

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

About the service

Baronsmede is a care home that provides accommodation and personal care support for up to nine adults with learning disabilities. The service specialises in the care of people who have a learning disability and complex needs including communication, physical health and challenging behaviour. At the time of our inspection eight people were living at the service.

Baronsmede is a detached house located within Crowborough village. The service operates over two floors and had been fully adapted to meet the needs of people who lived there. People had their own bedrooms and bathrooms and shared the communal areas and garden.

The service had been open for over 30 years and therefore had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, inclusion and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's support focused on them having as many opportunities as possible to gain new skills and become independent. The provider supported people to develop skills that enabled them to have a more independent life style. Some people had successfully moved into their own accommodation, and the provider was in the process of changing the environment into a smaller residential service with separate supported living accommodation for five people.

The service was a large domestic style property. It was registered for the support of up to nine people. Eight people were using the service. This is larger than current best practice guidance. However, the size of the service did not have a negative impact on people. There was a large communal lounge, dining room and conservatory and people had their own personalised rooms. There was also a separate lounge with a kitchenette and dining area which people used to enhance their own independence. This facility enabled people to prepare their own meals and snacks and spend with friends. There was a self-contained flat upstairs that enabled people to prepare for their journey into independent living. An extension had also been built to provide a bespoke environment for one person. The building design fitted into the residential area and there were deliberately no identifying signs or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service

We received overwhelmingly positive feedback about the leadership of the service. There was a visible person-centred culture which was truly imbedded within the ethos of the service. The registered manager

and staff team were highly motivated and proud of the service they delivered to people. There was a strong commitment to ensure the service was inclusive and people had the opportunity to develop new skills and community connections.

People received personalised care that was exceptionally responsive to their needs. There was a strong sense of leadership in the service that was open and inclusive. The provider focused on achieving exceptional outcomes for people and their staff.

There were high levels of satisfaction amongst people and relatives who used the service. Everyone we spoke with said they would recommend the service to others. Comments from relatives included "I am so lucky to have found Baronsmede, it is brilliant" and "I can't speak highly enough of it, everything they do is just wonderful" There were consistently high levels of engagement with people using the service, families and other professionals.

People were treated with dignity and compassion by a kind, caring staff and management team who understood people's individual needs, choices and preferences well. People repeatedly told us that staff had made a difference in their lives and said that staff routinely went above and beyond to ensure people were happy and safe. There were enough staff to meet people's needs.

Robust systems, processes and practices were followed and sustained effectively to safeguard people from situations in which they may experience harm. Risks to people's safety had been thoroughly assessed, monitored and managed so they were supported to stay safe. There was a flexible approach to risk management which promoted people's independence and provided opportunities for new experiences.

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.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good. (Published 9 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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.

Baronsmede

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Baronsmede is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We looked at notifications received from the service. A notification is how providers tell us important information that affects the running of the service and the care people receive. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, support staff and volunteers. 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.

We reviewed a range of records. This included four people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We observed three people participating in day activities away from the service. We received feedback from two people with a learning disability who have a close affiliation with the service but do not live there.

After the inspection

We sought feedback from five relatives about their experience of the care provided.

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

- Systems and process protected people from the risk of abuse. Information about safeguarding processes were available to staff. Staff knew how to raise a concern.
- Staff had good knowledge of safeguarding and how to keep people safe. Staff had completed safeguarding training and had access to the safeguarding policy. Safeguarding was regularly discussed at staff supervision and team meetings.
- Relatives were unanimous in their feelings that their loved ones were safe and protected from avoidable harm. One relative told us they were assured that their loved one was kept safe because there was a consistent staff team of permanent staff. Another said "Oh yes [name] is so very safe and looked after exceptionally well. The staff are trained and very caring. I have no worries in that area".

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support. Comprehensive risk assessments were carried out to enable people to receive care safely and take part in activities of their choosing. A health and social care professional gave positive feedback about the abilities of staff to "balance people's independence with positive risk management whilst keeping people safe".
- Risk assessments had been regularly reviewed. Staff were familiar with each person's risk management plan and worked together to ensure risks to people were mitigated. A relative told us that staff understood their loved ones needs and behaviours which enabled them to keep her safe.
- Staff were trained in positive behaviour support (PBS). This ensured that people with complex needs and behaviour that put either themselves or others at risk of harm, were supported appropriately. For one person this meant they were able to have the time and space they needed to manage their own anxieties within an environment that was safe and predictable. The person's frequency and duration of high anxiety states had greatly reduced by staff providing a consistent approach to the management of risk for this person.

