

Norwood

Pamela Barnett

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

Pamela Barnett is a residential care home registered to provide personal care for up to 16 people. The service provides care and support for people who live with learning disabilities and associated needs. The home is a large detached building situated on a village style development together with other similar care homes run by the provider. There are four self-contained flats and at the time of the inspection fifteen people were living in the home.

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

People experienced safe care and were protected from avoidable harm by trusted staff, who had completed safeguarding training and knew how to recognise and report abuse. Staff identified and assessed risks to people effectively and managed them safely. The registered manager ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs. Staff had completed a robust recruitment process, including their conduct in previous care roles to assure their suitability to support people living with a learning disability. People received their medicines safely from staff, in accordance with recognised guidance. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with the provider's policies and procedures, and government guidance.

Staff assessed all aspects of people's physical, emotional and social needs and ensured these were met. Staff were effectively supported to develop and maintain the required skills and knowledge to support people with complex needs associated with their learning disability. Staff emphasised the importance of eating and drinking well and reflected best practice in how they supported people to maintain a healthy balanced diet. Staff worked effectively with healthcare professionals to make sure care and treatment met people's changing needs and consistently achieved good outcomes. People's rooms were personalised to reflect their individuality and safe outside spaces with quiet areas accommodated family visits, including a sensory garden accessible to people who required support with their mobility.

People experienced caring relationships where staff treated them with kindness and compassion in their day-to-day care. People were supported to make decisions about their care and these choices were respected by staff. Staff consistently treated people in a respectful manner and intervened discretely to maintain their personal dignity. Staff knew how to comfort and reassure different people when they were worried or confused.

People experienced person-centred care, which consistently achieved good outcomes and had significantly improved the quality and longevity of their lives. People received information in a way they could understand and process, allowing for any impairment, such as poor eyesight or hearing. People were enabled to live as full a life as possible and were supported to take part in imaginative activities, which enriched the quality of their lives. People were supported to keep in touch with family and friends, which had a positive impact on their well-being. People knew how to make complaints and were confident the

management team would listen and address their concerns. The service worked closely with healthcare professionals and sensitively explored people's end of life care wishes.

The management team led by example and promoted a strong caring, person-centred culture where people and staff felt valued. Staff were passionate about their role and consistently placed people at the heart of the service, clearly demonstrating the caring values of the provider. The registered manager understood their responsibilities to inform people when things went wrong and the importance of conducting thorough investigations to identify lessons learnt to prevent reoccurrences. The governance structure ensured there were robust measures to monitor quality, safety and the experience of people within the service. Quality assurance was embedded within the culture and running of the service, to drive continuous improvement. During the pandemic, staff had used technical solutions to keep families up to date with events and activities going on in the home, which they found reassuring.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

New services should not be developed as part of a campus style development. Pamela Barnett was opened in 2008 prior to this guidance and has been the home of people for 13 years. At the time of inspection, the provider was completing a consultative process with all stakeholders, including people, their families, advocates and commissioners of care, demonstrating they were involved in the future development of the service. • Whilst the home was registered to support 16 people, the building comprised four fully self-contained flats with communal accommodation exclusive to the people living in the flat. Each person had dedicated keyworkers to ensure people experienced good continuity of care from staff with whom they shared a special bond. Relatives, health and social care professionals and commissioners praised the service for maximising the quality of people's lives, through the consistent provision of choice and control and supporting their independence. People, relatives and commissioners consistently told us they thought Pamela Barnett was the best place for people to be, who considered it to be their home and where they wished to stay. People consistently experienced person-centred, individualised care, which respected their privacy, promoted their dignity and protected their human rights. The provider and management team demonstrated a comprehensive understanding of the Mental Capacity Act. The values and inclusive culture of the service leaders and staff ensured people were empowered to lead enriched and fulfilled lives.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 July 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Pamela Barnett

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.

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

Inspection team

The inspection was completed by one inspector.

Service and service type

Pamela Barnett is a 'care home' without nursing. People in care homes receive accommodation and nursing or personal care as a 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 announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority, community professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed the

provider's website and used the information the provider had sent us in the provider information return. 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 12 members of staff including the registered manager, the operations manager, three assistant managers, four support workers, an agency support worker, the chef and the assistant chef. We spoke with a visiting health and social care professional.

