

Baronsmede Support Services Limited

Baronsmede

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 9 March 2017 and was unannounced.

Baronsmede is registered to provide personal care for up to nine people with a learning disability. The service also provides supported living services to people on an adjacent property. The provider offered day services where people could attend. At the time of our inspection, eight people were using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from harm because staff had had been trained to recognise abuse and knew what action to take to keep people safe. Appropriate recruitment procedures ensured staff were suitable to provide people's support. People's needs were met by a sufficient number of skilled staff. People received support to take their medicines from competent staff. Medicines were safely and securely stored at the service.

People received care from staff with the relevant knowledge to meet their individual needs. Staff received ongoing training, supervision and support to enable them to be effective in their role. People received enough to eat and drink and enjoyed the choice of meals provided at the service. Staff supported people to access healthcare services and to have their health needs met.

Staff sought people's consent before they supported them and respected their choices. People's support was provided in line with the requirements of the Mental Capacity Act 2005. Staff upheld people's dignity and privacy when they supported them. Staff were kind and caring and promoted people's independence. People's communication needs were understood which enabled staff to deliver appropriate care to them.

People received care responsive to their individual needs, wishes, preferences and routines. People were involved in decisions about their care. Staff were familiar with people and had developed good relationships with them. People and their relatives knew how to make a complaint about their care and were confident about doing so.

People's views were sought and acted on to improve the quality of care provided. An open and inclusive culture encouraged staff to provide personalised care to people. The registered manager was approachable and visible at the service. Staff felt valued at the service and were clear about their roles and responsibilities. The quality of care was assessed and monitored and improvements were made when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected against the risk of harm or avoidable injury. Staff knew how to identify and report abuse to keep people safe.

People received safe care and support from sufficient numbers of staff. The provider recruited staff safely.

Competent staff managed and administered people's medicines safely.

Is the service effective?

Good ●

The service was effective. People received support from skilled and knowledgeable staff.

Staff delivered effective care because of the support they received in their role through training, supervisions and appraisals.

People consented to care and treatment. Staff supported people in line with the principles of the Mental Capacity Act 2005. Restrictions to people's liberty was authorised and in their best interest.

People health's needs and individual dietary requirements were met.

Is the service caring?

Good ●

The service was caring. People's care was provided with kindness, compassion and respect. Staff knew people well and had built positive relationships with them.

Staff respected people's wishes and preferences.

People had their dignity and privacy upheld. People were involved in making decisions about their care and treatment.

Is the service responsive?

Good ●

The service was responsive. People received individualised care

that met their needs. Staff reviewed people's health needs and kept up to date with changes in the support they required.

People took part in a wide variety of activities which they liked. People were encouraged to maintain their independence.

People and their relatives knew how to complain if required. Complaints were resolved in line with the provider's procedures.

Is the service well-led?

The service was well-led. People and staff had positive comments about the management and leadership of the service. There was an open and person centred culture at the service.

The registered manager was approachable and accessible to people and staff. Quality checks and audits were used effectively to monitor and improve people's care and support.

Good ●

Baronsmede

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 unannounced inspection took place on 9 March 2017 and was carried out by one inspector.

Before our inspection, we reviewed information held about the service. We reviewed statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We asked the provider to complete a Provider Information Return. 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. We used this information to help us plan our inspection.

During our inspection, we spoke with four people who used the service. We spoke with two care staff, deputy manager, registered manager and the nominated individual. We looked at four records which related to people's needs and support plans, risk assessments and medicines management. We reviewed six staff files including recruitment, training and supervisions. We also viewed other records in relation to quality assurance and the management of the service.

We undertook general observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we received feedback from four healthcare professionals.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, "There is always someone around and trust them to keep me safe." Another person said, "They [staff] check on me to make sure I am ok." A healthcare professional told us, "Staff have the skills required to support people. It is a safe service."

People were kept safe from the risk of abuse. A member of staff of staff told us, "Safeguarding is about making sure people are safe from all kinds of abuse. I wouldn't hesitate to report to the manager any potential abuse." Staff had attended training on how to recognise abuse and discrimination and were able to describe these to us. Staff understood the safeguarding procedures on how to deal with concerns of abuse. Staff were clear about their responsibility to report concerns about people's safety to the registered manager or external agencies when needed. Staff were confident the registered manager would resolve any concerns but also understood when to whistleblow. Contact details of the local authority safeguarding team and external agencies were displayed at the service should staff need to report potential abuse. An easy to read version of the safeguarding policy was available for people to understand how to report any abuse. The registered manager discussed safeguarding in supervision to ensure staff's knowledge was up to date and they were alert to any potential abuse.