Staffing and recruitment

- There were enough staff to support people's needs. Our observations showed that staff responded quickly to people's requests for support and had time to sit and talk to people.
- People were supported by a consistent and familiar team of staff and volunteers who had worked at the service for a number of years. Throughout the inspection people appeared happy and comfortable in the company of staff and staff knew people very well.
- Safe recruitment processes were followed to ensure staff were suitable for the role. This included undertaking checks with the Disclosure and Barring service (DBS) and seeking two references.

Using medicines safely

- People received their medicines safely from staff who had received training to carry out this task. Staff received medicine training as part of their induction and their competency was regularly assessed.
- Medicine records were completed accurately and audited regularly.
- There was a person centred approach to administering medicines. Medicines were administered discreetly to ensure that people's privacy was maintained. We observed a person getting a glass of water and taking it to the office in preparation for receiving their medicines. This meant that people were encouraged to be involved in the management and administration of their medicines.

Preventing and controlling infection

- The service was clean and hygienic which reduced the risk of infection. Policies and practices in the service ensured people were protected by the prevention and control of infection.
- Staff who supported people with food preparation had received food and hygiene training. This help to ensure people would be protected from the risks of infections.
- Robust infection control processes were in place for a person who had a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube. PEG feeding tubes are a way of giving food, fluids and medicines directly into a person's stomach through a thin tube. Infection control methods included ensuring the skin around the tube remained clean and wearing protective personal equipment (PPE) including gloves and aprons for the preparation and flushing of the feeding tube.

Learning lessons when things go wrong

- The provider worked collaboratively with people, relatives and staff to continuously improve safety for people. A relative told us "any issues that I have needed to raise have always been addressed promptly and any changes made cascaded to the staff team to implement."
- Accidents and incidents were recorded and regularly reviewed by the registered manager and provider. Action was taken to mitigate a further occurrence.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were met by a holistic approach to assessing, planning and delivering care and support.
- People had comprehensive assessments prior to receiving a service to ensure their needs could be met. Assessments were clear and gave details of people's preferred routines. People's protected characteristics under the Equality Act were identified and recorded. For example, where people had a disability this was detailed in their care records and any considerations and adaptations required were clearly identified. For one person this meant ensuring there was always a vacant seat next to them when traveling on public transport or in the mini bus.
- Care and support plans were created which were bespoke and person centred. Support plans gave staff the information they required to effectively care for people in accordance with their wishes. People's wishes were routinely sought, and support plans updated to reflect any changes.
- People and their relatives were fully involved in the planning and review of their care. A relative told us since their loved one had moved into the service, staff had made every effort to understand their complex needs. They had also been fully involved in the planning of their loved one's care.

Staff support: induction, training, skills and experience

- People received care and support from a staff team who were well trained and supported. Staff had the knowledge and skills to meet people's needs.
- People were supported by staff who had received up to date training to make sure they were practicing in accordance with current best practice guidelines. Staff had access to regular refresher training as well as bespoke training to meet people's specific needs. One staff said, "The training I received to support a person with a PEG tube has ensured I have the right skills and confidence to meet this person's support requirements".
- The service used the Care Certificate as an induction tool for new staff who had not worked in care before. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- The registered manager and provider ensured staff had a high level of support and appraisal. They promoted the continuous development of staff skills, competence and knowledge to ensure all staff could carry out their role. Staff told us they had access to very good training and development opportunities. One staff said, "Since working here I have been supported to achieve NVQ level 3 and 4 and I am now a senior care worker".

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

- People were supported to receive a healthy and balanced diet. There was a strong emphasis on eating

and drinking well.

- People were fully involved in the planning and preparation of their meals. There was a pictorial menu board and people's individual preferences and choices were clearly shown. Specialist diets were catered for, including low gluten, vegetarian and a fortified enriched diet to enhance a person's calorific intake. For a person who liked a particular style of chocolate bar we saw a recipe for a chocolate cake made from these.
- Staff were aware of people's individual needs and preferences and received specialist guidance to support people to eat and drink well. For a person with a genetic condition affecting their weight staff ensured they were able to live a full and fulfilling life and through meticulous nutritional and dietary support to ensure their nutritional requirements were met. Another person was supported to receive food supplements and fluids through a PEG feeding tube. This ensured people received the nutrients they needed to maintain their health.

