Mr H and Mrs H Purmessur

Baytrees

Inspection report

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Date of inspection visit:
16 May 2022
17 May 2022

Date of publication:
21 June 2022

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Baytrees is a residential care home providing accommodation and personal care for up to 10 people with a learning disability and autistic people. Care is provided over two floors in the main house and in a separate building in the grounds of the home. At the time of the inspection 10 people were living at the service. Nine people where accommodated in the main house and one person in the separate building.

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

Right Support
People were supported to have the maximum possible choice, independence and control over their own lives. People and their relatives were involved in their care and support was planned to ensure people had a good quality of life. People were supported to make choices about where they go, what they do and to follow their own interests. A relative told us, "[Person] doesn't have any great needs but the whole home has really welcomed them. It's like they've been there years, they love it there." Staff supported people to make decisions following best practice in decision-making and communicated with people in ways that met their needs. People went out often and accessed local health services; they regularly went on holiday and were supported to follow their dreams and aspirations. People were supported to maintain relationships with those who were important to them, they could visit people outside their home and have people visit them. People were supported by staff to use technology and video call their loved ones. People received care and support in a safe, clean, well equipped, well-furnished and well-maintained environment.

Right Care
People received kind and compassionate care. Staff respected and promoted people's dignity, privacy and human rights. Care and support plans were person-centred, focussed on people's strengths and promoted independence. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills and experience to understand them. Staff were appropriately skilled to meet people's needs and keep them safe. A relative told us, "They [staff] all know what they're doing, they always talk to [person], not over their head, everyone knows [person] and says hello. They have their own core staff who know them best though and they're very caring." Staff understood how to protect people from poor care and abuse and worked well with other agencies to do so. People told us they felt safe and viewed staff as their family. People had unrestricted access to their rooms which promoted privacy and dignity. Staff ensured people's human rights were met and people were supported to

understand they have the same rights and responsibilities as other citizens.

Right culture
Staff placed people's wishes, needs and rights at the heart of everything they did. The service promoted a homely, family-based culture and people were supported in this way. Staff understood the importance of relationships to people and made communication a priority. The managers and staff at the service demonstrated values, attitudes and behaviours which supported people to lead confident, inclusive and empowered lives. Staff had received specific training to meet the needs of people with a learning disability and autistic people and spoke with passion about people and the care and support they provided. The service promoted an open and transparent culture which encouraged people and their relatives to share their views and ideas for developing the service. We saw staff fully involving people with activities and tasks of their choosing. Interactions between people and staff were patient, kind, sensitive and assuring. People were relaxed, often seen smiling and laughing together in their home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Why we inspected
We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Baytrees

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Two Inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Baytrees is a 'care home'. People in care homes receive accommodation and nursing and / or personal care as a single package under one contractual agreement dependent on their registration with us. Baytrees is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the provider had recently appointed a new manager who had started the process to become the registered manager. The new manager in post at the time of the inspection is the manager referred to throughout this report.

Notice of inspection
This inspection was unannounced.

What we did before inspection

We looked at information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We communicated with 10 people who used the service and two relatives about their experience of the care provided. The Expert by Experience contacted relatives remotely by telephone. People who were unable to speak with us used different ways of communicating. Some people used Makaton and communicated through staff, others used pictures, their body language and facial expressions.

We spoke with seven members of staff including the registered manager, the manager and support workers. We reviewed a range of records. This included five people's care records and 10 medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records, training data and policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas and requested feedback from three health professionals who regularly visit the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

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

● People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff completed training on how to recognise and report abuse and knew how to apply it. Our observations and records confirmed this. One staff member told us, "You might notice change in behaviour such as getting more aggressive, or going the other way and withdrawing, not engaging like they [people] usually do. I would talk to manager or deputy. If they confided in me, I'd listen and then get help."

● People told us they felt safe and were at ease with staff. A person said, "Of course I am safe, the staff are good and nice." Some people were unable to communicate verbally. Throughout the inspection we observed people's body language and interactions which indicated people felt safe and comfortable with the staff supporting them.

● People received safe care because staff learned from accidents and incidents. Staff put measures in place to help keep people safe and reduce the risk of reoccurrence. For example, one person had slipped and fallen in the shower. Following this, the manager purchased non slip shower mats for people and dry mats for use when stepping out. Processes were revised to further mitigate the risk of falls when staff supported people with personal care.

