

Leonard Cheshire Disability

Barnett Wood Lane - Care Home Learning Disabilities

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Barnett Wood Lane provides accommodation and personal care for up to six people who have a learning disability or autistic spectrum disorder. Three people had a sensory impairment, and one was living with the experience of dementia. The home had been well adapted to meet people's needs, such as having shower rooms for people to avoid the use of a hoist for having a bath, doorways being clearly marked and signed, and flooring being free from complex patterns, or shiny surfaces that may confuse people. Although adaptations had been made around the home, it still felt homely and individualised to the people that lived here.

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

The inspection took place on 16 February 2016 and was unannounced. At our previous inspection in September 2013 we had identified no concerns at the home.

There was positive feedback about the home and caring nature of staff from people and relatives. One relative said, "Staff are all fantastic". An advocate said, "They take into account residents views and make a great effort to make sure they enjoy life. It's very residents focused." A comment from a psychologist read, "I can honestly say that the care that (registered manager) and her staff provided to (resident) was the most outstanding I have ever witnessed."

The registered manager had established a culture in the home that put people at the centre of the home. The registered manager was not present at the time of our inspection. However the staff were aware of, and understood, the high standard of care expected by the registered manager and ensured that they adhered to this despite her absence at the inspection. They were confident and knowledgeable in their ability to support and care for people and their passion for supporting people live a fulfilled life was evident throughout the inspection.

The staff were exceptionally kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff holding people's hands and sitting and talking with them. Staff went out of their way to make sure people enjoyed life, or support them through times of illness. People were relaxed and happy with the staff and it was clear that caring relationships had developed between them. People could have visitors from family and friends whenever they wanted.

People were safe at Barnett Wood Lane. Although there was a small staff team there were sufficient staff deployed to meet the needs and preferences of the people that lived there. An advocate said, "They cover the home well." The staff team had worked at the home for many years and were very positive about their enjoyment of the job and the people they support.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. Staff worked on the premise of how people could be supported to do fun, but risky activities, rather than trying to stop people doing things they liked due to 'health and safety'. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building, in a format people could understand. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff were heard to ask people for their permission before they provided care, and give people as much control over their lives as they were able, such as managing their own monies.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had a good choice of food and drink available to them. People could choose the meal they wanted, when they wanted it, and took part in making it. People received support from staff where a need had been identified. Specialist diets to meet medical or religious or cultural needs were provided where necessary, and staff had investigated how people could still have their favourite drinks where a risk from choking had been identified.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health was seen to improve due to the care and support staff gave.

Care plans were based around the individual preferences of people as well as their medical needs. People were really involved in their care plans, with some writing their own reviews. A relative said, "They involve him in everything and it feels like his home". Plans were in a format that best suited the person they were for. They gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans. Details such as favourite foods, recorded in the care plans matched with what we saw on the day of our inspection.

People had access to activities that met their needs. Many of the activities were based in the community giving people access to friends and meeting new people. The staff knew the people they cared for as individuals.

People knew how to make a complaint. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. No complaints had been received since our last inspection. Staff knew how to respond to a complaint should one be received.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. Records for checks on health and safety, infection control, and internal medicines audits were all up to date. Accident and incident records were kept, and would be analysed and used to improve the care provided to people should they happen.

People had the opportunity to be involved in how the home was managed. Regular house meetings took place to give people a chance to have their say. Staff worked with people to bring to make improvements to the home, even giving up their own time to do this. Surveys were completed and the feedback was reviewed, and used to improve the home and the people's experience of living there.

People had a very positive experience living at Barnett Wood Lane. They were supported by staff that really enjoyed their job; who ensured that people lived in a safe home; which gave effective care; by caring and passionate staff; who responded to people's needs and really involved them in their care and support. The registered manager gave an outstanding level of leadership to make people's lives happy and fulfilled.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

There were enough staff to meet the needs of the people.

Staff understood their responsibilities around protecting people from harm and abuse. People were supported to take part in risky activities they wanted to do.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

People's medicines were managed in a safe way, and were involved in the process. People had their medicines when they needed them.

Is the service effective?

Good ●

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had a good choice of food available to them. They had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Staff were caring and friendly. We saw excellent interactions between staff and people that showed great respect and care.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported. Staff went out of their way to give people a good life.

People were supported to be independent and make their own decisions about their lives. They could have visits from friends and family whenever they wanted.

Is the service responsive?