People were protected from known risks. Risks to people were identified and plans put in place to minimise the risk of harm. Risk assessments took into account people's level of independence and of their rights to determine how they wanted to live their lives. Staff had assessed risks to people to reduce falls, injury when using kitchen utensils, burns and scalds when cooking, malnutrition and to promote road safety awareness. Staff understood the risks to each person and how they were to provide safe care and support. For example, bathrooms and showers had grab rails. One person had a risk assessment to support them when they became anxious. A behaviour management plan was in place highlighting to staff how to support the person when they showed signs of anxiety. Staff were able to tell us the strategies they used such as giving the person space or redirecting them. Staff maintained records of any behavioural concerns and worked closely with healthcare professionals and families to ensure the person received safe care. Risk assessments were reviewed and updated regularly to enable staff to support people safely.

People were safe at the premises. People's rooms were free from clutter and items that could pose a risk of harm to them in communal areas and the kitchen were locked away. Weekly health and safety checks ensured environmental risks were identified and plans put in place to maintain a safe environment. Electrical equipment and gas appliances were serviced as required to ensure they were safe to use. Regular and appropriate checks on fire systems were carried out to maintain people's safety. A fire risk assessment was in place and showed no concerns about the premises. Staff told us and records confirmed they had received training in fire safety and awareness.

People were protected during the event of an emergency. Staff had guidance on what action to take in the event of an emergency and knew how to evacuate the building safely. Staff told us the registered manager was always available for guidance during office hours and on standby out of normal working hours in the event of an emergency.

People were protected from the risk of avoidable harm or injury. Accidents and incidents were recorded and analysed to prevent the risk of a reoccurrence. Risk assessments were reviewed after an incident to ensure staff had sufficient guidance on how to minimise the identified risk.

People's needs were met in a safe and timely manner. One person told us, "There is always someone around to help when needed." A relative said, "Staff are familiar with [relative] and this is important as it reduces their anxiety and makes them calm and safe." Staff told us and duty rotas confirmed there were enough numbers of permanent staff deployed on each shift to support people. The registered manager told us and records confirmed the service did not use any agency staff and that this promoted consistent support for people.

People received care from staff suitable for their role. The provider carried out robust recruitment checks on applicant's employment history, photographic identity, right to work in the UK and Disclosure and Barring Service checks. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable characters from working with people receiving care. Staff told us and records confirmed all checks were completed before they delivered care to people.

People received their medicines safely. Staff assessed people's ability to manage their medicines. Care records detailed the support each person required to take their medicines. Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency. Appropriate management systems were in place to ensure medicines were managed safely. Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MAR sheets were completed accurately and stocks we checked tallied with the balances recorded. There were weekly checks of medicines and monthly audits to identify any concerns and address any shortfalls. Audits of the last three months prior to our inspection showed no shortfalls. Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines. The registered manager ensured people's medicines were reviewed annually by healthcare professionals.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. Staff knew people's needs and the support they required. People were relaxed around staff who promoted discussion and effective communication with people. We observed positive interactions between people, staff and the registered manager.

People received support from staff who had completed an induction into their role which included the care certificate. The care certificate is a nationally recognised training programme that sets the standard for the essential skills required when providing support to people. A member of staff told us, "The induction was useful as it allowed me to familiarise myself with the job and the people I would be supporting. I wasn't just chucked in the deep end." Staff told us and records confirmed they had 'shadowed' an experienced member of staff, read policies and procedures, people's care plans and had completed the provider's mandatory training.

The care provided to people was effective because staff had received training relevant to support them. One person told us, "The staff know what they do." A relative told us, "They [staff] are well trained and do a great job of looking after [relative]." A member of staff told us, "We have continuous training all year round." This included safeguarding, medicines management, first aid, fire safety, infection control, mental capacity and food hygiene. The registered manager monitored staff training needs and ensured they attended regular and refresher courses when due. Staff had undertaken training relevant to specific needs of people such as epilepsy, autism and positive behaviour management. Staff told us the training enabled them to understand people's health conditions and how to provide appropriate support to them whilst enabling them to maintain their independence. The provider ensured staff accessed professional development opportunities. For example, staff were supported to obtain qualifications in vocational and management courses.

