

# Baronsmede Support Services Limited

## The Old Haybarn

### 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?	Outstanding ☆

# Summary of findings

## Overall summary

### About the service

The Old Haybarn is a converted residential care home providing accommodation and personal care to six people with a learning disability. The service can support up to seven people.

The service was exceptionally well-led. The registered manager's dedication to a person led approach to supporting people provided a positive model for all the staff. The registered manager and their staff team were passionate and committed in placing people at the heart of the service. Furthermore, the service and the people who lived there played an important and prominent role in the local community. This innovative and well-planned approach to engagement with the public had raised awareness of the service and the people who lived there. This in turn had helped develop people's skills, knowledge, confidence and understanding.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning and physical disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

People received personalised care and support specific to their needs and preferences. This had been effective in supporting people to achieve their goals and aspirations and encouraged more freedom for people to learn and grow as individuals. This in turn, had led to people becoming more confident and having fulfilling lives.

People told us they were happy with the care and support they received at The Old Haybarn. Comments from people, their relatives were positive.

People's needs, and wishes were met by staff who knew them well and were passionate about people's independence. People were respected and valued as individuals; and empowered as partners in their care.

Typical of people and relatives' comments were, "I'm happy, I love it" and "[My relative] is thriving, he's doing so well".

People were supported by staff who were kind and caring and who maintained their dignity and privacy and treated them with utmost respect. People were fully involved in the service and had opportunities to give feedback. People told us how they were treated with kindness and respect. We saw there was a positive atmosphere and engaging interaction during our visit. Feedback about the registered manager was exceptionally positive and staff felt very well supported. Staff were well motivated and very proud of the service, and morale was very high.

People felt safe and staff were aware of how to promote people's safety. Regular checks were in place to ensure staff worked in accordance with training and health and safety guidance adhered to. The environment had plenty of communal space for people to enjoy. People enjoyed the activities that were provided, staff told us there were many opportunities for people to go out and people were living fuller lives.

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](http://www.cqc.org.uk)

The last rating for this service was Good (published 9 May 2017). At this inspection the service has remained Good.

#### 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?

Outstanding ☆

The service was very well led.

Details are in our well led findings below.

# The Old Haybarn

## 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:

The Old Haybarn 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 who was registered with the Care Quality Commission. A registered manager 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 announced. We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

During the inspection

We spoke with four people living at the service and two relatives over the telephone about their experience of the care provided to their loved ones. 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 spoke with the registered manager, the deputy manager, a tutor and two care staff.

We reviewed a range of records. This included two people's care records and activities plans. We looked at two staff files in relation to recruitment, and a variety of records relating to the management of the service, including policies and procedures and audit documentation.

# 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.

### Assessing risk, safety monitoring and management

- People had their individual risks assessed, such as accessing the community and medication. Staff were aware of individual risks and we saw them working safely.
- People received the appropriate support in relation to safety and the registered manager gave clear guidance for staff and checked on their performance.
- There were systems in place to manage fire safety. Staff had a good understanding of what they needed to do in the event of an emergency.
- Accidents and incidents were reviewed for themes and trends. The reviews checked that all remedial action had been taken and this included referrals to specialists as needed.

### Using medicines safely

- Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely.
- Medicine risk assessments were completed to assess the level of support people required.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

### Systems and processes to safeguard people from the risk of abuse

- We saw people were comfortable to approach staff and were relaxed in their company. People and relatives also told us that they felt people were safe. One relative told us, "It's a great relief to me to know that [my relative] is there, they look after him ever so well".
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

### Staffing and recruitment

- Our observations showed there were enough staff to meet people's needs. People and relatives agreed there were enough staff. One relative said, "I know the staff, they are always there on shift".
- Staff said there were enough staff and this meant that they were able to spend time with people doing one to one activities and taking people out. A member of staff said, "We get time to be with the residents and get to know them".
- On the day of inspection, we saw that people received support in a timely manner and staff were able to spend time with people.

