

# Baronsmede Support Services Limited

## The Old Haybarn

### Inspection report

London Road  
Crowborough  
East Sussex  
TN6 1TQ

Tel: 01892669322  
Website: [www.baronsmedehomes.co.uk](http://www.baronsmedehomes.co.uk)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Old Haybarn is a residential care home providing accommodation and personal care to 7 people with a learning disability and/ or autistic people. The building is converted to provide 7 en suite bedrooms. The building is in a small, gated area comprising of the organisation's administration building and day service as well as 2 tenanted dwellings.

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

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

### Right Support

The service aims to provide a calm home which supports people to enjoy their life with reduced anxiety or emotional upset. People have access to some assistive technology used to support people to engage in the world around them. For example, mobile phones and tablets.

People could communicate with staff and understand information given to them as staff supported them consistently and understood their individual communication needs.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

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.

### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs.

People's care, and support plans reflected their range of needs and promoted their individuality, wellbeing and enjoyment of life. People could take part in activities of their choosing at the service or in the wider

community and pursue their own interests. Staff received training and support to provide care effectively.

Staff worked in partnership with healthcare professionals to maintain people's health and wellbeing.

People told us they felt safe with staff. People told us they liked all the staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

#### Right Culture:

Staff placed people's wishes, needs and rights at the heart of everything they did. The stable management and staff team supported people to receive consistent care from staff who knew them well. We observed people receiving compassionate and empowering care which was tailored to their needs throughout the inspection. People and staff were seen to treat each other with genuine regard. A staff member referring to a person they support said, "(Name of person) is an awesome person."

Staff evaluated the quality of support provided to people, involving the person, their relatives and other professionals as appropriate. Most of the relatives we had contact with were complimentary and positive about the service and the care and support their loved ones received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 08 January 2020).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained from good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for the old haybarn on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Old Haybarn

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by 2 inspectors, 1 inspector visited the care home and 1 inspector supported the inspection remotely.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. There is also a home manager who supports the registered manager in the day to day management of the home.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people who live at the old haybarn. We had feedback from 5 relatives and spoke with 8 members of staff. This included the nominated individual who is responsible for supervising the management of the service on behalf of the provider. The home manager and 4 support workers and 2 administrators. We reviewed a number of records including, support plans and medicine records, staff recruitment and training records and a range of other records relating to the management and safety of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The staff worked with other agencies, for example, if safeguarding concerns were identified they were reported to the local authority safeguarding team.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they would not hesitate to report any concerns to the registered manager and they were confident action would be taken. They also knew who to report concerns to externally.
- People told us they felt safe at the old haybarn. One person said, "I feel safe here." We observed people seemed confident in their house and engaged in comfortable, friendly conversation with staff.
- Relatives were confident that their loved ones were safe living at the old haybarn. One relative told us, "I can go away knowing he is alright and safe. I would never have thought of going on a holiday before but now I can."
- The registered manager showed us picture surveys about safeguarding which are done with people with the aim of helping them articulate any worries they might have.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Staff understood the risks to people and knew how to support them safely. For example, there was detailed step by step guidance in place for a person with epilepsy and how to manage seizures safely. Staff spoken with were able to give the detail of these plans, demonstrating clear understanding of their role in supporting people's health needs.
- Staff recognised when people were becoming upset or distressed. They knew how to support them to minimise the need to restrict their freedom to keep them safe. Staff used a consistent but individual approach with each person when they were upset. They knew what to say and what not to say to the person to minimise the impact of their distress.
- Risks within the environment had been assessed and mitigated where possible. Checks were completed on the service to ensure it was safe, for example to make sure electrical and fire equipment was in good working condition.
- A person showed us the pictorial fire evacuation poster everyone had on the wall. They explained exactly how they were to evacuate the building using the pictures as prompts.

Staffing and recruitment

- There were enough staff to support people. This included 1 to 1 support, where funded for people to take

part in activities and visits how and when they wanted. Staffing levels fluctuated day to day to allow for people to take part in the activities they enjoyed or attend health appointments. Staff knew how to consider people's individual needs and wishes.