Good ●

The service was responsive.

Care plans involved people and gave detail about the support needs of people. Care plans were in a format that individuals could understand. People were very involved in their care plan reviews.

People had access to a good range of activities that matched their interests. People had active social lives and good access to the local community.

There was a clear complaints procedure in place. No complaints had been made since our last inspection. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Outstanding ☆

The service was very well- led.

The home was focussed on the needs of people that lived here. The registered manager was a role model to staff and made sure that the visions and values of the home were known and followed to ensure people received an outstanding level of care.

Staff felt supported and able to discuss any issues with the manager. Staffs achievements were celebrated and recognised by the manager. This made a happy staff team who enjoyed working with and supporting the people that lived here. The registered manager also kept her skills up to date by mentoring students at a local university.

People and staff were involved in improving the home. This involvement gave people a real sense of being involved in how

their home was managed. Staff gave up their own time to help achieve the improvements people suggested. Feedback was sought from people via an annual survey.

Quality assurance records were up to date and used to improve the service to people.

The registered manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

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Detailed findings

Background to this inspection

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

This inspection took place on 16 February 2016 and was unannounced.

Due to the very small size of this home the inspection team consisted of two inspectors who were experienced in care and support for people with learning disabilities.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

We spoke with four people and talked with them to find out about their experiences living here. We observed how staff cared for people, and worked together. We spoke with one relative, an advocate (an independent person who helps people make decisions) and three staff. We also reviewed care and other records within the home. These included two care plans and associated records, two medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

At our previous inspection in September 2013 we had not identified any concerns at the home.

Is the service safe?

Our findings

People consistently told us that they felt safe living at Barnett Wood Lane. One person said, "I am happy here." A relative said, "It feels safe and I've had no issues."

People were protected from the risk of abuse. A relative said they would feel very comfortable going to the registered manager if they had any concerns. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs that abuse may be taking place, such as a change in a person's behaviour, becoming withdrawn, or more aggressive. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Team or police should be made. Staff knew about whistleblowing and felt confident they would be supported by the provider.

There were sufficient staffing levels to keep people safe and support the health and welfare needs of people living at the home. An advocate said, "They cover the home well." People were well supported by the staff, who were always there if they needed help during our inspection. The registered manager reviewed people's support needs before they moved into the home to ensure staffing levels would be sufficient, so that the people who already live here would not be affected. During our inspection people were well supported by staff, and staff were always available if people needed help. When a person's support needs had increased the registered manager changed the staff work pattern from a 'sleep in' night support to 'waking night' in response to this person's needs. They were also considering adding further night time staff as a new person was coming to live at the home in the coming weeks.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information would be reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed.

People were kept safe because the risk of harm from their health and support needs had been assessed. People were not restricted from doing things they liked because it was too 'risky'. Staff showed a good understanding of assessing hazards; with insight into the likelihood and severity of the risk, whilst enabling people to take part in risky activities, such as horse riding. A plan was in place to manage risks associated with this activity, which the person had been involved in writing. The instructions on how to stay safe when horse riding were written so the person could understand, and were clear, concise and used pictures.

Assessments had been carried out in areas such as nutrition and hydration, and mobility support needs. Measures had been put in place to reduce these risks, such as specialist equipment to help prevent falls. Risk assessments had been regularly reviewed with people to ensure that they continued to reflect people's needs. Staff were able to describe the guidelines for people to keep them safe. One person had recently suffered a seizure and the actions staff described they had taken were in line with the risk assessment.

Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, fire safety and waste disposal. Staff worked within the guidelines set out in these assessments. Equipment such as hoists used to support people were regularly checked to make sure they were safe to use. Fire safety equipment was regularly checked to ensure it would activate

and be effective in the event of a fire.

People were cared for in a clean and safe environment. The home was well maintained, although we did note that there was an unpleasant smell coming from the drain in one person's en-suite shower room. The staff had already identified this issue and placed a request to have the drains checked. The risk of trips and falls was reduced as flooring smooth, free of clutter and in good condition. The home had been well adapted to meet people's mobility needs, such as having shower rooms for people so they did not need to be hoisted into a bath. Adaptions had also been made to meet the needs of people living with dementia. Doorways were clearly marked and signed, and flooring was free from complex patterns, or shiny surfaces that may confuse people. Although adaptations had been made around the home, it still felt homely and individualised to the people that lived here.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. The signage on the walls detailing the procedure in the event of a fire alarm included a very clear, easy read version for people living here. People's individual support needs in the event of an emergency had been identified and recorded by staff in fire evacuation plan. These gave clear instructions on what staff were required to do to ensure people were kept safe. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely. People were involved in their medicines management as much as possible. One person's care plan gave clear and personalised instructions including that they liked to prepare their own drink for taking tablets. This happened on the day of our inspection.

