though they would." Staff were knowledgeable about people's individual care needs and preferences. They also demonstrated they knew about people's life histories and what was important to them.

People were supported to have active lives in their local community. They told us about activities they enjoyed doing both within Baden Powell Centre, and out in the local community. For example, one person spoke about how staff were supporting them to develop their skills and confidence in using public transport. They described how staff had worked at their pace to ensure they understood risks and were confident in their new skills. Staff confirmed this and we saw the person had been involved in reviewing risks and progress with staff. The person said they were now confident to use public transport to a particular place, and knew they could request staff support if needed. People told us and evidence showed they were supported to take part in community based activities and opportunities, if this was something they wished to do. For example, two people took part in volunteering activities locally. One person told us what they did and explained why they had decided to do voluntary work. Another person showed us they enjoyed taking part in local sports activities that helped them keep fit and meet other people with similar interests. Staff told us and records showed people went out most days of the week to do things they wanted to do. One staff member described much of their work as, "Assisting and enabling [rather than doing for people]" Staff told us they felt confident to support people to try new experiences, as there was support in place to ensure they could assess and minimise risks, and ways they could identify how people responded to new experiences. This demonstrated the provider was able to promote people's independence and support them to do activities which were important to them, both within the service and out in the local community.

People were encouraged to communicate in ways which suited them. Although most of the people at the service were able to communicate using speech, some people needed additional support to express themselves. For example, one person needed two staff to support them during the day, and the role of one staff member was specifically to facilitate good communication. Staff told us, and records showed this enabled the person to take part in a wider range of activities, and ensured the person was able to process information and thoughts in a way that was positive and meaningful to them. Another person used a tablet computer with a customised application to enable them to communicate in more detail about more subjects than their conventional speech would allow. The communication application was designed to be used in conjunction with printed information and speech to enable the person to have a wide range of

options to understand what was happening and to be understood. We saw some people used small cards with pictures and symbols to enable better communication, for example, when making meal choices when out in the community. These cards were specific to the food retailers people liked to visit. Staff had developed these with people based on their expressed preferences, and people were therefore enabled to make choices based on the options available in different shops. People had individualised support plans to tell staff how to ensure communication was effective for each person. These plans included information about how people received and understood information, and we saw throughout our inspection visit staff followed these plans. This showed people had opportunities to communicate their needs and wishes in ways which suited them. People could understand what was being communicated, and they could respond and engage in conversation.

People told us, and records demonstrated their care and support was regularly reviewed with them. One relative commented, "We're totally involved in care planning and reviews. Good communication is very key and staff do this." This enabled staff to establish whether people were being supported in the best ways possible for them. One person told us they reviewed how their week had gone with staff, and if they were unhappy with anything or wanted their support to change, staff responded positively to this. The provider ensured people had their personal care needs reviewed regularly, and relatives were involved with this where people consented, or where it was assessed as being in people's best interests. Each person had two key workers – staff who had responsibility for ensuring that people's care and support was specifically tailored to their needs. People knew who their key workers were, and staff feedback and records demonstrated they worked with people to regularly review their care and, where necessary, seek ways to improve people's quality of life. This ensured people's support plans met their current needs, and where their needs changed, this was identified with people and their relatives, and their support plans were updated.

People's care plans contained information about their likes and dislikes, hobbies and friendships, and key information about life events. Where it was not possible to obtain this information from people directly, staff asked family members to provide information they felt was important about people's lifestyle choices.

People at the service who were living with autism had support that specifically met their individual needs. For some people, clear routines were very important, and they told us staff worked with them in ways to ensure they always knew what was happening. A relative said, "They know every day what they're doing – this is so important." Staff were able to describe people's preferences and daily routines, and this was supported by detailed care plans. For example, one person's care plan described their morning routine in detail, and clarified for staff why this routine was important to ensure the person did not become anxious or distressed. Records for incidents showed that the person became anxious if their specific routine was not carried out. Incident analysis records showed what action the provider took to identify what part of the routine had been interrupted, and what action had been taken to ensure the risk of reoccurrence was minimised. This meant people's preferred routines of support were consistently kept by staff who understood this was important to maintain people's well-being.

For another person, it was important they had a consistent staff team. Staff told us, and evidence in daily records and staff rotas demonstrated they had consistent support from staff who knew them well. Staff demonstrated detailed knowledge of how autism could affect people's individual daily lives. They were able to describe how staff teams supported people consistently in accordance with their care plans to ensure people continued to carry out tasks and rituals that were important to them, but ensured people could still participate in everyday tasks and activities.

People and their relatives were happy with the variety of activities offered. These ranged from education and

daily skills building, to swimming, discos, attending local gyms, and creative activities. The provider had a development team, whose role was to support people and staff to ensure they had access to the opportunities they wanted. We saw evidence that demonstrated people were not only supported to develop their daily living skills, but also encouraged to develop and maintain hobbies and activities they enjoyed. People were also supported to develop friendships and relationships with others who were important to them. For example, one person was being supported to maintain a relationship, and was also having additional support around appropriate boundaries in relationships to ensure they remained happy and confident.

People and relatives we spoke with were aware of opportunities to provide feedback on the quality of their care. Rather than have regular meetings with everyone living at the service, the opportunities for people and relatives to express their views about the quality of the service was done on a more individual basis. The provider also sent relatives regular surveys to seek their views on the quality of service. We saw the registered manager and senior staff then analysed the feedback and implemented an action plan to ensure any changes to improve the service were carried out. Recent surveys had not received the response the provider had hoped, and they received far less feedback than they wanted. They were working with relatives, staff and external professionals to establish a better way of obtaining feedback about the quality of care.