Assessing risk, safety monitoring and management

● People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. For example, one person could become distressed if visiting potentially crowded or noisy places. The person had a Positive Behavioural Support plan (PBS) which guided staff on how to help them manage any distress should this happen while they were out. The PBS plan included potential triggers, behaviours to look out for and strategies to reduce the person's anxiety. This helped the person stay safe and achieve their goals and aspirations for the day.

● People had risk assessments and support plans in place which assessed their vulnerability and guided staff on how to support them with risk behaviours such as self-harm. Staff knew people well, understood their risks and how to manage them. One staff member told us, "[Person] can pick their skin, how much they do it could be a sign they are not happy."

● Care plans and risk assessments provided guidance for staff to support people in safety awareness. For example, when using vehicles, road safety and walking to the local village. Risks to people's health were considered and assessed. Information included how to support people with health conditions such as diabetes and monitoring skin integrity. These assessments included what staff needed to look out for and the action to take if a person was unwell and to ensure they were safe. A person said, "I am safe, because of the staff."

● Environmental risk assessments were carried out to recognise and address risks to people's safety in relation to their home environment and for the delivery of personal care. For example, window restrictor and

water temperature checks were routinely completed. People had Personal Emergency Evacuation Plans (PEEPs) which were up to date and considered individual's risk. Staff demonstrated a clear understanding of the provider's fire safety policy, including how to support people in the event of a fire or other emergencies at the premises.

Staffing and recruitment

● The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. We observed people going out and coming back throughout the inspection. One person had been out to collect their newspapers, another had been to see their GP, then to a local café. Another person said they were going to the pub that afternoon. Staff and relatives confirmed there were enough staff to support people. One staff member said, "Yes, there is enough staff." A relative told us, "[Person] has always got one-to-one or two-to-one when they go out to keep them and others safe. They're well covered."

● Staff recruitment and induction training processes promoted safety. Staff completed training which enabled them to support people living at the service and take into account people's individual needs, wishes and goals. Most staff who worked at the service had worked there a long time and told us the turnover of staff was low. We observed, and records confirmed the service had a consistent staff team and no staffing vacancies which promoted continuity and ensured safe and consistent care.

Using medicines safely

● The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff ensured people's medicines were reviewed in line with STOMP principles (stopping over-medication of people with a learning disability, autism or both). Staff ensured people's medicines were reviewed regularly to monitor the effects on their health and wellbeing. People had health action plans which were completed annually and ensured medicines prescribed remained appropriate and required.

● People were not routinely prescribed medicines for use as required (PRN). If people presented with symptoms which might indicate medicine was needed, for example paracetamol for a headache, the GP was contacted for review. The one person prescribed PRN medicine for symptoms of constipation did not have a protocol in place for staff to guide them when, how and what dose of the medicine was required. Despite this, there had been no impact to people and staff knew the exact details and circumstances of giving the medicine should the person need it. When this was raised with the manager, they informed us their medicines records would be updated in line with best practice guidance.

● People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. People were administered medicines by staff who had completed medicines training and were assessed as competent in the task. The manager confirmed, "Medicines competencies are completed six monthly, [Provider] observes staff practice."

Preventing and controlling infection

● The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.

● The service prevented visitors from catching and spreading infections.

● The service followed shielding and social distancing rules.

● The service admitted people safely to the service.

● Staff used personal protective equipment (PPE) effectively and safely.

● The service tested for infection in people using the service and staff.

● The service promoted safety through the layout of the premises and staff's hygiene practices.

● The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.

● The service's infection prevention and control policy was up to date.
● All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

The providers approach for visitors was in line with current government guidance. People and their relatives were positive about their experience of the provider and being able to see their loved ones. A relative said, "They're still wearing masks and it is beautifully clean with all the protocols in place, I have to test before I go in, which I am fine with because it's keeping everyone safe. Yes I can visit and I can take [person] out."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People received a comprehensive assessment prior to admission to ensure the service could meet the person's assessed needs. People had care and support plans that were holistic and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together. One relative told us when discussing their loved one's care, "Yes, they do include me and they're really good."