Staff that gave medicines to people received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine, such as paracetamol, there were guidelines in place which told staff when and how to administer the pain relief in a safe way. Where medicines were altered to make them easier for people to swallow the GP had been involved and alternative methods had been sought. Staff had a good understanding on how altering the medicine could affect its effectiveness.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use. Where minor errors had been made, the provider and registered manager had taken appropriate action to reduce the risk of this happening again, such as discussing at team meetings and providing further training.

Is the service effective?

Our findings

People were supported by well trained staff that had sufficient knowledge and skills to enable them to care for people. The induction process for new staff was robust to ensure they had the skills to support people effectively. Staff received regular ongoing training to ensure their skills were kept up to date and to ensure they could meet people's specific support needs. One person had swallowing difficulties and staff had ensured that their training on choking has been updated;

Care workers showed good knowledge of dementia awareness both in discussion and with how they assisted people. They were observed talking to the person and telling them what was happening and interacted with them throughout the day in a calm and patient manner.

Staff were effectively supported. Staff told us that they felt supported in their work. Staff told us they had regular one to one meetings (sometimes called supervisions) with the registered manager. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff told us they could approach management anytime with concerns. Supervisions were carried out in accordance with the provider policy, and staff also had appraisals to set out their objectives and goals for the coming year.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. Where people did not have capacity, relatives with a Power of Attorney confirmed they were consulted by staff and involved in making decisions for their family member.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff asked for people's consent before giving care throughout the inspection. One person was supported to manage their own money. A mental capacity assessment regarding financial decisions was in place, with a record of a best interest's decision about how their money would be managed in the least restrictive way possible. Staff's support of this person on the day showed that this was adhered to and put into practice by informing the person about their money, along with giving them small amounts that they could spend.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the

Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. People were involved in choosing and making the food they ate.

People's special dietary needs were met. People's preferences for food were identified in their support plans. Records of special diets, such as people on soft food diets, were detailed and people were seen to have these needs met. For example one person needed to have thickener in their drinks, but liked beer. Staff had found out that a particular thickener could be used in beer, so the person could have their drink safely. Menu plans, and food stored in the kitchen matched with people's preferences and dietary needs and showed they had the food they needed. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

Lunch was a lively and dignified event. People were able to choose where they would like to eat. People were supported by staff when needed and staff had friendly interaction with people during the meal and made it an interactive and positive experience.

People received support to keep them healthy. People had regular visits to the GP if they felt unwell (which happened on the day of our inspection). Each person had a health action plan in place. This detailed when they had check-ups, and how often these should be done. Where people's health had changed appropriate referrals were made to specialists to help them get better. Throughout discussions on the care people received, it was evident that people had strong links with healthcare professionals. Staff sought advice from health care professionals, such as the speech and language therapist with regards to swallowing. A local consultant psychologist with a specialism in dementia and downs syndrome had been working closely with the care home supporting one person who had dementia.

Is the service caring?

Our findings

We had very positive feedback about the caring nature of the staff from people, relatives and those that visited the home regularly. A person we spoke to was able to communicate that the staff looked after them well. A relative said, "I don't see them as staff, I can call upon them for anything." An advocate said, "They take into account residents views and make a great effort to make sure they enjoy life. It's very resident focused." They went on to say, "I am amazed at the things staff do for people, nothing seems impossible for them." A staff member said, "The people here are like my second family."

Staff were very caring and attentive with people. A relative stated that Barnett Wood Lane, "Is actually his home, he likes being there and is happy to return after he stays with us." Staff spoke fondly of the people they supported. During the inspection, staff engaged exceptionally well with people. Staff enjoyed sharing jokes with them and it was apparent that the people had a very good rapport with care staff. Throughout our inspection staff had positive, warm and professional interactions with people. They took time to sit and talk with people who responded well to this interaction with them.