- People were cared for by staff that the provider considered safe to work with them. Prior to staff starting work their identity was confirmed and their previous employment history gained. Security checks ensured that staff were suitable to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

#### Preventing and controlling infection

- People were protected by the prevention of infection control. The service was clean and staff had good knowledge in this area and had attended training. The provider had detailed policies and procedures in infection control and staff had access to these and were made aware of them on induction.

#### Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- Systems were in place to record specific details and any follow up action. This information helped staff to prevent a re-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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The building had been designed in a way that allowed people to move around freely. There were ample internal and external communal areas for people to use. Bedrooms were personalised and were age appropriate for the people who used them.
- The provider has also adapted a communal area in the service into a theatre with a stage to conduct plays and events. Furthermore, specific learning areas were set aside where people received tuition from tutors.

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

- People had their needs assessed prior to moving into the service to ensure their needs could be met. Any plans and equipment needed were in place when people arrived. Plans were then further developed as staff became familiar with people's needs, choices and preferences.
- Staff were kept informed of what was expected of them and this was checked at meetings and during the management teams' observations.

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

- People enjoyed a varied and balanced diet. One person told us, "The food is great, I love spaghetti". We saw that some people had assisted to prepare and plan their meals. We observed people eating lunch and enjoying their food. Dietary needs were known by staff and this included any allergies and preferences.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with the local authority to help ensure people received safe and effective care. There was good communication between staff and professionals to help ensure people's needs were being met consistently.

Supporting people to live healthier lives, access healthcare services and support

- People had regular access to health and social care professionals. We saw that when needed referrals were made to specialist healthcare teams, such as GP's and social workers.

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff were trained for their role. One relative told us, "They all have a great understanding of [my relative's] needs, they are all very good".
- Staff had received training and they told us they felt equipped to carry out their role. A member of staff said, "The training we receive is good and [registered manager] is always updating it".
- Staff said they felt supported and had one to one supervision meetings. Staff told us that they completed

an induction and shadow shifts before starting work on their own.

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.

- People had their capacity assessed for relevant decisions, and best interest decisions were recorded appropriately. The team acted in the best interests of people and respected their choices and understood the role of relatives with power of attorney.
- We noted that staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do.
- DoLS applications had been made and people were being supported in the least restrictive way.

# 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.

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

- People and their relatives were involved in planning and reviewing their care. Relatives told us that staff contacted them about any changes if appropriate.
- Care plans included a record of people's involvement and were written in a way that was accessible to both people and staff.
- People were routinely offered daily choices around what they wanted to do and how they wanted their care delivered. A relative told us, "[My relative] can choose whatever he wants to do, and they support him".
- Staff asked people before supporting them. For example, if they wanted to take part in an activity, or if they would like a drink or something to eat.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. A relative told us, "[My relative] is thriving, he's doing so well". A member of staff added, "We build their confidence and teach them independence to do things for themselves".
- People were encouraged to do things for themselves, such as planning activities, food, meal preparation and day to day tasks around the service.
- People's privacy and dignity was protected. Staff were aware of the need to preserve people's dignity. We were given examples of staff respecting people's alone time and their space.
- Records and personal information were held securely to promote confidentiality.

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

- We heard and saw staff being attentive and reassuring to people.
- Staff engaged with people frequently and spent time with them. The atmosphere in the service was light and cheerful and people had developed positive relationships with staff who knew them well.
- People and relatives told us that staff were kind and respectful and we saw this during the inspection. A relative said, "The staff are beautiful people, I can't praise them enough".