● Managers and staff were proactive in ensuring people who needed their support when they became anxious or upset received the correct support in a timely way. We saw detailed assessments completed in line with positive behaviour support (PBS) principles. These identified, in a staged approach, ways staff could help deescalate situations with people who may become anxious or upset. Staff were able to explain these approaches, demonstrating their understanding and knowledge of peoples assessed needs.

Staff support: induction, training, skills and experience

● People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have. Staff could describe how their training and personal development related to the people they supported. One staff member said, "I have had autism training, challenging behaviour awareness training. I learnt why people with autism may make sounds like screeching, and why routine is important to them. How sensory stimulation can impact [person]. We have to be mindful of these things when supporting [person]. [Person's] care plan explains how they should be supported."

● Staff received support in the form of continual supervision, appraisal and recognition of good practice. A staff member told us, "There is adequate training which they [management] follow up in team meetings and supervisions. They really care that staff have the right skills for working with the people living here."

● The manager had clear procedures for team working and peer support that promoted good quality care and support. Staff told us they worked well together and had positive relationships. One staff member said, "I handover to [staff name], we text each other. We have handovers, communicate well. We've worked together for a long time. We all have good relationships here."

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

● People received support to eat and drink enough to maintain a balanced diet. The manager said, "People go for walks. People are fully involved in their health care plans, their goals, if they want to lose weight. We promote good health decisions. We encourage this." They told us about one person who came into the home underweight. With the support from staff, ongoing encouragement, and teaching the person about

food, the person has successfully gained weight and their weight had remained stable.
● People were involved in choosing, shopping, and planning their meals. We saw people enjoying a meal together at lunchtime. People chose what they wanted to drink, and there was a range of drinks on offer, for example, squash, bottled water and different fizzy drinks. People could choose their meal and if they wanted more. People were offered sauces and gravy. Staff spoke to people in a friendly, relaxed way, people could exercise choice over each part of the meal; food was provided efficiently, and people did not have to wait.
● People told us they enjoyed their meals and were offered tea or coffee. One person said, "The food is good." We observed people commenting on their food during and after their meals all sharing how much they had enjoyed it. People could choose what they wanted to eat. A person said, "My favourite food is Chinese, and I get to eat it."

Adapting service, design, decoration to meet people's needs
● The interior and decoration of the service was adapted in line with good practice to meet people's sensory needs. For example, calm diffused lighting and colour décor. The colours chosen for the person living on their own is known to be comforting. A relative said, "The care is so good it really doesn't matter what colour the walls are in a way, the people [staff] are so good, and the quality of care is amazing. It's all set up for him and it is very nice."
● People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. People were proud to show us their bedroom areas. People beamed, showing us their personal interests and how these had been developed into the décor of their bedrooms. Relatives spoke positively of the environment. One relative told us, "The home itself feels really homely and well decorated and the bedrooms are massive with their own en suite and views onto the garden. It's bigger than anything they've had before. They have their own TV in their room. Arts and crafts room which they like going in."
● The environment was homely and stimulating with photos of people and their relatives. A noticeboard in the dining area showed pictures of staff who worked at the home, so people could easily identify a member of staff and know their name. The design, layout and furnishings in the home supported their individual needs. There were handrails along corridors to enable people to stop and rest when needed. People had access to a garden, with a large vegetable patch where people grew vegetables of their choice. People indicated to us they enjoyed spending time in their garden and tending to the flowers and vegetables.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access the health care services they needed. People attended annual health checks, screening and primary care services. People played an active role in maintaining their own health and wellbeing. For example, a person who had been feeling unwell during our visit, was encouraged to seek a GP appointment. This was facilitated using video technology. The person was supported to explain to the GP how they were feeling and seek treatment for their health concern.
● Records confirmed health care professionals such as district nurses, GP's and speech and language therapist (SALT) were involved in people's care. Support plans had been amended according to the advice given by healthcare professionals and this advice was followed by staff. A health professional told us, "There's one patient with a complex medical condition who has a personalised care plan involving regular blood tests, and actions that need to be taken depending on the results. [Manager] manages this well but also contacts the surgery for assistance when appropriate to do so."
● People were supported by staff who had completed training on oral care and their competence assessed by the manager. People's oral health needs were assessed, and they had care plans to guide staff on how to support them with their oral care and promote good oral hygiene.
● Staff told us they provided verbal and written handovers to their colleagues. Documentation included detailed updates about people's health and emotional wellbeing which meant care workers were able to

