

Liaise Loddon Limited

# Baytrees

## Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This unannounced inspection of Baytrees took place on 17 and 18 June 2015. The service offers accommodation and support to four people who may have learning disabilities or autism. The primary aim at Baytrees is to support people to lead a full and active life within their local communities and continue with life-long learning and personal development. The home is a detached house, with a substantial rear garden, within a residential area, which has been furnished to meet individual needs.

The service had a registered manager. 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 and relatives told us they trusted the staff who made them feel safe. Staff had completed safeguarding training and had access to current guidance. They were able to recognise if people were at risk and knew what action they should take to protect them. People were safeguarded from the risk of abuse. Staff had responded appropriately to safeguarding incidents to protect people. The provider had made changes to people's care as a result of incidents to safeguard them.

# Summary of findings

People's safety was promoted through individualised risk assessments. Risks had been identified, and plans were in place to manage these effectively. Staff understood the risks to people's health and welfare, and followed guidance to safely manage them.

The registered manager completed a daily staffing needs analysis to ensure there were always sufficient staff with the necessary experience and skills to support people safely. Whenever possible the registered manager and staff worked together with people to identify in advance when their needs and dependency were likely to increase.

People were cared for by staff who had undergone the required pre-employment checks to ensure their suitability and had received an induction based on the social care industry requirements. The induction also took into account the specific needs of the people cared for by the service, including autism and epilepsy. Staff had the required training updated in accordance with the provider's policy. The provider supported staff to meet people's needs with an effective programme of induction, supervision and appraisal. Staff were encouraged to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development.

Medicines were administered safely in a way people preferred, by trained staff who had their competency assessed by the registered manager.

People were actively involved in making decisions about their care and were asked for their consent before being supported. Relationships between staff and people were relaxed and positive. Staff engaged with people to identify their individual needs and what they wanted to achieve in the future. Staff showed flexibility and creativity in supporting people to become more independent. People were encouraged to be as independent as they were able to be, as safely as possible.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where

people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made on their behalf. People were supported by staff who supported them to make day to day decisions.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide a lawful way to deprive someone of their liberty, where it is in their best interests or is necessary to protect them from harm. The registered manager had completed the required training and was aware of relevant case law. The registered manager had taken the necessary action to ensure people's rights were recognised and maintained.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

There was a friendly and relaxed atmosphere within the service, where people were encouraged by staff to express their feelings, whilst respecting others. People told us that when they had a problem or were worried they felt happy to talk with any of the staff. Whenever people had raised concerns or issues prompt action had been taken by the registered manager to address them.

People's dignity and privacy were respected and supported by staff, who were skilled in using individual's specific communication methods. Staff were aware of changes in people's needs, which were reported to relevant healthcare services promptly where required.

The provider had deployed sufficient staff to provide stimulating activities for people. The activities programme had been revised, and there were a range of events arranged. This ensured people were supported to pursue social activities which protected them from social isolation.

People told us they knew how to complain and that the registered manager encouraged them to raise concerns. When complaints were made they were investigated and action was taken by the provider to make improvements where required.

Staff had received training in the values of the provider as part of their induction, which were discussed during all team meetings. People, their relatives and staff told us

# Summary of findings

the service was well managed, with an open and positive culture. People and staff told us the registered manager was very approachable, willing to listen and make any necessary changes to improve things for people.

The registered manager provided clear and direct leadership and effectively operated systems to assure the quality of the service and drive improvements.

People's needs were accurately reflected in detailed plans of care and risk assessments, which were up to date. These plans contained appropriate levels of information. For example, if a member of staff from another service

arrived to provide support in response to staff absence after reading these plans they would be able to support people safely. Throughout the inspection the registered manager and staff were able to find any information we asked to look at promptly.

People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff. Processes were in place to protect staff and people's confidential information.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff had received safeguarding training and had access to relevant guidance. When safeguarding incidents had occurred they had been correctly identified, reported and acted upon by staff.

Risks to people were identified and effectively managed by staff to ensure people's safety.

There were enough suitable staff to make sure people were cared for safely. Staff had undergone thorough and relevant pre-employment checks to ensure their suitability.

People's prescribed medicines were stored and managed safely in accordance with current legislation and guidance.