We observed care during mealtimes, social activities and medicines administration rounds 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 records, medicine records and daily notes. We looked at three staff files in relation to recruitment, staff training and supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures, accidents and incidents and quality assurance audits.

After the inspection

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with ten health and social care professionals and eight relatives of people who lived in the home 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found risk assessments lacked the necessary detail to help keep people safe and did not always accurately reflect their current needs. Risk assessments had not been reviewed and amended on a regular basis.

At this inspection people's risk assessments were regularly reviewed and accurately identified and recorded people's changing needs and how to manage them safely.

- Since our last inspection staff had fully reviewed and updated each person's support plans and risk assessments, whilst transferring them onto a new format. People's support plans and risk assessments were reviewed monthly or whenever people's needs changed.
- Staff effectively identified and assessed risks to people. For example, people had comprehensive management plans to protect them from the risks associated with choking, seizures, pressure areas, malnutrition and falling.
- Staff understood people's risk assessments and the action required to keep people safe. We observed staff consistently deliver care in accordance with people's risk assessments, which kept them safe and met their individual needs.
- Assessment and monitoring records demonstrated that people received the support required to keep them safe, in accordance with their risk assessments and support plans. For example, in response to reports which identified respiratory disorders to be the most frequent cause of death for those with a learning disability, the service volunteered to take part in a local respiratory pathway trial. This led to the introduction of people's pulse rate and oxygen levels being monitored, to provide early indications of potential respiratory risks.'
- Staff shared information about risks consistently and accurately during shift handovers, staff meetings and one-to-one supervision, to ensure they were managed safely.
- Risks to people associated with their behaviours which may challenge others were managed safely to protect people and staff. We observed timely and sensitive interventions by staff preventing an escalation of such behaviour, ensuring people's dignity and human rights were protected, whilst keeping them and others safe. Any restrictions were minimised to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other needs.
- The environment and equipment were safe and well maintained. Relevant safety checks had been completed and documented. Where safety checks identified action was required, records demonstrated this had been completed as soon as practicable.
- Risks in the home were reviewed and there was a robust management process for monitoring and maintaining safety, such as fire, health and safety and infection control.

- People had individualised personal emergency evacuation plans (PEEP). The PEEPs provided essential information related to a person's mobility and ability to follow instructions, required to carry out a safe emergency evacuation process.

Recruitment and Staffing

At our last inspection the registered manager could not demonstrate they had always sought a full employment history from staff before they were appointed. We recommended the provider reviewed their recruitment policy and procedures to ensure they obtained full employment histories and evidence of good conduct in previous care roles from all prospective applicants.

At this inspection we found the provider's recruitment policy and procedures had been reviewed. Staff selection procedures were more robust and ensured only staff suitable to work with people living with a learning disability were safely recruited.

- Staff had undergone required pre-employment checks, which were documented in their records. These included the provision of full employment histories, checks to evidence the applicants' conduct in their previous employment in care roles and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Relatives, commissioners, professionals and staff consistently told us that staff retention was a strength of the service and people experienced good continuity and consistency of care from regular staff, who knew them well. For example, one staff member had transitioned services together with a person within the provider's care group for over 20 years, to ensure they felt safe with familiar staff they knew.
- The registered manager completed a staffing needs analysis, based on people's dependency assessments and commissioned hours. This ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely.
- At the time of our inspection the provider was reviewing people's commissioned hours of care, to ensure they were sufficient to meet people's needs and enrich the quality of their lives.
- Rotas demonstrated that sufficient suitable staff were consistently deployed, in accordance with the dependency tools and assessed staffing ratios, to meet people's needs safely.
- Staff and professionals told us there were always enough staff to respond when people required support, which we observed in practice.

Systems and processes to safeguard people from the risk of abuse

- Relatives and commissioners told us they felt confident people were safe. One relative told us, "I truly believe that [person] could not be in a safer, more caring and happier place than Pamela Barnett." Another relative told us, "[Person] is always enabled by his support staff, who work hard to maintain as much independence and autonomy for [person] as possible and their in-depth understanding of his disabilities ensure he always feels safe and supported by them."
- The service had effective safeguarding systems, policies and procedures and managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation. Thorough investigations were completed in response to any allegation of abuse to keep people safe from harm.
- Staff understood their role and responsibility to safeguard people from abuse. Staff knew the procedures to report concerns. They were able to describe various forms of abuse, as well as the protocol to follow. Staff consistently told us they would report to the local authority safeguarding team or the CQC if they felt the provider had not acted upon their concerns.