An advocate told us that staff regularly went out of their way to make people happy and had organised outings that they knew people would enjoy. Staff had arranged a surprise for one person who had a keen interest in coaches. Staff surprised them by arranging a tour on a coach. This also involved a trip to the coach station to see how everything worked and meeting the coach company manager. Pictures showed the person sitting in the coach driver's seat pretending to drive. When we asked staff about this, they did not realise they had done anything out of the ordinary for the person, they felt they were just doing something nice for someone.

This positive and caring attitude continued when we pointed out areas of good practice staff had demonstrated over the course of the inspection. When the afternoon staff came in, the first thing they did was say hello to everyone in the home, and before placing their handbag down by a person they asked if it would be alright. We asked why they had done this and they said, "This is the person's home, why wouldn't I do this?" Acting in a caring and inclusive manner with the people they supported was second nature to them.

Staff ensured that people were always treated with dignity and respect, and thought of different ways to ensure their independence and involvement in the home was promoted. Throughout the day, people worked alongside staff in the running of the home. One person cleared the dining table, taking another person's plates through to be cleaned and staff thanked them. Later, staff and people all worked together to prepare a meal, with each performing tasks based on their strengths, with appropriate support and encouragement from staff. Another person enjoyed writing and staff had identified a way that they could incorporate this into their involvement in the running of the home. This person wrote the minutes from the weekly residents meetings. Staff described how they would write the notes and then assist the person to copy them into the designated book for these minutes.

Staff were patient and assisted people when necessary, to encourage maximum independence. One person

has conducted staff interviews with staff support giving them a sense of involvement and had been part of the decision making process. This person lives with Autism and at times isolated themselves in their room. The registered manager said, "We support and encourage him to get involved; increasing his confidence and promoting his independence. By promoting independence we decrease the dependence the person needs from us which gives the person choice, power and control over their life." When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy. Staff knocked on doors and waited for a response before going in. People had their own home keys and during the inspection one person unlocked the front door to allow staff in following a trip out. They also had keys to their own room and were able to lock and unlock their room as they wished.

People were given information about their care and support in a manner they could understand. Care records clearly identified behaviours to staff that may indicate the person was feeling anxious or upset and how staff should interact with them when they feel like this. The notes were pictorial and showed that the people had a lot of input into the notes, and that staff and health care professionals medical professionals had taken steps to ensure the person has been involved in decisions relating to their health and medicines. Care plans were written with the person, and they or a relative signed them to show this involvement.

People's rooms were personalised which made it individual to the person that lived there. One person had been able to decorate their room in a way which reflected their hobbies and interests. The room had photographs of family along with souvenirs related to their interests in football and horse riding. People's needs regarding their religious or cultural beliefs were met. Staff understood those needs and people had access to places of worship in the community so they could practice their faith.

The registered manager and staff were on the side of the people they supported. One person had not had a pleasant experience in hospital. The manager had pursued a complaint on behalf of the person and made sure that staff from the home visited the hospital to support the person during their stay. Staff cared for people even when they were not working at the home. People had discussed the possibility of fundraising for a sensory garden which would benefit people living in the home. This was to enable the people who lived there being able to use the garden more, and better meet the needs of people who lived with dementia. Three people took part in a fundraising walk as a result. The registered manager and two staff participated in the fundraiser in their free time showing a real commitment to the home and the people who lived there.

People looked well cared for, with clean clothes, and were appropriately dressed. The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner.

Staff were knowledgeable about people and their past histories. Most staff had been at the home for a number of years and as such had close bonds with the people that they supported. Staff were able to tell us about people's hobbies and interests, as well as their family life. This information was confirmed when we spoke with people and relatives, or when they showed us their bedrooms, as decorations and items matched with what staff had said.

Staff communicated effectively with people. Staff were able to assist people in communicating with us on the day of the inspection. It was clear staff understand how the people verbalised some things and also what hand signs meant. Throughout the inspection this was demonstrated with different staff and different people which showed strong communication links between people and the staff. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication.

Relatives and advocates told us they were free to visit when they chose to. An advocate said, "I am always made to feel welcome, they keep me updated and the staff have a really good rapport with the residents."

The caring nature of the registered manager and the staff was also demonstrated during end of life care. A healthcare professional wrote a letter to the service provider to nominate the registered manager for an award. The letter recorded, "The person centred plan care wasn't just a piece of paper the manager and staff lived that plan with the person ensuring every facet of it was implemented." They went on to write, "The looked for every opportunity to give the person experiences, and support that enhanced their quality of life." An example of this was shown when they noticed the person had been looking through their memory book at pictures of football games. The registered manager and staff then took the person to the person's favourite premier league team's stadium to watch an international match. This was done five weeks before the person passed, showing that they had been supported to experience life to the full.