Good



### Is the service effective?

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

People were supported to make their own decisions and choices by staff who demonstrated an understanding of consent, mental capacity and deprivation of liberty issues.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

Staff supported people to maintain good health and have access to healthcare services promptly when required.

Good



### Is the service caring?

The service was caring

People had positive and caring relationships with the staff who treated them with kindness and showed compassion and concern for their welfare.

Staff supported people to be actively involved in making decisions about their care.

Staff promoted people's independence and ensured their privacy and dignity were respected in the way their care was provided.

Good



### Is the service responsive?

The service was responsive

People's care was personalised and based on their wishes and preferences. Staff understood people's specific needs and provided care in accordance with their wishes.

Staff listened to people's views and responded to them on a daily basis. There were processes in place to seek feedback from family and friends about the quality of the service.

Good



# Summary of findings

People were provided with information about how to complain, which was accessible and in a format of their choice. Complaints were promptly responded to by the provider. Learning from complaints was used by the registered manager to drive improvements in the service.

## Is the service well-led?

The service was well-led.

The provider promoted a positive culture within the service based on open and honest communication between people, their relatives and staff. People were encouraged to participate in decisions about the service.

The provider and registered manager were passionate about providing a positive environment for people to live full and rewarding lives. There was a defined management structure which ensured people's care was provided by staff who felt well supported. The registered manager and senior staff provided clear and direct leadership to staff, who understood their roles and responsibilities.

The provider strove to deliver high quality care by operating effective quality assurance systems, which identified areas for improvement and ensured action was taken to address them.

**Good**



# Baytrees

## Detailed findings

### Background to this inspection

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

This inspection of Baytrees took place on 17 and 18 June 2015 and was unannounced. When planning the inspection visit we took account of the size of the service and that some people at the home could find visitors unsettling. As a result this inspection was carried out by one inspector.

Before the visit we examined previous CQC inspection reports. At our last inspection in February 2014 we did not identify any concerns about the support being provided. We also spoke with the inspector who had completed the previous CQC inspection.

We read all of the notifications received about the service. Providers have to tell us about important and significant events relating to the service they provide using a notification. We also reviewed the Provider Information Return (PIR) from the home. 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. Information from the PIR is used to help us decide the issues we need to focus on during the inspection. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

During our inspection we spoke with the four people who use the service and the visiting relatives of one person. We also spoke with the staff including the registered manager, the area manager, the senior specialist worker, a shift leader, two senior support workers, two support workers, the cook and two support workers from another home within the provider's care group.

We used a range of different methods to help us understand the experiences of people using the service who had limited verbal communication and were not always able to tell us about their experience. These included observations and pathway tracking. During our inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, activities and when medicines were administered. We pathway tracked the care of four people. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the service.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). The provider had recently implemented an electronic recording system which we also reviewed. We looked at six staff recruitment, supervision and training files. We also looked at records relating to the management of the service, such as health and safety audits, emergency contingency plans, minutes of staff meetings and provider quality assurance reports.

Following the visit we spoke with the relatives of the three other people and four health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with commissioners of the service.

# Is the service safe?

## Our findings

People told us they felt safe at Baytrees. During our inspection people were regularly smiling and relaxed in the company of staff. Where people had limited verbal communication staff spoke with them using adapted sign language unique to the person. People frequently made signs which indicated they were happy. Relatives told us they thought people were safe because staff knew the needs of people and had their best interests in mind at all times. One relative told us there loved one “couldn’t be in a safer place because the manager and staff are always thinking about what they need to lead a fulfilling life, whilst making sure they are safe.”

Staff had completed safeguarding training and they were able to demonstrate their understanding of their role and responsibility to protect people. Records confirmed that staff safeguarding was up to date. Staff and people had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. This guidance was clearly displayed on the noticeboards within the service. Staff described how they would deal with a safeguarding issue, including reporting issues outside of the organisation if necessary. Staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns.

Relatives and health and social care professionals told us about two incidents which had been referred to the local safeguarding authority since our last inspection. They told us they had been impressed with the openness of the registered manager and staff to investigate and learn from the incidents. We looked at records which showed that these safeguarding incidents had been reported, recorded and investigated in accordance with the provider’s safeguarding policies and local authority guidance. Staff were aware of the actions taken in response to these incidents to protect people from a recurrence. The provider safeguarded people against the risk of abuse and took the correct actions if they suspected people were at risk of harm.