Using medicines safely

- People were supported to manage their medicines safely by staff who followed safe practices. For example, people received their medicines as prescribed, at the right time, in a way they preferred, in line with their medicine management plans.
- The provider had policies and procedures in place, which staff followed effectively to ensure medicines were managed safely, in accordance with current guidance and regulations. Staff were trained to administer medicines safely and their competency to do so was checked regularly.
- Some people who were not able to take their medicines orally had them administered via a percutaneous endoscopic gastrostomy (PEG) tube. PEG allows nutrition, fluids and medicines to be put directly into a person's stomach, bypassing the mouth and gullet. Staff were aware of the risks associated with medicine administration using PEG and people's individual protocols to mitigate these risks.
- We observed staff supporting people to take their medicines in a safe and respectful way. For example, people were asked if they were ready for their medicines by staff who took time to explain what was happening, providing continual reassurance throughout the process.
- The management team completed regular reviews of people's medicine management plans to ensure continued administration was still required to meet their needs. People's prescribed medicines had been reviewed annually, or more regularly when required, by their GP and other relevant professionals.
- When medicine errors had occurred, action was taken to protect people from harm. For example, immediate advice was sought from the GP and implemented. Thorough investigations were completed to identify measures required to prevent a future occurrence, for example; staff supervision and further training.

Preventing and controlling infection

- Staff understood the importance of food safety, including hygiene. We observed staff consistently preparing and handling food in accordance with required standards and practice.
 - Staff had been trained in relation to infection control and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene in the home. This was evident whilst staff supported people to maintain their individual medical devices but also in everyday care practice.
 - Relatives and professionals consistently told us the home was kept clean. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with the provider's policies and procedures. Cleaning schedules demonstrated that daily, weekly and monthly tasks had been completed, including enhanced cleaning of identified 'high touch' areas.
 - The service ensured that visitors to the home were carefully screened so that they did not present a risk to people in the home. Visitors had to complete a negative COVID-19 test and have their temperatures checked before being allowed entry to the service.
 - Each person living at Pamela Barnett had been vaccinated and a higher percentage than the national average of staff had been vaccinated against COVID-19. The provider's head of innovation had sensitively engaged with staff yet to vaccinate to explore their reasons for declining to do so.
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- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager had developed an open culture, where staff felt confident to report incidents. All accidents and incidents were recorded and reviewed daily by the management team, who took prompt action to implement any lessons learned. This meant the provider had taken necessary action to reduce the risk of further incidents and accidents. Incidents were also used as a way of measuring the impact of any intervention and as a measure of quality and safety.
- Staff told us they had no concerns reporting any incidents that took place and these were treated as learning opportunities to improve people's care. Staff received feedback about incidents and events that occurred in reflective practice sessions, team meetings and handovers. Staff were kept up to date with information relevant to them, such as changes in people's support plans.

Is the service effective?

Our findings

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

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

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

- The service assessed people holistically, and considered their physical, emotional and social needs. Staff ensured these were met during the delivery of people's care to achieve good outcomes and quality of life for them. The needs assessments were person-centred, considered all aspects of their lives and were regularly, reviewed and updated.
- Staff effectively used recognised evidence-based assessment tools to anticipate people's risks and needs, to support them to maintain their health and wellbeing. For example, the service utilised assessment tools, installed specialist equipment and accessed support to manage risks to people's skin integrity and to support them to mobilise and transfer safely.
- People, relatives and professionals consistently told us staff had the required skills and knowledge to meet people's health and emotional needs.
- Relatives told us they had been actively involved in creating and developing people's care plans. When people's needs changed, care plans were amended immediately, to ensure people received the care they required.