# 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.

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

- The registered manager and staff encouraged and supported people to achieve their goals and aspirations. People were engaged in a diverse range of activities. For example, the provider produced many regular shows that were performed in their own in-house theatre. People were taught and coached in making scenery and props, performing as actors and promoting the shows to the local community.
- Staff also used their links and interest in equestrian sports to support people to develop links with a local horse-riding charity. People had been supported to learn to ride horses and also to compete in horse and carriage riding competitions. Several people at the service had developed their skills at carriage riding and had competed at competitions.
- We saw a range of activities on offer which included, music, arts and crafts, exercise, trips to local cafes, pubs, restaurants and theatres, bowling, curling, film nights and swimming. The registered manager told us that all suggestions for activities and hobbies were listened to and facilitated to the best of their ability. One person told us, "I like going out, we go to the theatre and the pub". A relative said, "I am so lucky [my relative] is receiving these opportunities. He's accepted, he learns new things and has fun".
- Technology was used to enhance people's independence. People had computers, tablets and interactive devices to play their own music and TVs, ask questions and play games. This enabled people to do things for themselves, without needing to ask for staff support.
- We saw that people were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans. A relative told us, "They support [my relative] to go to church".

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

- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These were in easy read format and included, people's preferences around what they enjoyed doing during the day and their clothes and personal grooming.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

#### End of life care and support:

- The service had experience of providing end of life care to people and also supporting the emotional wellbeing and understanding of other people living at the service.
- Sadly, a person living at the service had recently passed away. The registered manager explained how time had been given to people to express how they felt and whether there was anything they wished to do to commemorate their friend.
- We saw people were being supported to attend the funeral and had contributed to a eulogy and remembrance event that was being held.

#### 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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw evidence that the identified information and communication needs were met for individuals. Staff ensured that where required people's communication needs were assessed and met.

#### Improving care quality in response to complaints or concerns

- The procedure for raising and investigating complaints was available for people in easy read format, and staff told us they would be happy to support people to make a complaint if required.
- Systems and processes we saw showed that complaints would be responded to appropriately.

## 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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

#### Working in partnership with others

- Staff in the service had developed and promoted positive working relationships with social care staff, advocates and health care professionals. However, the promotion, engagement and involvement with the public and local community had integrated people, their families and the service into everyday life. This outstanding practice of participation in the local area and its events had significantly increased people's confidence, skills and wellbeing, and had also assisted to educate the local community about the service and the conditions of the people living there.
- For example, the registered manager regularly produced shows to be performed at the in-house theatre that were attended by the public. We saw that members of the public had helped people to make props and scenery for the shows, including a spitfire aeroplane for the upcoming show about remembrance. Furthermore, the registered manager had created links with the local air cadets and people and the cadets had taken part on a float at the local carnival. People wore military uniforms and promoted their show, making friends with the cadets and others. A relative told us, "The carnival was brilliant, everyone was so happy and smiley, they are accepted and that is so important. They have so many friends. All my son wants is friends like everybody else".
- It was important for the registered manager to raise awareness to the public about people with a learning disability and therefore members of the public were involved or invited to events at the service. People living at the service were regularly supported to access the local area socially and had a strong community presence. The registered manager told us, "We want to be visible, it's so important to educate the public to not be scared of people with a learning disability. We are a big part of this community, we want people to come and see us".
- People enjoyed being involved with the shows and local events and said it was a positive and creative experience for them. Staff told us this was improving the lives of people who used the service and promoting their independence and wellbeing. It was clear this was the case, and people received outstanding outcomes in respect to their quality of life, learning and playing an active part in their community.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:

- The registered manager and staff demonstrated exemplary person-centred practice. The registered manager was particularly well qualified for their role. They supported the service to continually focus on and improve the outcomes people were achieving. They kept up to date on best practice and shared learning from and with other similar services to look for ways they could improve the service for people. The high quality of leadership was reflected in the real pride staff took in their work.