Risks to people had been assessed in relation to areas such as mobility, activities and eating and drinking. People’s care plans noted what support people needed to keep safe, for example in relation to safety awareness outside the home. There were processes in place to support people to

manage their finances safely, whilst ensuring they had access to their money whenever they wished. We observed these processes in practice when one person was supported to visit the local shops and post office. People were protected from the risks associated with their care and support because these risks had been identified and managed appropriately.

Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible. Two social care professionals told us the registered manager and staff proactively managed people’s health needs and promoted their independence, whilst keeping them safe. We reviewed risk assessments enabling staff to support people safely whilst attending a local gymnasium, whilst other people had risk assessments to support them gardening at the service and on trips to the garden centre to buy plants and equipment.

Staff were able to demonstrate their knowledge of people’s needs and risk assessments, which was consistent with the guidance contained within people’s care plans. Risk assessments were detailed and gave staff clear guidance to follow in order to provide the required support to keep people safe. For example one person was being supported with epilepsy and had an epilepsy risk assessment and protocol unique to their individual needs. All staff were able to tell us about their epilepsy protocol and action needed to keep them safe in the event of a seizure.

During our inspection we observed several incidents where staff responded appropriately to behaviours which may challenge. When people displayed behaviours which may challenge we observed sensitive interventions by staff, which ensured that people’s dignity and human rights were protected.

People’s records contained an emergency information sheet which detailed key information about them in the event of an emergency. Information included their means of communication, medicines, known allergies and the support they required. People were kept safe as staff had access to relevant information which they could act upon in an emergency.

Relatives told us there were always sufficient staff to support people safely, which was confirmed by staff and rotas we reviewed. At all times we saw there were enough staff to respond immediately when people asked them for

## Is the service safe?

support. Staff had time to engage in meaningful conversations with people who had their full attention and support. People were supported by sufficient staff to meet their needs in an unhurried manner.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. Staff rotas confirmed that the level of staffing identified by the registered manager as a requirement to meet people's needs had been provided. The registered manager completed a daily staffing needs analysis to ensure there were always sufficient staff with the necessary experience and skills to support people safely. Whenever possible the registered manager and staff worked together with people to identify in advance when their needs and dependency were likely to increase. If more staff were needed to meet the complex needs of people, they were recruited from within the provider's care group. The provider had a small group of experienced care staff referred to as the "Dream Team", who were available to support all of the services within the care group if there was unforeseen staff absence. The registered manager also demonstrated how they reduced their own administration time, if required to provide hands on support to people.

On the day of our inspection a staff member was unwell and unable to work. We observed the registered manager arrange for support from staff within the care group who knew people at Baytrees. One care staff provided personal care for people of the same gender, whilst another supported other people to attend a drama class.

We observed people receiving their medicines safely. There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were

checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

People's medicines were managed safely by trained staff. Staff told us they had received administration of medicines training which was updated and their competency was assessed by the registered manager. This was confirmed by training records. Staff knew about the different types of medicines taken by people and were able to tell us about any potential side effects. They were also able to demonstrate a clear understanding of the circumstances when medicines that had been prescribed for people to be taken when they required them, should be administered. All staff had detailed knowledge of the action to take if a person refused to take their medicines.

We observed staff had booked out the required medicines before supporting people when they went into the community on activities. This meant that the provider had ensured people who required medicine whilst away from the home were safe, for example those who may need emergency medicine if they experienced a seizure whilst in the community.

Each person's medicine file included their photograph, a medicines profile and medication administration record sheet (MARs). The MARs we looked at were accurate and showed that people had received the correct amount of medicine at the right times. At one stage the electronic recording system showed that a person had not received their medicine. We checked the MAR and found the paper record had been completed to indicate they had. The registered manager undertook to arrange further training for staff in relation to the electronic recording system.



# Is the service effective?

## Our findings

Relatives and health and social care professionals were complimentary about the effectiveness of the service. One relative told us “The staff react quickly whenever people are poorly or worried and always let us know immediately.” Another relative said, “The manager is really committed to making sure everything done at the service is based on people’s needs and wishes and to support them to live full and rewarding lives.”

Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff. This ensured they had the appropriate knowledge and skills to support people effectively. Staff told us they had received a thorough induction that gave them the skills and confidence to carry out their role effectively.

Records showed that the required staff training was up to date and included further training specific to the needs of the people they supported, including autism, learning disability, epilepsy and positive behaviour management. Staff were encouraged to undertake additional relevant qualifications to enable them to provide people’s care effectively and were supported with their career development.

Staff had received a formal supervision every six to eight weeks and had an annual appraisal. Supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where required. Any agreed actions were reviewed at the start of the next supervision. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff told us that the registered manager encouraged staff to speak with them immediately if they had concerns about anything, particularly in relation to people’s needs

People were supported to do what they wanted to. Staff knew when people needed assistance and understood their individual communication methods. Staff communicated with people using the methods detailed in their support plans. We observed staff supporting people with limited verbal communication making choices by

using pictures and their knowledge of the individual’s adapted sign language and body language. People were given choices and asked for their consent before staff undertook any care or other activities.

People and where required relatives and care managers told us that the registered manager and staff involved them in all decisions relating to people’s care and support. We observed staff constantly seeking people’s consent about their daily care and allowing them time to consider their decisions. People had a communication assessment. This documented how people communicated their decisions, the decisions and choices they were able to make and how staff would know they were consenting to a decision. This also documented how information should be communicated to the person, how to involve them in decisions, and people to consult about decisions made in their best interests.

Staff had completed training in the Mental Capacity Act 2005 (MCA), which records confirmed. Where people lacked the capacity to consent to their care, lawful guidance had been followed to make best interest decisions on their behalf. Staff demonstrated an understanding of the principles of the MCA 2005 and described how they supported people to make decisions.

Where people had been assessed as lacking the capacity to consent to dental treatment, decisions had been made in their best interests which involved staff, dental professionals and family. Records confirmed this. We saw other decisions in relation to vaccinations where best interest decisions had been made in accordance with current legislation and guidance.

A person’s relative told us the provider always ensured their loved one’s rights were protected. They told us, “The staff are very good at making sure decisions are made by all the people who have their best interests at heart. We are always consulted about important decisions which they may not be able to understand”. People were supported by staff who understood the need to seek people’s consent and the principles of the MCA 2005 in relation to people’s daily care.

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to residential care services. DoLS provide a lawful way to deprive someone of

## Is the service effective?

their liberty, where it is in their best interests or is necessary to protect them from harm. The registered manager and staff had completed the required training and were aware of relevant case law.

At the time of inspection four people were subject to DoLS authorisations. A best interest assessor (BIA) had made the following comments regarding decisions concerning one person at Baytrees, 'The person requires the care provided by Baytrees to prevent risks of harm. They would be at significant risk of harm without the current support arrangements in place. Their quality of life is high so any restrictions do not impact negatively on their day to day life. All their care plans work from a least restrictive approach and in the opinion of the BIA, are a proportionate response to the risk of harm.' This demonstrated the registered manager had taken the necessary action to ensure the service was working in a way which recognised and maintained people's rights. People's human rights were protected by staff who understood the DoLS.

Records showed that people had regular access to healthcare professionals such as GP's, psychiatrists, opticians, dentists and occupational therapists. Each person had an individual health action plan which detailed the completion of important monthly health checks. A relative told us, "The staff always let us know if there are appointments so we can go if required and they always keep us updated." People were supported to stay healthy.

People told us they enjoyed the food prepared by the cook. One relative told us, "The cook is brilliant. She knows everyone so well and what their favourite meals are and lets the manager know if people are off their food." We spoke with the cook who prepared home cooked meals from fresh ingredients they had purchased that week. The cook had worked at Baytrees for 10 years and was able to tell us people's likes and dislikes. The cook had prepared a monthly menu together with people, which was rotated weekly. We observed the cook encourage one person who had eaten two pears to try some prepared vegetables instead when they wished to have an additional snack, which they did.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. We observed the provision of meals during breakfast, lunch and dinner time, during which people were supported to consume sufficient nutritious food and drink to meet their needs. People were encouraged and supported to prepare their own meals in accordance with their eating and drinking plans. During lunch we noted that one person ate more quickly than others, whilst another ate more slowly. Staff provided appropriate support to enable people to eat at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks.