Staff support: induction, training, skills and experience

- The registered manager operated an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- Staff consistently told us their training fully prepared them to meet the needs of people. New staff completed a thorough induction process that equipped them with the necessary skills and confidence to carry out their role effectively. A new staff member told us their comprehensive training made them feel confident they were ready and able to meet people's needs.
- Where people had more complex needs staff training was developed and tailored around their individual needs, for example; staff supported some people who were at risk of choking to receive nutrition and medicines through percutaneous endoscopic gastrostomy. Staff also completed specific training to effectively use people's individual supportive equipment, for example, people's individual technological communication systems.
- The registered manager ensured that staff delivered care in accordance with their training, through a framework of observed spot-checks and one to one supervisions.

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

- People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet. Staff placed a strong emphasis on the importance of eating and drinking well and reflected

best practice in how they supported people.

- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff consistently followed guidance from relevant healthcare professionals.
- People identified to be at risk associated with weight loss and allergic reactions had been successfully supported by staff to achieve desired outcomes. For example, staff tenaciously lobbied health professionals to sanction allergy tests for a person. This led to the person experiencing a decrease in the outbreaks of skin conditions and the use of prescribed treatments, which improved the quality of their life. The kitchen staff worked effectively in partnership with a dietician to eliminate foods which caused the person an allergic reaction. They have also introduced supplements and smoothies, which has resulted in the person successfully gaining weight.
- We observed staff regularly encouraging people to have their preferred drinks, to protect them from the risk of dehydration.
- Staff made mealtimes an enjoyable and sociable experience, with friendly conversation, providing discrete support when required. People were encouraged to sit with others they got along with, so that people could develop and maintain friendships.
- Staff promoted people's independence by supporting them to participate in preparing some elements of their meals.

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

- Staff worked effectively with health and social care professionals to provide individualised support to meet people's complex needs. Relatives consistently told us staff made prompt referrals to GPs, specialist nurses and other relevant healthcare services in response to people's changing needs, which records confirmed.
- Staff supported people when required to accompany them to appointments.
- Visiting health and social care professionals told us that people they supported consistently experienced successful outcomes, due to the diligent way staff had followed their guidance.
- People's care plans contained detailed information about their healthcare needs, and the support they required to access healthcare services.
- Staff maintained detailed records of people's healthcare appointments and confirmed information was shared between staff during handovers and through communication books. Staff were able to explain how they supported people to engage with healthcare professionals.

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

- People had access to outside space that had been assessed for risks, quiet areas to see their visitors, areas suitable for activities and private areas when people wished to be alone. For example, there was a sensory garden with scented flowers which was accessible for people who required support with their mobility.
- Specialist adaptive equipment was made available when needed to deliver better care and support. People were helped to make choices about adaptive equipment.
- People's bedrooms were personalised with their own possessions and reflected people's preferences in how they were decorated.

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 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.

- We found the service was working within the principles of the MCA, any restrictions on people's liberty had been subject to appropriate authorisations or applications.
- Relatives consistently told us how they were reassured by the commitment of the management team to ensure they were fully involved in decisions relating to their loved one's consent to their treatment. For example, one relative said, "I cannot speak highly enough, not only of the care but also the way in which we [family] are included with all decisions that are made." Another relative told us, "[Registered manager] regularly emails me for consent matters, best interest matters and if there are any medical issues and concerns. The emails are always sensitive and appropriate."
- The registered manager effectively operated a process of mental capacity assessment and best interest decisions. For example, when a person required to visit hospital to undergo medical treatment, a lawful process decided it was in their best interest to be administered medicine to calm their anxieties before attending. Best interests decision processes had been appropriately completed and recorded before people received their COVID-19 vaccinations.
- Where people were assessed to lack capacity, administration of medicines to people via PEG was subject to a prescribing best interests decision and management plan, in accordance with legislation.
- Staff had completed the required training on the MCA and DoLS, which they followed in practice, to protect people's rights. Staff understood the principles of mental capacity and how to promote maximum choice and control in people's everyday lives. People were offered suitable choices in all aspects of their care.
- Staff knew the relevant representatives who needed to be involved in decisions about people's care and how each person communicated their wishes and preferences. Staff knowledge and understanding enabled the service to be responsive and flexible to changes in people's capacity to make their own decisions.
- We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.
- On 28 May 2021 the operations manager completed a thematic restraint, seclusion and segregation audit, which assured that any such interventions were the least restrictive option, necessary, proportionate and lawful.