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

- There were clear systems in place to maintain continuity of care. Staff liaised effectively with other organisations and teams and referred people to health and social care professionals where necessary. A health and social care professional told us they had experienced a positive working relationship with the service and good communication
- Records showed that people attended regular appointments with GP's and dentists and had access to other health and social care professionals when necessary. People received an annual health check which is best practice for people with a learning disability and or autism.
- Where people had complex health or communication needs, staff sought to improve their care, treatment and support by implementing best practice measures. A relative spoke positively about staff knowing the signs to indicate that their loved one might be feeling unwell. This was essential to ensuring their loved one maintained good health and had prompt access to health care professionals.
- People's oral health needs were assessed and included in their support plans. People were supported to maintain good oral health and had access to dental products and equipment as well as regular dental check-ups. Staff received training in oral health and followed NICE recommendations for maintaining good oral health care for adults in care homes as.

Adapting service, design, decoration to meet people's needs

- The service was a domestic style property that had been adapted around people's individual needs and wishes. The property was homely and reflected the personalities and preferences of the people who lived there. The provider ensured it was maintained to a very high standard.
- People's bedrooms were distinctively individual containing personalised items and furnishings. One person showed us their bedroom. There were photographs on the walls of people important to them and staff told us the person had chosen the curtains and matching bedding themselves. The person gave a 'thumbs up sign' to this.
- Some rooms had been adapted to meet people's needs. For example, one person's en-suite bathroom had recently been refurbished to include a fully accessible walk in seated bath and shower as well as a wall mounted body dryer. This enabled the person's personal care and hygiene needs to be met in a way that was tailored to their individual support requirements.

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 had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had the capacity to make decisions and to ensure people were supported in the least restrictive way.
- People's care records and assessments included information about their capacity to make decisions and any best interests decisions made involved the appropriate people.
- Processes were in place, and records confirmed DoLS were appropriately applied for. Authorised conditions were regularly reviewed and being met

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

- The service had a strong visible person centred culture. Support plans contained detailed information about people's preferences and what was important to them. Detailed information about people's personal histories enabled staff to get to know people and provided a means for positive engagement and communication.
- Staff respected people's individuality and supported each person in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. Care and support plans reflected people's abilities and what they were able to do for themselves, such as running a bath. This ensured people's independence was maintained.
- People were supported by a consistent team of staff who knew them well. Staff were compassionate and caring and shared a passion for ensuring people were happy and content with their lives. There were positive relationships between people and staff; interactions were warm, friendly and pleasant. Comments from staff included "people living here have really enriched my life" and "I cherish the relationships I have with the people who live here".
- One relative told us their loved one was treated with the upmost respect and this was true for friends and family too. They described staff as kind, caring and interested in how they could improve caring for their loved one. Another said "Baronsmede is far better than we could ever have hoped for, the staff are incredibly caring, compassionate and respectful".

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

- Staff had a very good understanding of people's communication needs; this knowledge was used to support people to make choices and decisions. For example, we were told by one relative their loved one had limited communication skills but was able to communicate their dislikes. This was a demonstration of how a person's unique communication methods enabled them to make choices and decisions about their care.
- Staff were skilled at helping people to express their views, preferences and make choices about their care. Throughout the inspection there were examples where people had the opportunity to make decisions. For example, with social activities, eating and drinking and with their care and support. Communication methods were varied and included signing, verbal speech and pictorial prompts.
- People were central to discussions about how they wanted to receive their care and support. There was an emphasis in supporting people to achieve their full potential through positive planning and listening to what people told them. One person's care records showed they had been given an opportunity to work with staff and their family to record their goals and wishes prior to their review. The person had ticked the thumbs up

sign when asked about staff and their personal goal to shop for a specific item had been recorded. The person told us that they went shopping every week to purchase batteries for their radio. This demonstrated the person wishes had been listened to and they had been supported to achieve them.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's dignity was respected. People were supported to have choice and control over their lives. One relative told us their loved one had become more independent since moving into Baronsmede. They said their loved one was "treated as an individual by caring, respectful and kind staff.
- Staff worked with people to promote their independence. Care records showed what aspects of daily living people could manage and how they were encouraged to contribute to day to day household tasks. This gave people a sense of purpose and responsibility.
- Throughout the inspection we observed staff knocking on doors and asking permission before entering people's rooms. Staff were very discreet when asking people if they needed assistance and were very respectful of the service being people's home rather than a place of work.