provide continuity of care and were well informed about what was going on for people.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● Staff ensured an Independent Mental Capacity Advocate was available to help people if they lacked capacity and had nobody else to represent their interests. We saw five people at the service were visited regularly by advocates to seek their views and support their choices.
● Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. We observed staff talking with people and asking for their consent. Staff were familiar with people's methods of communication and could interpret sign and body language to understand people's wishes. Relatives confirmed they had seen staff ask for consent before supporting their loved one.
● For people who were assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. For example, having the flu and COVID-19 vaccine. The manager told us, "A lot of people here lack capacity around their health. Families are involved, best interest decisions taken for the COVID-19 vaccine."
● Staff had undertaken training in MCA were able to demonstrate their understanding of what this meant for people in day to day practice. A staff member said, "Initially (you assume) everyone has capacity. You then assess that capacity if, for any reason there is doubt. We assess the capacity to check the they understand the information and can retain it, to make the decision. Understanding the pros and cons of the decision. If they can't, then staff, the manager, or a professional can act in their best interest. No one person makes a best interest decision, it generally is a group input to make sure it's a decision with the best outcomes for the person."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff saw people as their equal and created a warm and inclusive atmosphere. The manager said, "This is home, not a clinical place. This is their home, ask any relative, all would say this is a home, staff, people and relatives are extended family." A relative confirmed, "They're like a second family, it doesn't feel like a home, it feels like your walking into somebody's family, it's the best home I've ever seen."
- Staff were patient and used appropriate styles of interaction with people. Staff members showed warmth and respect when interacting with people which was understood and responded well to. The manager said, "I got married three years ago and all the residents came. We care; we are their family. It is important they know they will still be loved and cared for even when they may lose their relatives." A person said, "Staff are kind and caring."
- Although individuals could not speak at length to us to describe the impact of their care and explain in depth their views, people were able to agree, disagree, and show through face expression and body posture when unhappy about something. For example, a person was telling us about the football scores and pulled a very disgruntled face, exacerbated expression of how many times their team had lost. The person rolled their eyes and then showed us their paper of when they were next playing and used their thumbs up, and in a small number of words said, "maybe next time", referring to the team getting better results. When we spoke about peoples care with them, people beamed. We saw people's eyes lit up, they were smiling and at ease, excited to share the words they could.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. We observed people were confident requesting help from staff who responded promptly to their needs. Our observations throughout the inspection confirmed the staff approach to people was kind and caring. Staff members took every opportunity to talk to people and to interact in a positive way. A staff member said, "We don't see [person] as a different person, just because [person] has autism. They are [person], not a condition or diagnosis. Everyone has a certain way of doing things and responding to things, and that's the same for [person]."

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

- People felt listened to and valued by staff. People were given time to communicate, listen, process information and respond to staff and other professionals. People attended regular residents' meeting's where they shared their views and discussed matters of importance to them. Records confirmed people's suggestions were acted upon, examples included peoples preferred meals and television choices for the evening or planning future events and activities.
- Staff supported people to express their views using their preferred method of communication. We saw

picture cards on one person's wall. The manager said, "[Person] uses pictures for his daily routine, he chooses the order, and then that lets the staff know what they want to do that day and when." We observed this tool used in practice and how this enabled the person to make their own decisions in the time they felt comfortable.

● People were enabled to make choices for themselves and staff ensured they had the information they needed to do so. For example, people who wanted to go on holiday abroad, on a cruise or visit local areas, were supported to look at prices, brochures for ideas and then supported to go on their holidays.

Respecting and promoting people's privacy, dignity and independence

● People had the opportunity to try new experiences, develop new skills and gain independence. We asked the manager and staff how peoples independence was promoted. The manager said, "People pour their drinks out, they tidy their laundry, put away their own washing, pour their own cereal. People go out to do their own food shopping, they are encouraged to scan their food and pick their items." People confirmed this was an accurate description of what they did, and they enjoyed being able to do these things for themselves.

● Each person had a person-centred plan which identified target goals and aspirations and supported them to build confidence and develop their skills. During lunch we observed a staff member supporting people with their meals. They asked one person if they would like them to cut up their food, which was identified in the person's care plan. The person stated they would like to do this for themselves. Staff remained close by to ensure the person was safe; and the person asked for their support when they were ready. This promoted autonomy and independence.