The letter also praised the care the person received, "He was cared for in an exemplary manner until he passed away with the staff team and friends around him." The final comment in the letter matched with what we found, and emphasised the outstanding nature of care provided, "The registered manager still doesn't recognise that they are doing anything special."

Is the service responsive?

Our findings

We had positive feedback about how the home responded to people to give a truly personalised service. A relative said, "They involve him in everything and it feels like his home".

People's needs had been assessed before they moved into the service to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People and relatives were involved in their care and support planning. Care plans were written by the registered manager, and involved the person, their family, and health / social care professionals where ever possible. A relative confirmed they, or other family members were always invited to reviews of care meetings. They said, "I am always told about reviews, and are involved with my family member." A relative and an advocate were very pleased with the care and support given.

Staff described how care plans were regularly reviewed and how one person had decided what activities go into their care plan. For example, the person enjoyed ringing their father and a timetable was drawn up with times when they would call. The person was supported to use the computer to draw up care plans as they were written and also wrote invitations to their care reviews which were sent out to family members and professionals involved in their care. Plans within the file had been frequently reviewed with the person's input apparent. They had drawn up new plans when things had changed, adding the person's own pictures and decorations.

People's choices and preferences were documented and those needs were met. People had a great deal of involvement in choosing pictures in their care plan and ensuring that they were written in a way that was meaningful to them. There was detailed information about people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs, along with pictorial instructions as to what they need in order to participate in their care.

Care plans addressed areas such as communication, keeping safe in the environment, personal care, pain management, sleeping patterns, mobility support needs, and behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people. The care plans contained detailed information about the delivery of care that the staff would need to provide. Care planning and individual risk assessments were regularly reviewed with the person to make sure they met people's needs.

People had access to a wide range of activities, many of them based in the local community, to help promote their independence. One person has an interest in football and had been taken to see their favourite team play a number of times. Another person enjoyed bowling and baking cakes. They took part in these activities regularly and had been baking the day before the inspection. They also loved meatballs and had chosen the dinner for that evening and assisted in cooking it. People were going out on activities

throughout the day, and those that stayed home had activities such as games, listening to music or watching the television. The home had strong links with the church nearby. Staff described how during Christmas they decorated and donated a Christmas tree to the home. People living at the service also frequently attend events there such as a cinema the church ran and two people were involved in a scout group.

People were supported by staff that listened to and responded to complaints. A relative said, "If I had a problem, I could just call". There was a complaints policy. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. The complaints policy was in an easy to read format so it was suited to the needs of the people that live here.

There had been no complaints received at the home since our last visit. The manager and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone.

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived there, the staff and the registered manager. During the inspection the registered manager was not in attendance, but staff spoke very warmly of her and were able to give a very good account of how they met people's needs, their understanding of the procedures and how it was run in her absence. This was one of the outstanding aspects of the home as the registered manager had instilled a positive culture within the home so that it ran as well with or without her. Staff were confident due to the good systems and values put into place. We spoke to the registered manager by telephone on her return to work. Although she expressed disappointment at not being able to attend on the day, she stated she had complete confidence in her staff team that they would show an outstanding level of care and support to the people that lived there and we found this to be the case throughout the inspection. People's experiences, care and support were not affected by the absence of the registered manager, and staff were confident and knowledgeable of all aspects of the home and the people who lived in it.

A relative had praise for the way the home was run, citing good links with the registered manager but also stating that, "Staff are all fantastic." An advocate said of the registered manager, "She is a very good manager. She is on the ball and is there for the people and staff."

The values of the home include involvement, promoting independence, fairness, safety, dignity and respect. This was what we saw happen during our inspection. People received an outstanding level of care and support from passionate and dedicated staff and management. A compliment in the compliments and complaints booklet from a psychologist read, "I can honestly say that the care that (registered manager) and her staff provided to (resident) was the most outstanding I have ever witnessed." The letter went on to nominate the registered manager for an award in end of life care from Leonard Cheshire (the provider). Her outstanding commitment to providing a caring and well led home was recognised, resulting in her winning the award for 'her brilliant contribution to end of life care and exemplifying the values of the charity.'