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

- People experienced an exceptionally responsive service where staff went above and beyond to ensure people's needs, wishes and aspirations were at the forefront of everything they did. Since the last inspection the registered manager and staff had continued to significantly improve the person-centred culture of the service. They had developed a strong ethos of continuity, independence and autonomy for people.
- For example, people were actively involved in the recruitment of new staff and were supported to give their opinions and views on new applicants when they had spent time with them during daily activities. People were supported to ask the applicants questions about things that were important to them and would enhance their own life. Questions and feedback were developed in accessible format for people who required an alternative to verbal communication. This showed people had a voice and were part of choosing who worked at the service.
- We saw examples of exceptional person centred support which enabled people to achieve huge milestones. The provider had adapted one of the communal areas into a lounge with kitchenette so that people could have a greater level of independence in preparation for moving into more independent living. People had tailor made support plans designed with them to achieve positive outcomes and were empowered by staff to develop skills in shopping, paying bills and cooking. Consultation with one person who was being supported towards moving into supported living accommodation had been undertaken in an accessible format. The person had been able to clearly identify their wish to be more independent, the areas where they required support and who they wanted to live with. People had achieved positive outcomes in achieving independence and transforming their lives. Milestones of living successfully and independently within in their local community had been achieved.
- People's values and beliefs about the way they received their support were protected and promoted by staff who had an excellent understanding of their needs. For example, a person's behaviour support plan identified their state of high anxiety could be further increased by their fear of hurting others. In consultation with the person it was recognised that they wanted the time and space to work through these periods of high anxiety on their own. In response to this the provider had worked creatively with the person and staff to adapt the environment to give them the extra space they required to move around in. Assistive technology that the person could independently operate, had been installed to ensure the person remained safe whilst respecting their wish to be alone. This had led to a positive improvement in their emotional wellbeing and had reduced the risk posed to others during the periods of heightened anxiety. It demonstrated a totally committed management and staff team taking time to meet a person's preferences and respecting their right to choose what suited them.
- People were supported to explore creative solutions to meet their individual and diverse support needs. One person had recently received a medical appointment for a time of day that would cause them great

anxiety and enhance their fear of the dark. Through partnership working the person was supported to attend the medical appointment at a time of day that worked around their personal anxieties and fears. This substantially reduced the risk of traumatic impact for the individual because staff understood their needs and effectively worked in partnership with external professionals.

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

- Staff were innovative and passionate about supporting people to engage in activities to enrich their lives. We saw positive risk taking that enabled people to learn new skills and following hobbies and interests. Staff supported people to make significant achievements and overcome their fears and anxieties through holistic person centred approaches. For example:
- Staff had recognised the interest and enjoyment for one person when they had spectated at a carriage riding event. As a result of this the person was provided with an opportunity to try this sport. With encouragement and support from staff and volunteers, their skills, confidence, talent and passion for this sport flourished. The person competes successfully alongside non-disabled persons and showed us the numerous rosettes they had won, they were very proud of their personal achievements. Staff told us there was a visible and positive impact on the person's self-esteem and confidence when changed into their equestrian attire and they had seen a marked improvement in the person's cognitive and interpersonal skills as well as their well-being. Following this hobby had enabled the person to make new friends and acquaintances with people who shared the same passion for this sport. A volunteer supporting the person said, "she is absolutely blooming, she is achieving some quite complex manoeuvres and is fabulous, we are all so proud of her".
- People's ideas and aspirations were acted on through staff who went over and above to support them to achieve them. For example, some people had suggested that the service took part in the annual village carnival. With the support of staff, family and friends this was achieved, and the service entered a float with the theme 'lest we forget' for the procession. People told us they had chosen the theme and showed us the hundreds of poppies they had made out of recycled plastic which they said had taken them nine months to complete. They had also made a large spitfire aircraft from papier-mâché which adorned the front of the float. The service engaged the support of the local armed forces cadet's and band who marched alongside them. People showed us photographs of themselves in veterans clothing and said they had a really great day. One person described their experience as "truly wonderful", another said "best experience of my life so far".
- People's care records had details of what was important to them and who was important in their lives, and how these relationships should be maintained. People maintained family connections and friendships in individual ways and the provider ensured opportunities for engagement through social events, visits to the family home and good communication. We observed one person speaking with their relative on the telephone and another relative visited the service during the inspection. Relatives told us staff understood the importance of family relationships and maintaining connections and staff went out of their way to ensure time spent together was enjoyable. Feedback from relatives included "it's great that I can phone or visit whenever I want to, there is no set time and I am always made to feel welcome". Another said, "it's just nice spending time with [name] in their home, doing normal things like having a catch-up over tea and cake".
- People were supported to live as full a life as possible through participation in a vast and diverse range of activities including those that met their social, emotional and cultural needs. People told us they were always busy while individual activity planners and daily records confirmed people were exceptionally active. People had ample opportunities to develop and maintain friendships through community connections, local faith groups, social clubs and holidays. One person told us about their holiday to the New Forest another told us about the sensory relaxation group they had just attended. There were decorations and balloons left from the recent Halloween party, people told us it was a great party where they had served