● Staff knew when people needed their space and privacy and respected this. Staff provided examples of how they supported this by knocking on people's doors and waiting for them to invite them in. We saw pictorial signs in the bathroom prompting people to wash their hands. The manager said, "It's their home, their privacy, they don't want us staff behind them prompting this when a picture could do it."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider and manager had limited knowledge around supporting people through recognised models of care and treatment for people with a learning disability or autistic people.
- The provider and manager were not always familiar with; and were not using evidence best practice formats for documenting and recording people's needs and choices. For example, people were routinely described in care plans as having 'challenging behaviour'. Another person was described as having a 'lack of appropriate behaviour'. People were described in care plans as having 'home-based activities'. One person's care plan stated, they were required to be, 'escorted in the community.'

We recommend the provider seek advice and guidance from a reputable source, about how support can be delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes.

- Our observations, discussion with people, managers, staff and relatives gave assurances records did not reflect the care and support people experienced. What was recorded and what support looked like in practice was very different. The management team showed their commitment to improving this area of knowledge and research how they could make changes which would improve outcomes for people being supported.
- People were supported with their religious needs without discrimination. Most people living at the service were of Christian faith. The manager said, "Sunday worship happens twice a day every Sunday, one is more vibrant and modern, and one is Songs of Praise which is more traditional." We saw five people regularly attended these. They went on to say, "We have 'Big word, Memory Monday'. This means we focus on a word and its meaning and how it can be applied to today's time. Then we have 'Verse Tuesday'. We read the verse and sing a song about the verse which people really do enjoy." People told us how much they enjoyed this and how important it was for them.
- Records included personalised information about people's needs, how they liked their structures and routines, likes and dislikes. This enabled staff to support people in the way they preferred. A staff member said, "You cannot make people do what you want, you have to adapt the support to how they are feeling that day." Relatives confirmed people's preferences were respected. One relative told us their loved one preferred support from female staff. They said, they don't really like male staff helping them, always a female." But they'll let a male staff member make them a cup of tea or whatever."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The majority of people were unable to speak with us verbally and did not have a communication passport. Communication passports are a tool for supporting people who cannot easily speak for themselves by making information from formal assessments easily accessible to all. A communication passport describes a person's communication strengths and needs and contains information about the person in a very clear way. Despite this, people's communication needs were assessed, and the information used to inform their communication care plan.

● Staff ensured people had access to information in formats they could understand. Information such as the complaints procedure, people surveys, and service user guides were available in easy read format. We observed visual structures such as white boards with a list of suggested activities and photographs of staff which helped people know what was likely to happen during the day and who would be supporting them.

● Staff communicated with people in ways they preferred. For example, one person could understand and process what was being said if staff used simple phrases of no more than three words. We observed staff communicating with the person in this way. Staff had good awareness, skills and understanding of each person's communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff were trained and skilled in using personalised communication systems. Some people used Makaton to communicate; we observed staff using this sign language and interacting with them.

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

● People were proactively supported to pursue their hobbies and interests on a regular basis. We observed people being supported with their hobbies, for example, playing music, knitting and crafting. We saw a person making a beaded necklace with staff support. They had chosen the colours and beads themselves, and proudly showed us the finished necklace they were wearing the following day.

● People were supported to take part in activities that were socially and culturally relevant to them. The manager said, "[Person] had their birthday and wanted to go somewhere nice. They asked to go to isle of Wight, just them and me. We did line dancing. It was so much fun." Another person was looking forward to their weekly group activity and told us, "I am all set for Tuesday, bowling, burger and bingo. I can't wait."

● Staff empowered people to be active citizens and have equal rights in their local and wider community, for example, exercising their right to vote. The manager said, "We supported people to vote for those that were able. The polling station is just down the road." People and staff were looking forward to the village festival and had arranged a 'tea on the lawn' event for the community, people and their families. The manager told us, "Part of promoting people's existence in their community is, we invite the community into us as well, playing music, having a tea party."