# Is the service caring?

## Our findings

There was a warm and friendly atmosphere at Baytrees, where interactions between people and staff were caring and professional. People's relatives told us staff were caring. One relative said, "The staff have worked miracles, they are so loving and caring and treat everyone with patience and respect." Another relative told us the provider was always striving to enrich the life of their loved one. One relative told us, "The manager and staff listen to you and make you feel that your views are important and that you are part of the team."

We observed meaningful interactions between people and staff, whilst people frequently made caring gestures and showed mutual respect towards one another. People and relatives provided positive responses to questions in the provider's annual survey of 2014 regarding how caring staff were. One question asked, "Do staff treat people with compassion and kindness?" A relative replied, "Very much so! We are so pleased and grateful for all the love, care and real kindness that is bestowed upon her. She loves and trusts all that care for her."

The registered manager said that the caring qualities of staff were evaluated through the provider's recruitment and induction process. During the selection process prospective staff shadowed experienced staff for an afternoon and their caring response to people was observed. People using the service were also asked for their views where appropriate. We saw these observations recorded within recruitment files. During the induction process new staff members were encouraged to speak with people and to get to know them and their preferences. This enabled people to build trust with these staff in order to facilitate a positive relationship. People experienced positive relationships with staff.

People were supported to maintain relationships with people who were important to them. Relatives and friends were welcomed to the home and there were no restrictions on times or lengths of visits. At the start of our inspection we met one person who told us they were happy and "loved their mum and dad". The registered manager told us they had been speaking with the person's parents who were due to make a surprise visit. Later that morning we observed the person's unbridled happiness when their

parents arrived to take them out for the day. When the person returned they were visibly happy and staff spoke with them about the things they had enjoyed doing with their parents.

Staff were sensitive to people's wishes. During an activity at a drama workshop one person became anxious and indicated they wished to leave. The staff member provided appropriate reassurance and accompanied them to a quieter location, which eased their anxieties.

Staff responded to people's vocalisations and facial expressions in order to communicate with them. During our inspection we observed people display signs that they were worried. Staff responded immediately to people and supported them to show staff what they wanted. People's anxieties were relieved quickly following staff interventions. For example one person treated their bedroom as a safe haven and was supported to go there when they wished, whilst they were monitored discreetly to ensure their safety. People were supported by staff who were sensitive to their needs. Another person chose to change their clothes when they were worried and staff supported them discreetly to do this.

People were able to exercise choice over all aspects of their lives. For example, in terms of where and how they spent their time, including what time they got up and went to bed. Some people chose to get up early whilst others enjoyed a lie-in. Staff understood some people required more support than others to make choices and tailored their interactions accordingly.

Where people had limited capacity to make choices staff offered them a range of their preferred options, for example drinks and snacks they enjoyed. People were constantly being given choices, consulted and involved in decisions about their daily lives.

People told us they were encouraged to be as independent as possible. They told us they were able to make choices about their day to day lives and staff respected those choices. People had their own activity boards which they completed themselves or with support where required. This board showed what they were doing, when and with whom. Three people were supported to complete this either the evening before or first thing in the morning. However one person completed this at the time to lessen their anxiety.

## Is the service caring?

The registered manager and staff displayed great pride in the development of people's life skills and the promotion of their independence. The senior specialist support worker told us they were proud of the achievements made with all of the people at Baytrees. However they took greatest satisfaction in the support provided in relation to one person's well-being, whose level of self-injurious behaviour had significantly reduced. A relative confirmed the positive impact of the caring support provided by staff on their loved one's behaviour.

Staff had developed trusting relationships with people. People were proactively supported to express their views and staff were skilled at giving people explanations they

needed. Staff demonstrated detailed knowledge about people and were able to tell us about the personal histories and preferences of each person living there. Staff had comprehensive knowledge about people's support plans and the events that had informed them.

People and, where appropriate, their relatives were involved in making decisions about their own care. Families attended formal review meetings where appropriate. Monthly reviews were completed by the specialist support worker with people, which included achievements against the person's own objectives, future goals and their overall well-being.