their guests 'scary food' one said, "we made fingers, they were great and very tasty".

- People accessed educational classes to develop personal interests and learn new skills to enhance their life opportunities and experiences. One person told us they had recently started a 30-week computer course with the aim of helping the provider with some of their publications. We observed people practicing for a Christmas show in a drama class held at the Barn Centre. The show is open to the public and is an important fixture in the annual Christmas festivities calendar. A person said, "the show is great, it's going to be so much fun, I love it!" another person said, "everyone comes, tickets sell like hotcakes because it's so good."

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 carer's.

- The provider complied with the Accessible Information Standard. Information was routinely provided to people in a way they could read or understand. Throughout the inspection we observed people communicating effectively with staff using a variety of communication methods. Staff fully understood the importance of a consistent approach and how people's communication experiences were enhanced when you were familiar with the person's facial expressions, eye gaze or body language. We observed staff engaging with people in a person centred way and were fully conversant and respected the preferred communication methods of each person.
- People had complex communication needs and we saw staff had developed individual ways to promote effective communication. People were encouraged to use a range of communication means to express themselves. People's care plans showed clear information about how to engage with the person including specific methods such as pointing at pictures, gestures, signs, objects and symbols.
- Staff used a wide range of person centred accessible information to promote effective communication. Each person had a clear plan which outlined how best to communicate with them in different environments and situations. One person had their communication passport with them at all times. Staff were fully conversant at using this to communicate in a consistent way and we observed the person demonstrating their acceptance to a change to their planned schedule. Staff had an intrinsic knowledge of this person's nonverbal communication needs which enabled the person's anxieties associated with change to be reduced.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they wanted to. Easy read information was available to help people understand the complaints procedure. People told us they would tell the manager if they had a complaint another said they would tell their mum. People told us they felt able to raise concerns and they were confident that they would be listened to. People's reviews also provided an opportunity to talk about things that could be improved and involved the person in this process.
- People were supported to resolve complaints that directly involved or impacted on them. This was in residents meetings or on a 1-1 basis. For example, we were told there had been a disagreement between two people, one had complained about another's person's conduct towards them. The two people were supported to resolve their disagreement which included understanding why the person had become upset and also how this could be avoided in the future. This is a demonstration of how people are empowered to be solution focused when addressing concerns or complaints relating to their own conduct or that of others.
- Complaints were recorded and responded to in line with the organisations policies and procedures. Relatives told us that any concerns they had, had been dealt with swiftly and professionally. Investigations into complaints were thorough and improvements had been made as a result of learning from reviews. The provider shared learning with staff to ensure improvements were sustained.

End of life care and support

- There was a person centred approach to end of life care and support. Information about people's end of life preferences were tailored around their individual situation. Staff respected people's individual beliefs and wishes and explored these where possible. Family members and advocates were involved where appropriate and people's thoughts and wishes were captured within their planning of the future support plan.
- There was no one at the service currently receiving end of life care.
- Recently people and staff had been supported to say goodbye to a person who had been very close to them all. The provider was empathetic in ensuring people were able to talk about their feelings and emotions during the grieving process and had a range of resources to support people with this. People were encouraged to do something positive to remember their friend by and celebrate their life. In conjunction with the person's family people and staff were supported to arrange a memorial service for their friend. People created an order of service, which was described as "beautiful" by staff. Some people spoke at the service recalling their own personal memories. To celebrate the person's life, people were encouraged to share their memories and include photographs and stories; Helium balloons were released with individual messages from people. Staff told us that this had really helped people to understand the person passing and share their feelings of grief.