People's support was provided by staff who were supported in their roles. Staff had received six weekly supervisions where they discussed their work, people's needs and their training requirements. One member of staff told us, "I feel supported in my role. The [registered] manager encourages us and highlights how we should do our work." Appraisal records confirmed a yearly meeting of staff with the registered manager to review their performance and plan for their career development. Staff said teamwork was good and that they supported each other. Information about people's needs was shared appropriately and communication was available to every member of staff. Staff told us handovers, team meetings, recordings in a communication book and diary ensured they provided effective care to people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. 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.

People gave consent to care and treatment. One person told us, "The staff will ask before they do anything with me." A member of staff said, "People have a choice about what happens to them. We have to get their permission before providing their care. It's about people being able to make their own decisions." Staff understood the need to gain people's consent before supporting them and respected their decisions if they chose not to receive care and support. Staff supported people to make decisions for example about how they wanted to spend their day and their choice of food and drink. Care plans were available in an easy to read format to help people to understand their support needs and how care was to be delivered. Staff had sufficient guidance on what action to take if a person showed a pattern in refusing care such as reporting to the registered manager for action. The registered manager had assessed a person's capacity where they had shown signs of being unable to make a decision about their care. For example, assessments were in place for medicines management and attending healthcare appointments and how staff were to support the person. Best interests' procedures were followed to ensure people unable to make decisions for themselves were supported to do so.

People's freedom and liberty was upheld in line with the requirements of DoLS. The registered manager and staff understood the processes required to obtain authorisations to deprive people of their liberty when needed to provide safe care. An application was pending with the local authority safeguarding for a renewal of a DoLS authorisation for one person. Staff continued to provide the person's care as outlined in the previous authorisation. This was because their support needs had not changed and they were supported with personal care and to access the community.

People told us they enjoyed the food provided at the service and that they had sufficient to eat and drink. One person told us, "I like the food and the choices we get." People told us and records confirmed staff involved them in menu planning and included their preferences. Menu plans included healthy meal options, fresh food and vegetables and were available in pictorial format to help people make informed decisions about their food choices. Staff monitored people's weights, swallowing concerns and eating patterns when needed. Staff told us and records confirmed that no person was on a special diet. Staff understood their responsibility to make a referral to healthcare professionals when they had concerns about a person's nutritional and dietary needs to ensure they received appropriate support. We observed that people were involved in preparing food and drinks and that fruit and snacks were readily available.

People's health and care needs were met. One person told us, "I see a GP when I am unwell. Staff make the appointments." A health care professional told us, "They [staff] involve us when necessary and follow our guidance." A member of staff said, "We do not take chances with people's health. We get the GP to visit as soon as we identify a problem." Each person had a health care plan which contained details about their general health and the support they required to maintain their well-being. Staff ensured people attended healthcare appointments and recorded treatments received and the support they required to keep healthy. Records confirmed visits to GP's, dieticians, psychiatrists, care coordinators, chiropodists, dentists and opticians. Staff ensured each person had an annual health check to ensure any changes were identified and appropriate plans put in place for their support.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person told us, "I am happy about my care. Staff are friendly and treat us well. We have a good laugh." Another person said, "The staff are understanding and patient with me." A relative told us, "Staff are calm with [relative] and makes them feel comfortable. They know them and their needs well."

People had developed good relationships with staff. People were comfortable around staff and were at ease when they asked for support. A member of staff told us, "We support people to follow their routines as this helps them to have the structure they need for their daily living." Staff had worked at the service for a number of years and were familiar with people and their needs. Care records contained information on people's histories, preferences, likes and dislikes and routines. We observed staff were friendly with people and showed interest in their plans for the day such as activities and planned outings. We saw staff knew how to support people with their individual needs to ensure a pleasant environment at the service. Staff were patient with people and took time to explain what they wanted to do.

People were treated as individuals and their rights respected. One member of staff told us, "We support people according to their needs and nothing else. We respect the diversity of people in our care." Staff had received training in equality and diversity to ensure they were aware of their responsibilities to people in relation to their age, ethnicity, gender, disability and religion. Care records showed people's preferences were known about the gender of staff they preferred to provide their care. Staff told us and daily records confirmed they respected people's choices and provided support in line with their wishes.