# Is the service responsive?

## Our findings

A health and social care professional told us, “Where Baytrees is better than other services is the individual slots for activities throughout the day, not just one activity in the morning and one in the afternoon. “ All people had activity plans which had ten different entries throughout the day. This ensured people had a range of varied and stimulating activities every day. Each person had an activity schedule which was tailored to their personal interests and pursuits.

On the first day of our inspection we observed an exercise dance class within the service and accompanied two people on walks of their choice within the community. All of the people then attended a drama workshop at the provider’s training centre, where they learned about the jungle and participated in role play as different animals. On other days people had activities arranged such as visits to social clubs, the gym and cinema. People also attended lifestyle workshops where they completed training in their chosen topics such as cookery and art. Staff had identified people’s individual needs and interests and arranged activities to meet them.

The registered manager told us that people using the service were settled and the last person arrived five years ago. Due to the stability within the service the registered manager told us that if

a vacancy arose any prospective placement would require serious consideration of their compatibility with others already living there, whose views would be sought.

People told us that they received person centred care that was responsive to their needs. People, their relatives and local authority social workers told us that they had been involved in the assessment and planning of people’s care. Relatives told us the registered manager was committed to ensuring people had care plans that reflected how they would like to receive their care and support. One relative told us, “The whole ethos of Liaise Loddon (the provider) is about listening to people, promoting their independence and supporting them to live their lives to the full, the way they want to live.”

Each person’s care plan included a ‘What’s important to me’ record. This documented the person’s life history, including significant events, what was important to them at the moment and their future ambitions.

People, their relatives and health professionals told us staff consistently responded to people’s needs and wishes in a prompt manner. Each person had a support plan to set their own goals and record how they wanted to be supported. This meant staff had access to information which enabled them to provide support in line with the individual’s wishes and preferences. Staff were aware of the support people required detailed in these plans, which we observed being followed in practice during the inspection.

Staff talked knowledgeably about the people they supported. Staff took account of people’s changing views and preferences. They told us there was a handover at the beginning of each shift where the incoming staff team was updated on any relevant information. We heard detailed information discussed about people’s health and different moods, together with the potential risks and impact on planned daily activities.

People, relatives and care managers said they were involved in regular meetings with the registered manager and specialist support worker to review their support plans and risk assessments, which records confirmed. One relative said, “The new manager is really keen and enthusiastic and really brings the care reviews to life. He energises the whole thing and encourages everyone to share their views and be involved. It really makes them worthwhile.” The provider reviewed people’s needs and risk assessments regularly to ensure that their changing needs were met. Each support plan contained a record of any changes to the person’s health or behaviour and the resulting changes to their risk assessments. This ensured staff provided care that was consistent but flexible.

All staff had been taught a recognised system for supporting people to manage behaviour which may challenge others. We observed positive behaviour management and sensitive interventions throughout our inspection, which ensured people were treated with respect and their human rights were protected. A relative told us “Staff know people well and know what certain behaviour means and how to provide the necessary comfort and reassurance.” People were supported by staff who understood their individual needs.

Each person had a communication plan. This provided staff with information about how people communicated and their level of understanding. One person’s communication plan stated what signs they used to communicate different messages. Another person liked staff and others to speak

## Is the service responsive?

with them gently. We observed staff communicating effectively during our inspection as per the guidance in people's communication plans. People's communication methods were understood and implemented in practice by staff.

Where people had more complex health needs we saw there were specific plans which detailed the care required and how to deliver it. We saw that one person had an epilepsy care plan. We reviewed their daily records and found that care had been delivered in line with their epilepsy plan and that monitoring had been appropriately recorded. Staff we spoke with knew the immediate action required to ensure the person's safety if they had a seizure whilst engaged in activities within the community.

People's records included emergency information. These contained key information about the person in the event they were admitted to hospital or referred to other health professionals, such as the dentist. This ensured health professionals would have the required information in order to be able to support people appropriately.

People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Since our last inspection there had been three complaints about the service, which had been recorded and investigated appropriately by the registered manager. The registered manager had apologised where necessary, informed the complainants of the action taken and ascertained whether they were happy with the outcome. Necessary learning from these complaints was implemented to prevent the risk of a recurrence and to improve the service.