People and their relatives were confident any issues or complaints would be handled appropriately by the provider. They felt able to raise concerns and knew how to make a complaint, and were aware the provider had a formal complaints procedure to support this. Two people told us about complaints they had made. For example, one person described a situation where staff had not supported them as agreed. They said they raised this with the registered manager, and the situation never happened again. Information was available in accessible formats around the service to let people know how to complain. There was an easy to understand pictorial complaints procedure and people were supported to understand this as part of their planned transition into living at the service. The provider's policy set out how concerns or complaints should be managed and what to expect. Two formal complaints had been dealt with since our last inspection, and we could see where action had been taken as a result. The provider also looked at complaints on a regular basis to see whether there were any themes they needed to take action to improve. This meant the provider had a responsive system to resolve concerns and complaints.

Outstanding ☆

Is the service well-led?

Our findings

People and relatives felt the service was managed very well. A relative said, "[Registered manager] is very good. He's hugely influential and a good leader. He has the right ethos and is very passionate about providing high quality care." Staff spoke positively about their work and the support they received from the provider and from each other. One staff commented, "We have open door management. We're encouraged to speak up, whether that's concerns or ideas, and we are listened to." They felt confident to raise concerns or suggest improvements. Health and social care professionals spoke positively about how well the serviced was managed to meet people's individual needs.

The service had an open and transparent culture, with clear values and vision for providing high quality care for people. Staff understood their roles and responsibilities, and demonstrated they were trained and supported to provide care that was in accordance with the provider's statement of purpose. A statement of purpose (SOP) is a legally required document that includes a standard set of information about a provider's service, including the provider's aims, objectives and values in providing the service. For example, the provider's SOP stated one of their aims was, "To provide a safe, structured, monitored and well supported living environment that encourages service users to enhance their independence and life skills through community living, support and a personalised outcome driven development programme with a clear focus on community integration." During our inspection, staff were open and helpful, and demonstrated detailed knowledge of people's care needs to enable them to lead their lives the way they wanted.

The registered manager showed us evidence to demonstrate the provider looked at innovative approaches to support people receive better quality care and support. For example, an IT system was being developed that would enable risk assessments and care plans to be updated more efficiently, and these would be available to staff more quickly. People would also be able to access their own records on the system and give instant feedback about their support. This would be done via computer tablets and communication methods suitable for each person. Another IT system was being used to help staff analyse one person's behaviours more effectively. The system was able to give staff information about triggers for certain behaviours, analyse any patterns in times and location. This then enabled staff to identify ways of supporting the person that helped them to participate in day to day activities and minimise the risk of triggering behaviour that was harmful to the person

Staff also behaved consistently in ways which placed the people they supported at the centre of the service. Staff and the registered manager spoke about the ethos of working to ensure people had all the support they needed to develop social, communication and life skills. This was to enable people to make their own choices about their lives and ensure they reached their potential for independence.

The provider had a staff awards scheme that recognised contributions from staff, and recognised outstanding skills in caring for people at the service. This showed the provider had a way of identifying good care and encouraging all staff to develop their skills to improve the service.

People, relatives and staff felt able to make suggestions to improve the service, and raised concerns if

necessary. The provider also regularly sought people and relatives' views about the service, responded to comments and complaints, and investigated where care had been below the standards expected. This assured us people, relatives and staff were able to make suggestions and raise concerns about care, and the provider listened and acted on them.

The service had a history of maintaining consistent compliance with regulations, and our records showed the registered manager regularly contacted Care Quality Commission (CQC) to discuss any issues or concerns that might impact on the quality of care. The provider appropriately notified CQC of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required.

There were systems in place to monitor and review the quality of the service. There was a strong emphasis on continually looking for ways to improve the service for people, and also looking at learning from where care fell below the standards the provider expected. The registered manager and provider carried out regular checks of the quality and safety of people's care. All staff had responsibility for being involved in checks on the quality of the service, and people were also encouraged to be involved in this where appropriate. Checks included daily, weekly, monthly and quarterly monitoring of people's care and the service environment, how people felt about care and regularly seeking people's views about the service. They also investigated where care had been below the standards expected and took steps to improve people's care. They undertook essential monitoring, maintenance and upgrading of the home environment.

The provider took appropriate and timely action to protect people and had ensured they received necessary care, support, or treatment from external health professionals. They also monitored and reviewed accidents and incidents, which allowed them to identify trends and take appropriate action to minimise the risk of reoccurrence.

The service had established effective links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed. The provider had also ensured the service had established links with the local community. For example, people were supported to use local leisure facilities, and two people were supported to take part in voluntary work which they had chosen and enjoyed.

The provider worked in partnership with a local specialist training provider to deliver bespoke training to staff, and future plans to ensure high quality staff included the development (in partnership) of an apprenticeship academy. The registered manager told us this opportunity was designed to ensure the provider had access to skilled local staff. The provider's own training department was a recognised provider and trainer for Skills for Care. This organisation supports care providers to create a better-led, skilled and valued staff team. The provider had applied to become a Skills for Care centre of excellence, demonstrating their commitment to ensuring all staff had the specialist skills, experience and values to support people with complex needs. A Centre of Excellence is a provider which has demonstrated exemplary learning and development provision, exhibited innovation and continual development and can prove they deliver high quality improvement to the services they work with. The registered manager was very keen to achieve this to demonstrate their, "Commitment to providing staff with training to a high standard." They also described how this would improve the supervision and assessment of staff skills to promote consistently high quality care.

The provider had policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and they were knowledgeable about key policies that supported them to provide safe care. For example, medicines, communication, complaints, and safeguarding. We looked at a sample of

policies and saw these were up to date and reflected nationally recognised guidance and practice standards. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This demonstrated an open and inclusive culture within the service, and gave staff clear guidance on the standards of care expected of them.