People were involved in their day to day care. Staff spoke to people and explained the support they were to provide. Each person was assigned a member of staff who ensured that their needs were identified and met. Care records, risk assessments and surveys of people's views were presented in an easy to read format which people could understand. We saw that people were involved in their own care planning. For example, one person preferred to make their own tea. Staff had information about people's communication needs and ensured they knew how to communicate with them. For example, staff had guidance to use short and simple sentences to ensure a person understood them. People had information about advocacy should they need one. A person received support from an Independent Mental Capacity Advocate to make a decision about a dental procedure. Another person had a named advocate who ensured their views were heard and listened to. The registered manager knew when it was necessary to refer people for advocacy services and said they would signpost people and their relatives when needed.

People's information was kept confidential at the service. Care records were kept securely in lockable cabinets and offices. Computers were password protected and only authorised staff had access to people's information. Information was shared appropriately with healthcare professionals on a need to know basis. Staff were aware of their responsibility to protect people's information in line with the provider's policy on data protection and confidentiality.

People's dignity and privacy was respected. One person told us, "Staff treat me with respect. They make sure

they support me behind closed doors." Another person said, "They are gentle and kind and very polite." One relative said, "The staff are good, they treat [relative] as an individual and are respectful." Staff understood how to provide care with dignity. Records showed the registered manager talked about dignity in supervisions, appraisals and team meetings. This ensured staff were reminded to focus on the values of promoting people's dignity. One member of staff told us, "We show respect by closing doors and curtains, asking people how they want to be supported, by not talking over them and using respectful language." We observed staff were respectful to people, gave them choices and knocked on their doors before going in. Conversations between staff and people were discreet to protect their dignity.

People were encouraged to do as much as possible for themselves. One person told us, "It's my laundry day. I will take my clothes for washing." Staff promoted people's independence in their daily living. Assessments showed what tasks each person was capable of and the areas where they needed to develop new skills such as managing their money. People had goals and support plans designed to help them achieve this. For example, learning to prepare meals, administering medicines and progressing towards independent living. People chose how they wanted to spend their day, what they wanted to eat and wear and when to go to bed and wake up. We observed staff supporting a person to prepare a meal in line with their support plan. People spent time in their rooms, lounge and kitchen as they preferred and staff respected their choices.

Is the service responsive?

Our findings

People received care that met their individual needs. One person told us, "Staff help me with my care. They know the things that are important to me." A relative told us, "The staff provide [relative] with the support they need. We have always found the care appropriate and are happy with it." A healthcare professional told us, "We have a good relationship with staff. They keep us informed of changes to people's health."

People received individualised care which reflected their preferences and choices. One person told us, "I met with staff and talked about the care I needed. Everything is ok as I get the support we agreed on." Staff assessed people's needs and used the information to develop their care and support plans. Care records contained people's backgrounds, information about their routines, food likes and how they wished to receive their care when upset or anxious. For example, people had input in the activities they wanted to take part in, menu planning and the goals they set out to achieve. Staff were able to tell us how they met people's individual needs such as involving them in planning their care. Records showed people received appropriate care that reflected their individual needs and choices. We saw a person who had come to the service on respite and to check if the service was suitable for them. They told us they were happy that staff had met their needs and they had made a decision to continue receiving respite care at the service.

Staff responded to people's changing needs. One person told us, "I meet with staff and my family comes to the meetings to review my care." A relative confirmed that they attended reviews of a person's care plan and that staff were responsive to their changing needs. Staff reviewed regularly people's care, support needs and goals and updated their records to reflect any changes. Information was shared with staff to ensure they provided appropriate care in line with people's changing needs. Records showed healthcare professionals and relatives where appropriate were involved in reviews of people's needs. The registered manager ensured staff had sufficient information to meet people's changing needs for example when a person showed signs of decline in their mental health. Staff had guidance to prompt and remind the person about their personal care.

People enjoyed taking part in a range of meaningful activities provided at the service and in the community. One person told us, "There is quite a lot to do. Staff help us organise the activities." People were supported to attend a day centre managed by the provider if they wished to do so. One person said, "The activities at the day centre are fun, stimulating and I get to do the things I like in the company of my friends." One person told us they were involved in a drama club at the day centre and had taken part in various play productions and were proud of their achievement. Care records showed the activities people enjoyed, interests they wanted to pursue and the support they required. People's records confirmed activities they had undertaken which included shopping, helping to prepare meals, playing video and computer games. People were supported to go on holidays, overnight trips and day outings to places of interest such as carriage driving and horse riding which they said they enjoyed.