People and relatives were also able to raise issues in their quarterly service reviews with the registered manager or senior specialist support worker. One relative told us they had raised concerns to the registered manager who had responded promptly and taken steps to address the issues raised.



# Is the service well-led?

## Our findings

Health and social care professionals said their communication with the registered manager was good and they experienced a strong team spirit amongst the staff and people using the service. People, relatives and health and social care professionals, praised the registered manager and staff for their dedication and support.

Health and social care professionals and care commissioners told us that there was an open and transparent culture in the home. The culture of the home supported communication and people felt able to express their views freely. There were regular house meetings and care reviews, which were recorded, where people and relatives were actively involved in developing the service. For example one person had recently had their oral hygiene plan reviewed to ensure their teeth remained healthy, whilst another was supported to purchase clothes of their choice, which were fashionable and practical.

Where concerns had been raised in reviews the registered manager held full staff meetings to discuss the issues raised and how the service could improve. All staff were encouraged to contribute in these meetings, which were recorded. Action plans were then created to address improvements, which had been implemented. We noted that the registered manager had introduced individual healthy eating and exercise plans in response to feedback from some relatives.

The registered manager ensured the service cultivated strong links within the community. This was demonstrated when a neighbour presented a person with a small bunch of freshly picked flowers from their own garden, whilst the person was being supported on a local walk of their choice.

The provider had clear values, visions and a mission statement. The main values were, 'We are positive; We are empowering; We are open.' Staff told us that the provider emphasised the values during their induction process and they were reiterated and discussed during team meetings. We saw the registered manager engage with and manage staff positively, encouraging and respecting their contribution. We observed staff empowering people by providing a positive learning culture and giving them opportunities for personal growth. The registered manager and staff demonstrated these values in their care practice.

Registered managers within the provider's care group had been asked to provide a brief word picture of the service. The registered manager asked for a senior staff member's input and they wrote, "Baytrees is home to four amazing people, whilst they may have challenges such as autism, learning disabilities and epilepsy it is a privilege to support them. At Baytrees we are committed to lifelong learning, our service users have come a long way since we began supporting them, it could be said that our biggest challenge is keeping up with their potential." The registered manager valued and encouraged the views of staff.

The registered manager and senior staff demonstrated good management. People and relatives told us the registered manager and staff were always approachable and knew what was happening. Staff told us they were able to express their thoughts about the service through the regular staff meetings, which records confirmed. The registered manager told us they worked shifts alongside staff which enabled them to build positive relationships with people and staff, which records confirmed.

One relative told us, "The manager is very enthusiastic and has lots of fresh ideas which they discuss with us, such as the increase in daily activities." Another relative said, "You can't fault the level of contact. If something is not right the manager or staff always let you know and what has been done to put it right." A member of staff told us, "The manager is really good and creates an atmosphere where people's needs are always put first."

There were regular staff meetings which were an opportunity to share ideas, keep up to date with good practice and plan service improvements. For example, staff meeting minutes showed staff had spent time discussing how to support people to meet their unique needs whilst promoting their independence.

Staff told us there was an open culture within the home and the registered manager encouraged learning from mistakes. For example the registered manager conducted a group supervision for all staff in relation to a recent safeguarding incident. Staff rightly identified that the circumstances surrounding this incident were not subject to regular training to ensure correct procedures were followed. The registered manager accepted the valid points raised and was in the process of devising relevant training for all staff to address this issue. This demonstrated the management team believed in openness and a willingness to listen to suggestions to improve the service.

## Is the service well-led?

The registered manager and provider carried out a comprehensive programme of regular audits to monitor the quality of the service and plan improvements. These included audits of medicines management, staff needs analysis, staff supervisions, infection control, care records, fire safety, and people's finances. Actions were created from these audits, which we noted had been completed. For example, one audit had required a fire drill to be completed, whilst another dealt with a medicines management issue, both of which had been addressed. The registered manager also had to send a weekly report to the provider detailing significant events and action taken.

Feedback was also sought from people and their relatives in an annual survey. All of the surveys for the 2014 survey contained positive responses with no negative comments.

People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff. Processes were in place to protect staff and people's confidential information.