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 culture committed to deliver person-centred care. Staff were highly motivated and worked well as a team to uphold high standards of quality. All staff took responsibility for ensuring people experienced compassionate care.
- Staff had developed meaningful relationships with people and their families, who were made to feel welcome in the home. There was a positive atmosphere in the home, which was consistently noted by people's relatives.
- People experienced caring relationships where staff treated them with kindness and compassion in their day-to-day care. Relatives told us their family member experienced good continuity and consistency of care from regular staff, with whom they shared a special bond. One relative described their family member's care at Pamela Barnett as follows, "[Person] has probably known more kindness and love in her life that many adults have ever experienced and I have always felt that [person] has been surrounded by an abundance of both."
- Visiting health and social care professionals told us that they observed sensitive staff interactions with people, which were consistently kind and gentle. This was confirmed during our observations, where staff engaged in meaningful conversations with people whilst delivering support, which was focused on caring for the individual and not completing tasks. A health and social care professional told us, "Pamela Barnett is [person's] home and where she is most at ease, [person] likes consistency and to be surrounded by caring people. She gets this in abundance, and I can't envisage anywhere that would be more beneficial to her as the staff are kind, caring and go beyond what is expected to care for [person]."
- Staff spoke passionately about people living in the home. For example, one person's keyworker said, "I couldn't work anywhere else now because I would always be thinking about [person]. There is nothing like it when you see them smile and have that special connection." A keyworker is a designated or chosen staff member who plays a major role in co-ordinating the person's care, promoting continuity and providing access to information and advice.
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs.
- The management team assessed and monitored the delivery of care and support by staff to ensure it was delivered in a kind and caring manner.

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

- People and their representatives could make decisions about all aspects of their care and their choices were respected by staff. Care plans were developed with people, their relatives, where appropriate, relevant professionals and staff knowledge gained from working closely with them.

One relative told us, "The fact that at all times [person] is treated as an individual with their own needs and wants is, I think, tremendously important and has been a huge factor in their continuing good health and happiness."

- Care plans and risk assessments were reviewed regularly, which ensured people and relatives were assured they were accurate and reflected people's current needs and preferences. Relatives consistently told us they were fully involved in decisions about all aspects of people's care and support.
- Some people had individual ways of communicating and staff were skilled at supporting them to express their wishes. We observed staff consistently interact in an appropriate, patient and inclusive way, in accordance with people's individual communication plans.
- Throughout the inspection we observed staff providing reassuring information and explanations to people whilst delivering their care, particularly when administering medicines and supporting them to move. For example, during a medicines administration round we observed staff support people who were either worried or in pain. The reassuring and compassionate nature of the staff had a significant, positive impact on each person's well-being.

Respecting and promoting people's privacy, dignity and independence

- Staff consistently treated people with dignity and respect and maintained their privacy. For example, we observed staff discretely supported people to rearrange their dress when required, to maintain their personal dignity.
- Staff behaved and spoke in a respectful manner with people. When people were confused or disorientated, staff immediately provided reassurance, which eased their anxieties and improved their wellbeing.
- When people were approached by staff, they responded to them with smiles, known gestures or by gently touching them, which showed people were comfortable and relaxed with staff.
- Where staff supported people with sensory impairments, we observed meaningful interactions encouraged by staff adopting techniques, in accordance with people's support plans. For example, staff ensured they were in the right position and at the right level to communicate with people effectively.
- Staff consistently spoke with people in a way that met their communication needs. Staff knew how to comfort different people.
- People's care plans promoted their independence safely. For example, supporting people to ride their bespoke cycle.
- Care plans contained information about respecting and promoting people's dignity and staff described how they supported people to maintain their privacy, whilst ensuring they remained safe.
- Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records to protect their privacy. The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

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 person-centred care, which consistently achieved good outcomes. People and relatives consistently praised the quality and care provided by staff, which they felt had significantly improved the quality and longevity of their lives.
- People and their relatives told us they felt staff had a good understanding of people's needs and adapted their approach based on people's personal preferences, cultural background and individual needs. One relative said, "The staff are first class and fully understanding of [loved one's] needs and how to assist her during stressful times."
- People and those important to them were highly involved in developing support plans to meet their needs, which reflected their preferences and choices. All staff saw it as their responsibility to work with people, to include and engage them as much as possible as this was "their home".
- People's changing physical and mental health needs were regularly assessed to ensure that support provided met these needs. People's cultural and religious needs were explored with them and the service ensured these were met.
- Visiting professionals told us the service was focused on providing person-centred care and support. One professional was impressed that whenever they were called, each staff member they engaged with knew exactly why they had been called and the current position in the person's care.
- The service effectively used technology to ensure people received personalised care that was responsive to their needs and enriched the quality of their lives. For example, the use of eye tracking technology to communicate with people who have no or limited verbal communication. We observed staff explore a person's choice for breakfast and talk about how they were feeling. The staff member told us, "This is really good [eye tracking technology] because [person] tells us everything with their eyes."