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;

- The provider and registered manager's leadership was exceptional. There was a clear vision and strategy to provide people with the very best care and support and promote independence. The ethos of person-centred care ran throughout the organisation and people were at the centre of everything the service did; the registered manager ensured people were involved in their care and promoted a culture that supported people to achieve their aspirations and dreams.

- Staff told us the provider had instilled a culture of a shared passion and drive to help those who want to live more independently develop the skills and opportunities to achieve this. One said, "The management team thrives on improving all the time and ensuring the culture of the service is to always value people". This was reflected in feedback from health care professionals, one said, " individuals always progress" and "support reflects individuals preferences". People's care records and our observations during inspection confirmed this.

- For example, in direct response to feedback received from people about their aspirations to live more independently the provider purchased the property next door. The property was developed into a supported living service that enabled people to achieve their dream of living in their own home whilst still maintaining their established support network and friendships at Baronsmede. As a result of the positive outcomes experienced by people the provider has continued to actively promote more opportunities for people to move into independent living. A person who had been supported to live independently told us "[providers name] is lovely and absolutely perfect, she is very good at what she does and [managers name] is the best. They have helped me get a job and with my independence skills. They are kind, caring and friendly".

- The provider was exceptional at supporting people to achieve goals and live fulfilling and enriched lives. One person had fed back during their most recent review how busy they were with all the opportunities available to them. People's life experiences were captured in the organisations quarterly newsletter which showcased people's personal attainments and experiences. People were actively involved in the development and publication of this by including their own personal stories and photographs. One person told us they had recently designed the front cover and they were very proud of this. They also told us they were undertaking a computer based course, so they could be more involved in writing the newsletter. Relatives told us this newsletter demonstrated the passion and team spirit of the staff to enhance people's lives and life opportunities.

- A staff member told us "we absolutely make sure people are involved throughout the development and review of their care and this is 100% imbedded in our practice". One person had been supported to follow

their interest of history by joining a heritage group and regularly visited National Trust properties and historic London landmarks. Another person told us how their review had help then to plan a particular culinary experience which they said had been great fun. A health and social care professional said of one person "I have watched [name] flourish with the support staff have offered and she is now looking at a more independent support package"

- There was a strong culture of community involvement and inclusion. Staff strived to ensure people had an improved quality of life by forming active and valued community connections and friendships. The registered manager and staff had a good understanding of how this could be achieved for each person. The provider had forged close links with local work places and shops and people had been successful at attaining work skills and employment through these.

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

- Staff worked together as a team and pooled their knowledge and ideas to achieve the best outcomes for people. An example of this is when a person was supported to have a medical procedure in hospital. Staff worked innovatively with the person and hospital staff to ensure this was achieved with the minimal distress and anxiety for the person. This had involved regular visits to the hospital in advance of the procedure to familiarise the person with the environment. Staff had used the knowledge of the person to implement desensitisation techniques which involved explaining the procedure through an object of reference (soft toy) that was important to the person. The planning and techniques adopted by staff and the medical team ensured that the medical intervention was successful and caused minimum anxiety to the person

- People were supported to establish a presence at local craft markets where they sold their handmade products. People told us they really enjoyed working alongside other local traders and these events were important in developing their skills for employment and community connections. A volunteer told us it was through these community connections that they had become involved in the service. They told us "I was so impressed with the way people were supported to live fulfilling lives, I wanted to become part of it".

- The provider ensured that there were consistently high levels of engagement with people. Regular feedback was sought from people who lived in the service through surveys, residents meetings, keyworker engagement and reviews of their care. Information gained was used to drive improvement within the service and the wider organisation. People told us they felt listened to and had experienced positive outcomes as a result of open and honest communication with the provider such as becoming more involved in the community carnival. This had been achieved with great success and in partnership with local community organisations, volunteers and relatives.