The registered manager recognised and celebrated staff achievements. She had nominated them for awards both internally with the provider and externally with the local authority care awards. The positive attitude of the registered manager meant that staff retention at the home was excellent. Aside from one new member, most staff had been working there for many years. Staff described how often it did not feel like work and they had a lot of job satisfaction from working there and supporting the people. People could be assured of a stable staff team, who knew them extremely well, their needs and became friends. One staff member said, "It's like a family here." The positive and supportive relationship between the staff and the registered manager was also displayed by the fact that staff team had nominated her for an inspirational managers award with the service provider, Leonard Cheshire.

The registered manager took continual steps to keep her own training and learning up to date. In addition to maintaining her own learning disability (LD) nurse status, the registered manager had also mentored LD student nurses from Kingston University. Feedback from student nurses included, "Observing interactions between staff and service users taught me a lot more about care and compassion. It really opened my eyes"

and, "I felt I learned so much from my mentor (the registered manager) and her experiences." This helped the students and enabled the registered manager to keep abreast of the current best practice training provided at university level.

People who lived at the home also benefited from this. One student nurse had discussed the possible benefits to people of a sensory garden. The registered manager researched the benefits and looked at how the people could be involved, from fundraising to designing and purchasing the sensory plants and equipment. The fundraising was on-going and the garden was expected to be completed over the summer 2016.

The exceptional leadership and care provided by the registered manager and her team had been recognised by more than one healthcare professional. A consultant psychiatrist had been impressed how the registered manager had picked up the signs and symptoms of a mental health break down for one of the people she cared for which, coupled with the person having a learning disability, was not easy to identify. He asked her to participate in a video recording explaining how she had picked up the issue so quickly and the actions she took. This was used in a conference in Spain to other health care professionals to demonstrate best practice in supporting mental health for people with learning disabilities.

Although the registered manager was not present at the time of our inspection staff told us she was very 'hands on' and was always available to people and staff. They explained how she would observe care to ensure it was given to a high standard, and how she went the extra mile to ensure people and staff were supported in times of need. When a person was going through a period of mental health crisis, the registered manager had come in out of hours to support night staff and called early the next day to check they were alright.

People and relatives were included in how the service was managed. House meetings were held which gave people the opportunity to feedback to the management ideas and suggestions they may have. One person was responsible for recording the notes in the meeting log book. The person took great pride in showing us the record book which gave them a real sense of achievement and involvement in the management of the home. The registered manager ensured that various groups of people were consulted for feedback to see if the service had met people's needs. This was done annually by the use of a questionnaire. The responses were all very positive about the home.

Staff were involved in how the service was run and improving it. Staff meetings discussed any issues or updates that might have been received to improve care practice. The last meeting was very person focussed as it involved discussions around empowering individuals (supporting them to do, as opposed to doing for them) and gaining consent. Improvements to the home were also discussed, such as results of audits, feedback received and training staff wanted to do.

The registered manager also used the meetings as a chance to check staff's knowledge on aspects of care provided to people that lived there. The last meeting had included a knowledge check on safeguarding, the MCA and DoLS and how these impact people. On the day of our inspection staffs knowledge and practice on these subjects was excellent.

Records management was good and clearly showed how the staff supported people and kept them healthy and safe.

The provider was very involved in the home to ensure that people had a good standard of care. Areas of improvement within the care sector, or within the providers other homes, were shared to ensure consistent best practice and people received safe care from staff. Staff described how messages from the provider

always found their way to staff so they would be aware of anything they may need to change. One example was of how a recent choking incident resulted in the provider reviewing its choking policy. This was sent out and communicated to staff. Staff advised us that whenever new policies or procedures are released they are updated in a timely manner by management. One staff member advised that, "We will always hear if there is a problem at another service and we will receive updated policies."

Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as dignity in care, staffing levels, health and safety, and medicines. These audits generated improvement plans which recorded the action needed, by whom and by when. The provider responded quickly where possible issues were highlighted by staff in the audits. A concern with a fire door had been raised by staff during one of the checks, and the provider had quickly come out to assess the door to see if people were at risk (they were not).

Staff felt supported and able to raise any concerns with the registered manager, or the provider. Staff described feeling very supported and empowered by their manager. Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home.

People had a very positive experience living at Barnett Wood Lane. They were supported by staff that really enjoyed their job; who ensured that people lived in a safe home; which gave effective care; by caring and passionate staff; who responded to people's needs and really involved them in their care and support. The registered manager gave an outstanding level of leadership to make people's lives happy and fulfilled.