People were supported to maintain relationships that were important to them. One person was supported to visit their family and maintain contact by telephone as they wished. Another person received regular visits at the service and they told us they enjoyed the time they spent with people close to them. Staff told us and

records confirmed they accompanied a person to visit their relatives when they were unable to travel to the service. Relatives were made to feel welcome and stayed over at the service when visiting people.

People had opportunities to develop themselves. Training was delivered at the provider's head office by external trainers from a local college. People had received training in developing self-awareness and communication skills.

People knew how to make a complaint if they were not happy about the service. One person told us, "I would talk to the manager or staff if something bothered me." Another person said, "The staff are very good and we talk about issues before they get to be a problem." The registered manager had taken appropriate action to resolve a complaint in line with the provider's procedure. The complaints policy and procedure was up to date and available to people in a format they understood. We saw information displayed at the service which provided guidance of how to make a complaint, including the agencies to contact if people and their relatives were not happy with the responses including the local government ombudsman, the Care Quality Commission and the local authority.

Is the service well-led?

Our findings

People and their relatives had positive comments about the quality of care and support provided at the service. One person told us, "The [registered] manager and staff are good. The place is managed well and everything we get here is of high standard." People were satisfied with the registered manager and staff and how the service was managed.

Staff told us the registered manager had an open door policy. One member of staff told us, "We can walk in and discuss any concerns with the [registered] manager. We don't have to wait for supervisions to talk about issues arising." Staff said they were confident that the registered manager would listen if they had concerns about people's well-being. Staff said the registered manager encouraged them to take responsibility for any mistakes and to learn from them. Team meetings were used to discuss incidents and ways how staff could improve people's care.

Staff were supported by the registered manager and the management team. One member of staff told us, "The [registered] manager leads by example and is hands on." Another member of staff said, "I get all the help and guidance I need to do my work." Staff said morale was good because they worked as a team and that the registered manager ensured there were sufficient staffing levels to meet people's needs. The registered manager had a clear vision for the service and ensured staff understood the provider's ethos on how to support people and to promote their independence. Staff were clear about the roles and responsibilities.

The registered manager understood and complied with their responsibilities in line with their registration to Care Quality Commission (CQC). Notifications were submitted to CQC as required. The registered manager attended workshops and training organised by the provider and other healthcare organisations to enhance their knowledge on changes in legislation and best practice. The registered manager was open about the support they provided to people in line with their obligations to the duty of candour.

People's views about the service were sought and their feedback was used to improve the quality of care. One person told us, "The staff do check with me in meetings if they are doing alright and supporting me well." Staff asked people during keyworker sessions about their care and reported to the registered manager any concerns so that appropriate action would be taken to improve their care. People had completed satisfaction surveys on various aspects of their care including the quality of care, food provided at the service, activity choices and how staff treated them. Results of the surveys were analysed and an action plan put in place address any shortfalls identified. The provider had developed easy to read questionnaires which enabled people to understand and get involved in raising concerns about their care. We read positive comments and compliments people had made about their care and the staff. Annual reviews of people's care ensured the registered manager could assess the quality of support provided and to make any improvements needed. Staff's practice was observed and any concerns were followed up in supervisions and training.

People received care that was subject to regular checks and audits. The provider had suitable quality

assurance processes in place to assess and monitor the standard of care provided to people. Records confirmed weekly and monthly health and safety audits to ensure the safety of premises. Care plan audits showed they were completed accurately and that they were up to date and contained sufficient information on people's needs and the support they required. Risk assessments checks and audits ensured staff reviewed any concerns to people's safety and that they had sufficient guidance to minimise the risk of harm. Medicines management practices and records were reviewed to ensure people received safe care and treatment. The audits were detailed and showed the registered manager and provider sought to develop the service and improve the care provided at the service. The provider engaged external agencies to audit the service using the CQC's five key questions. The latest report of December 2016 did not identify any concerns about the service.

People benefited from the close working relationships between the service and healthcare professionals and the community. The registered manager had developed links with healthcare providers and had developed good partnerships to develop the service. The provider contributed to the local community through fundraising events for charitable causes. For example, staff had gone on a sponsored walk. The proceeds from ticket sales to drama productions by people were donated to charity. Volunteers supported people to undertake extra activities such as horse riding which improved the quality of life.