- People received exceptional support to fulfil their wishes to become involved in community projects and fundraising events. People had a passion for raising money and supporting local charities and staff worked with them to achieve this. Proceeds raised from their carnival float had been donated to a local charity and had been boosted by staff undertaking sponsored events.

- Relatives spoke very highly of the registered manager and provider and recognised the positive impact they had on people living at the service. Feedback from relatives included "There is strong leadership, and nothing is too much trouble. The registered manager knows my son so well, I could not ask for a better manager or owner". Another said, "it's exceptionally well run, it gives me such peace of mind to know [name] is so well cared for, every time I leave the service I think to myself yes, yes, yes, I know [name] is in the right place and that is so reassuring when you are a parent".

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

- There was a strong governance framework in place, with clear lines of accountability and processes to drive quality. The registered manager and provider had an exceptional oversight and knowledge of the day

to day management of the service. Quality assurance checks were undertaken regularly including checks on people's medicines, care plans, finances and monitoring the care being delivered. The providers quality assurance framework was effective at driving improvements forward and processes reflected best practice guidance.

- There was a robust process to ensure issues identified through quality assurances monitoring and audit were cascaded to the team and prompt action was taken to address these. During inspection we observed a significant concern raised being raised about a person medical device. We observed the person communicating using signs and pictorial symbols as to how the incident may have occurred. This had been effectively communicated to all staff in a short space of time and processes followed to ensure the registered manager and provider were fully aware. Steps were taken to resolve the issue promptly and in conjunction with medical professionals, the person and their family. This was achieved before the end of our inspection.
- There was a clear organisational structure in place and strong provider oversight of the service. The registered manager demonstrated an in-depth- knowledge of people's needs and the needs of the staff team. The registered manager was respected and supported by their staff team and people's families knew both management and staff well.
- The staff team worked effectively together and were truly focused on meeting the needs of people. Care records and our observations of the care and support provided demonstrated this. This was driven by the exceptional leadership of the service. The registered manager ensured staff had a clear understanding of their roles, responsibilities and contributions to ensuring a truly person centred service. Staff told us they received regular and constructive 1-1 supervision sessions and appraisal. The registered manager and provider gave open and honest feedback to staff and this led to improvements in care.

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

- The registered manager had an open-door policy. Staff confirmed they always felt able to speak to any of the management team. Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission. When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt. Feedback from a healthcare professional reflected a stable management team who led the team well and always kept them updated. They described the management of the service as "dependable".
- The registered manager had a strong commitment to being open and transparent with people, families and relevant bodies at all times, especially if anything went wrong. One relative told us they appreciated the transparency, openness and honesty of the provider. They said, " I cannot tell you enough how reassuring it is as a parent to know that the provider is 100% committed to my relative ," and " by working together [relatives name] is safe and has a wonderful life , I could not ask for any more, I really couldn't." Feedback from healthcare professionals outlined a "truly open and transparent culture which focused on effective communication." Our observations and records held within the service demonstrated this focus was understood and valued by staff.

Continuous learning and improving care

- The provider was totally focused on improving the quality of the service through the skills and knowledge of staff. There was a proactive culture of learning and development and the registered manager and provider were described by staff as "totally inspiring" and "exceptionally supportive". Staff told us they received an enormous amount of support and encouragement to develop their skills and had opportunity to undertake qualifications in care. One staff told us the support and opportunities made available to them had enabled them to progress their role and take on extra responsibilities. They told us they felt hugely valued by this. One said "The provider saw something in me and invested in my career. I now have care

qualifications and a role with team responsibilities." This investment in staff has impacted positively on people living at the service. Staff turnover is low which has enabled people to be supported by a consistent staff team who know them well. Relatives told us that people's lives had been enriched by the close relationships and trust they had developed with familiar staff.

- The provider routinely engaged with people, families and staff and valued their experts in the continuous development of the service. Satisfaction surveys were sent out to stakeholders and there was a process for analysing, sharing and acting upon feedback. The provider had used a third party to send out the most recent survey to stakeholders and was waiting for the outcome of these. This ensured an impartial approach to seeking feedback and ensured a robust analysis of data received.
- The registered manager and staff worked in partnership with other professionals and community groups. They attended provider forums and registered manager network groups. Information was shared through team meetings and where new ways of working had been introduced these were reviewed through discussions at team meetings and the providers quality assurance processes