Meeting people's communication needs

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

- The service ensured people received information in a way they could understand and process, allowing for disability or impairment, such as poor eyesight or hearing. Information was provided in formats to meet people's individual needs.
- Each person had a comprehensive individualised communication profile and support plan. For example, some people communicated using eye tracking technology, personalised Makaton, objects of reference, pictures, yes and no cards, gestures and body language. Makaton is a unique language programme that

uses symbols, signs and speech to enable people to communicate.

- One person chooses the staff they prefer to communicate with daily. Relatives and health and social care professionals consistently told us that the continuity of staff maximised the communication of information between people and staff.

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

- Arrangements for social activities were innovative, met people's individual needs, and followed best practice guidance to enable people to live as full a life as possible. People and relatives consistently told us the external special needs teacher and staff had enriched the quality of their lives and had a positive impact on their health and emotional well-being. For example, group activities like baking stimulating people's different senses.
- People who were less keen to participate in group activities had access to one-to-one support. Prior to the pandemic, people had regular sessions with independent therapists, such as reflexologists, aromatherapists and physiotherapists. Due to the pandemic, people had not been able to engage with these to such an extent. However, staff told us how they had enjoyed imaginatively providing similar alternatives which had strengthened their bonds with people.
- Staff effectively supported people to maintain relationships that matter to them, such as family, community and other social links. One relative told us, "During Covid [pandemic] the communication and support from [registered manager] and staff has been so reassuring."

Improving care quality in response to complaints or concerns

- The service had an appropriate, inclusive complaints policy and procedure, as well as information which was provided to people and their relatives when they moved in. The complaints policy and procedure were provided in a format to meet people's needs.
- People and families felt able to make complaints if they wished. People and their relatives knew the registered manager and senior staff by name and spoke with them regularly. People and relatives knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns.
- There had been two complaint since our last inspection, which had been dealt with in accordance with the provider's policy and procedure.
- The registered manager had used the learning from concerns as an opportunity for improvement. For example, processes for the provision of hot drinks.
- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided.

End of life care and support

- At the time of inspection no one living in the home required end of life care. However, advanced care plans were developed with people and their families. These ensured people's end of life choices, cultural requirements and personal wishes were explored. For example, they included the person's preferred place of death and who they wished to make decisions on their behalf.

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 required improvement. At this inspection this key question had now improved to good. This meant the service was consistently well-managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the registered person had failed to establish and effectively operate systems to enable them to identify the deficiencies we found and to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- At this inspection we found there were robust measures in place to monitor quality, safety and experience of people within the service. Quality assurance was embedded within the running of the service and staff members had a clear collective responsibility relating to this.
- The governance structure ensured there was oversight at every level, with specific staff responsible for regular audits. Since our last inspection the provider has expanded their internal quality assurance team, including the appointment of a head of quality and an improvement manager. The improvement manager was based at Pamela Barnett during February and March 2021 to develop and implement an action plan to ensure future compliance. All actions identified had been completed or progressed in line with identified target dates.
- The provider completed six monthly key audits, with the most recent on 22 March 2021 achieving the highest rating of compliance within the provider care group.
- Further reviews were carried out by the operations manager and registered manager which reflected the fundamental standards and regulations. Each review set clear improvement actions, which were completed within specified target dates.
- Audits effectively monitored care plans and risk assessments to ensure they accurately reflected people's changing needs so staff had the necessary information to support people safely and consistently achieve successful outcomes. Audits also covered a range of areas such as health and safety, care plans, medication, skin integrity, nutrition and hydration, staff training and supervision, infection control, and equipment used.
- The management team analysed quality assurance audits to identify themes and trends to identify future areas for staff learning and service development.