Improving care quality in response to complaints or concerns; End of life care and support

● At the time of the inspection the service had not any complaints. However, people and those important to them could raise concerns and complaints easily, and staff supported them to do so. People told us they knew who to speak to if they had any concerns. A person said, "If I'm not happy I talk to staff." A relative said, "I've been told to go to the manager or her daughter if I need to make a complaint." Another told us, "I don't think I ever would. It would be talked about before it got to that point."

● The service considered people's future needs and preferences. Records showed that some people and their relatives had shared their views and preferences for end of life care and wishes after death. Staff were not currently providing end of life support for anyone living at the service; however, staff knew how to access

support from the community healthcare teams and GP should the need arise.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Managers worked directly with people and led by example. They had an excellent understanding of people's needs and provided direct guidance to staff as required. Staff and relative's spoke highly of the managers. One relative said, "I know the manager well, they're available almost 24/7 and they're very flexible." A health professional commented, "I believe that [manager] knows their residents very well and provides strong leadership for the home."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. A staff member said, "This home is a good home. It just sums up all the different aspects, good isn't a good enough word, if people are so happy, so content, and doing so well, the whole blanket of care, then that's brilliant isn't it? They [people] are very happy, and this is their home."
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. A staff member said, "The resident meetings are there to formally check if there is anything special, they [people] would like to go or do. See if we can make it happen. If they are unhappy about anything, what do they think of the meals, do they wanted anything added or taken away."
- The service gave honest information and suitable support, and applied duty of candour where appropriate. The managers promoted openness and transparency. Relatives told us they were kept informed about all aspects of people's care. A relative said, "They [staff] will call me straight away if anything is urgent." Staff knew how to whistle-blow and how to raise concerns with the local authority and CQC. One staff member told us, "I know how to whistleblow, I know where the number is."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. The manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. The manager said, "I like to think that people's life starts at Baytrees. I want this to continue to be a people's home and people love to live here." These values were shared among the team, comments included, "To support our residents to be fulfilled and do their daily living tasks, help them achieve what

they want to achieve," and, "Supporting residents to fulfil their needs, giving them independence. I like what I do for the residents, the support I get and making their lives happy."

● Staff told us, and records confirmed staff received regular supervision and an annual appraisal to develop and improve their practice. Managers requested feedback on how they could also improve. The manager told us, "Staff have monthly supervision and appraisals every year. Staff give feedback and supervision to managers also."

● Quality assurance and management systems provided managers with sufficient oversight and enabled effective governance of the service. For example, audits were undertaken to monitor medicines and people's care and key worker records regularly reviewed. Risks to the quality of the service were identified and acted upon to drive improvements. The provider had a range of policies which were current and in line with government guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and those important to them worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them. Records showed there was good attendance at residents' meetings where people had the opportunity to provide feedback and discuss issues of importance. People and their relatives told us they were kept updated and informed of any changes in the service. A relative said, "Yes I am kept updated via text or email or call. As and when they need to, but I go over every week so sometimes they tell me face to face."

● Feedback from relatives was positive regarding their experience of their loved one's care. Relatives told us, "[Person] is really happy there which makes me happy. I've never seen a home like it, and I've worked in care and been into their homes before this one. The way they look after residents is second to none." Another said, "Oh yes, we're both very happy, we wish we'd found them earlier. I'm so grateful [person] is there now. All I'd say is, they've gone over and above and have always been great, there have never been any major issues. They know we just want the best for [person] so we work together. They ensure everybody is getting the most out of life. [Person] is safe, happy and well."

Continuous learning and improving care; Working in partnership with others

● Staff described a positive and open culture where they felt able to express their views. Staff told us they were able to discuss practice and received constructive feedback to help them to improve. Staff meetings were regularly held, this ensured staff had the opportunity to discuss any changes to the running of the service and to give feedback on the care that people received. Discussion points included training, updates, cleanliness, medicines, feedback from recent meetings and audits, COVID-19 updates and discussion about people's needs to look at possible lessons learnt and changes. A staff member said, "The management are lovely."

● Staff gave examples of how they worked collaboratively with other services to support people's needs. Records confirmed a proactive approach to partnership working. Health action plans showed referrals had been made to health and social care professionals including speech and language therapists and the community learning disability team. Support plans included advice from other professionals and records showed how information was shared appropriately to promote understanding of people's individual needs. The manager told us the GP contacted the service for an update on people at weekends. They said, "We have a good relationship with the GP."