- The registered manager had been involved with and featured in the 2017/2018 Parliamentary Review of Care. The Old Haybarn and the registered manager were featured in the Parliamentary Review for the standards of care, the leadership they delivered and their understanding of the care sector. The registered manager stated within the review, 'I have a high visible presence within my organisation and spend time with each staff member to ensure they understand my vision, and the part they can play in relation to this'. It was clear throughout our inspection that this was the case. A member of staff echoed this, they told us, "We all buy in to [registered manager's] ethos and vision. We all follow her lead, she consults us and the residents on all decisions, so that we're all involved".
- People's regular feedback was routinely looked at, as well as what had been achieved and what did not go so well. This kept a very effective dialogue between people using the service, and the staff and managers and fostered a very open, learning and person led culture. A member of staff told us, "Through ongoing dialogue, we can adjust, increase or reduce care to promote people's independence and learning".
- The registered manager made sure the values and aims of the service were very strongly influenced by the people who used it. These included promoting people's values and human rights and acting upon people's views on how the service should be run, as well as promoting and respecting each person's individuality, choices and beliefs. For example, people were consulted in the layout of the service, their feedback was they would like parts of the service to be alone in, so that individual quiet areas were developed. There was also a clear written set of values that staff were aware of, displayed in the service, so that people would know what to expect from the care delivered.
- We received positive feedback in relation to how the service was run, and our own observations supported this. A relative told us, "I see the manager all the time, she is incredible. In fact, incredible doesn't really cover it for all they have done for my son". Staff commented they felt supported and had a good understanding of their roles and responsibilities. One member of staff told us, "[Registered manager] is there for us, we can contact her at any time. The ethos here is different to anywhere I know, this is a place to be with friends".

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

- The 2017/2018 Parliamentary Review of Care stated how the registered manager involved people and staff in changes and developments at the Old Haybarn.
- Feedback was encouraged and acted on it to continuously improve the service. For example, independent surveys were undertaken with all the people who used the service and those important to them. The registered manager gave us examples of these changes made in light of feedback from the surveys, which included amending staff shift patterns to meet people's recreational needs.
- People and relatives were also involved in the recruitment, selection and training of new staff at the service. For example, several people working at the service had direct experience of living with people with a learning disability through a family member. Other staff were selected on areas of interest they had which matched with people living at the service, such as horse riding and horticulture. These interests were used to enthuse and empower people to take up exciting and challenging activities.
- A regular colour newsletter was produced, which celebrated people's achievements and was enjoyed by people, their families and staff. A relative told us, "The newsletter is brilliant, to see all the opportunities they are getting and to be regularly updated about everything is delightful, I love receiving it".
- We saw that people were involved in developing the newsletter and submitted pictures of themselves enjoying activities and living happily with friends. It was clear people enjoyed seeing themselves and their friends in it. It was clear from the many pictures and stories in the newsletters that people had very rich and fulfilling lives. This was because the service was exceptionally good at supporting people to fulfil their goals, aspirations and lifetime ambitions, which led to them growing in confidence, self-esteem and independence.
- We saw that people were treated as equal and as individuals, and with the utmost respect. All the feedback received from people, their relatives was exceptionally positive. People's comments included, "I speak to the

staff, they know me and listen" and, "We all talk about everything". People were very happy with the service and actively encouraged to live their lives to the full, which had a very positive impact on them.

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

- There was a distinctive, positive culture within the service, introduced by exceptional leadership and implemented by a staff team who were extremely passionate and motivated about achieving the best outcomes for people. This was clear to see throughout our inspection.
- There was organisational oversight of the service and the registered manager regularly reviewed the quality of the service provided, including people's specific goals and developments.
- A programme of effective quality assurance and checks was in place. Audits gave clear actions for staff to take and where improvements were identified there was evidence that discussions took place and if necessary further training and support provided. These checks helped to sustain quality and drive improvement.
- The provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.

Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing. Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "This is the most open and transparent company to work for that I have known. We can talk about anything, we have a trust and understanding in each other and the people who live here. We are all aware of what we need".
- Up to date sector specific information was made available for staff including details of specific conditions, such as autism, to ensure they understood and had knowledge of how to assist 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

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.