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

outcomes for people

- Relatives, commissioners and health and social care professionals described the service as well managed and very organised. One relative told us, "The ethos of the organisation has always been to provide the highest possible quality of care for every resident and we have continually observed these values put into practice. We have visited monthly on different days and at different times of day and no matter which carer has been on shift we have always been impressed with their values and high standards of caring."
- Relatives told us that the registered manager was very approachable and readily available if people wished to discuss anything.
- The management team promoted a strong caring, person-centred culture in the home where people and staff felt valued. People, relatives and professionals described the registered manager and assistant managers to be conscientious and committed to the people living in their home, who led by example and provided good role models for staff.
- Staff were passionate about what they did and placed people at the heart of the service, and clearly demonstrated the caring values and ethos of the provider.
- The diverse staff group consistently demonstrated an open, inclusive approach, where people of all cultures and backgrounds were welcomed and appreciated for the value they brought to the home.
- The registered manager and staff team consistently demonstrated a unified, collective responsibility for promoting people's wellbeing, safety, and security.

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 provider's policy identified the actions the registered manager and staff must take, in situations where the duty of candour applied. The registered manager assumed full responsibility when concerns had been raised or mistakes had been made.
- The management team understood their responsibilities to inform people, or their representative, when things went wrong, and the importance of conducting honest and transparent investigations to identify essential lessons to prevent further occurrences.
- Where concerns had been raised or accidents and incidents had occurred, the management team had completed thorough investigations and spoke directly to people and their representatives to explain the circumstances, action they had taken and apologise where necessary. For example, we reviewed a duty of candour record, which demonstrated how the registered manager had apologised to the person using their adapted Makaton language.
- The management team took an open and honest approach to work with people and their families. Relatives praised the management team for being open and honest whenever they had raised concerns. For example, one relative told us, "We have a great relationship with the manager and deputy [assistant manager]. They keep us abreast of everything that's happening and if something has gone awry, what they have done. It is very reassuring."

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

- Relatives told us they felt fully engaged with the staff and the registered manager. They consistently reflected that this was due to the warm and friendly approach of the staff team.
- During the pandemic, staff had increased their active social media presence to reassure families and keep them up to date with events and activities going on in the home. The media presence was supplemented by regular newsletters and personalised emails. Relatives told us they felt the communication with the registered manager and staff reassured them and reduced their anxieties.
- Staff consistently told us they felt empowered and were working together with the management team for the benefit of the people living at Pamela Barnett. For example, staff said the registered manager was always

approachable and responsive to new ideas. One member of staff told us, "We are encouraged to share our ideas to give people the best quality of life possible."

- Staff were enthusiastic about their role in supporting people and spoke positively about the home, the registered manager and the provider. The registered manager recognised and praised good work by individuals in supervisions and team meetings.

Continuous learning and improving care

- The provider and registered manager had developed systems to effectively monitor and improve the service. This meant that people's care was consistently responsive to their needs and people were being supported in a way that was safe and personalised to them.
- The management team had completed comprehensive audits that identified required improvements and how these needed to be actioned. The registered manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented. This drove continuous learning and improvement within the service.
- Staff recorded accidents and incidents, which were reviewed daily by the management team. This ensured the registered manager and provider fulfilled their responsibility to identify trends and took required action to keep people and staff safe. For example, senior managers had analysed medicine errors and implemented system changes to ensure there were no such future errors.
- Staff received constructive feedback from the registered manager, which motivated them to improve, enabled them to develop and understand what action they needed to take.
- Staff consistently told us that the management team readily acknowledged their achievements and work well done.

Working in partnership with others

- The home worked with other healthcare professionals and stakeholders to ensure they shared best practice, gained up to date knowledge of new innovations and learned from others. We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people. This included GPs, district nursing teams, epilepsy specialists, physiotherapists, occupational therapists, dieticians
- The home maintained positive working relationships with other stakeholders, and we received consistently positive feedback from health and social care professionals involved. One health and social care professional said, "I think that [person] is very well supported at Pamela Barnett and this is evident in staff's efforts to ensure that [person] was referred to the local learning disability team and an MDT [multidisciplinary team] approach was used around planning [person's] support and enabling them to achieve a better quality of life." Another health and social care professional commended the registered manager's willingness to provide supportive equipment to another service in an emergency.