- Staff had been recruited safely. Staff recruitment and induction training processes promoted safety. Recruitment checks were carried out by the provider to ensure that staff were recruited safely. For example, Disclosure and Barring service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Staff ensured people received the support they needed to take their medicines safely, including communication support. People were given choices about how they took their medicines. We observed staff giving medicine with care, maintaining people's dignity. One person told us, "I have 2 pills, big and small and plenty of water."
- Staff had undertaken training and competency checks for the administration of medicines. Staff had knowledge of people's medicine needs and how the system for storage and administration worked, including what to do if an error occurred.
- We reviewed medicine audits which showed that the management team checked for any potential errors and lessons which could be learnt in relation to medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The old haybarn was clean and well maintained. Staff had received training in food hygiene.

#### Visiting in care homes

- The provider was supporting visits for people living in the service in accordance with the current government guidance.
- People and relatives told us they were freely able to visit according to their preferences and the person's agreed best interests. For example, a different time might be suggested if the person had already booked in an activity. One person told us they could choose when their relatives visited. A relative said, "I can go whenever I want."

#### Learning lessons when things go wrong

- There was a culture of learning when things had gone wrong. The management team had reflected on past situations when they could have acted differently. They described the things they had learned and actions put in place to minimise the same situation happening again.
- Staff knew how to respond to, and report, any accidents and incidents. All significant events were reviewed and analysed by the registered manager.



- Lessons learned were shared with the staff team. For example, the house manager noted a person became uncomfortable when in a hallway space with a number of people. Staff were made aware and we observed this situation being carefully managed during the inspection.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them receiving the service and regularly afterwards. This meant their preferences were known by staff. This involved meeting with the person, their relatives, if appropriate, and relevant health and social care professionals.

The service had policies and procedures to support the principles of equality and human rights

Consideration was given to protected characteristics including sexual orientation and religion or belief.

Records showed the registered manager's assessment had suitably considered any additional provision that might need to be made to ensure people did not experience discrimination.

- The registered manager told us, referrals had been requested for sensory profile assessments for autistic people, to further knowledge and further improve staff understanding of the sensory support needs of people.

- The registered manager had introduced a pictorial rota to further support people with communication. People had their support plans in accessible formats in their rooms for them to share as they wished with staff and families.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. 8 of the 9 staff team held nationally recognised qualifications in care and or additional degree level qualifications.

- Staff received support in the form of induction, continual supervision and appraisal. Staff spoke about how they had been supported into their role which included regular meeting with the registered manager. One staff member said, "I love it so much here, my supervision covers training, things we can do better and key working."

- New staff were enrolled on the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme

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

- People were supported to eat and drink enough to maintain a balanced diet. People could exercise choice throughout the day and could access sufficient food and drink. Some people had individual dietary requirements. We observed staff consistently offering people food in accordance with their individual needs. A person told us, "I am a vegetarian but sometimes I like chicken and fish., I can have what I want."

- Staff supported people to be involved in preparing and cooking their meals in their preferred way. We

observed one person preparing food with staff support. People told us they enjoyed the food. One person gave a thumbs up and a big smile when asked about the food.

- A change in the demographic of the people living at the old haybarn, had prompted the registered managers to begin work on a pictorial menu and shopping planner to support people's choice and involvement.
- We observed food was of a good quality, homemade meals to people's preferences were produced. Staff and people all commented on the quality of the food and variety on offer.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which aimed to meet people's sensory and physical needs. In addition to bedrooms people could easily access shared living spaces. We observed people freely going into the staff sleep in room/ office to talk to staff.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. Every room reflected people's tastes and interests. People proudly showed us their rooms, comments included, "Do you like my posh telly?" and "these are my family." Indicating photographs.

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

- People had annual health checks with health action plans as well as health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to understand their health needs. For example, staff had spent time talking with a person about a blood test, building on the person's experience of recently having vaccinations. Staff told us, "It's really important to build up a person's understanding of what will happen so they are not shocked." The person was able to allow a nurse to take blood for the first time.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Relatives felt the staff were good at supporting health care needs and worked well with health professionals to attend appointments and manage health needs.
- People had details of their health needs recorded in their support plans as guidance for staff. The information included references to epilepsy plans and contact details of involved external health professionals. The plans further included which dentist and opticians each person used.
- Staff undertook a range of training to support people's health, including, dementia, epilepsy, oral health, and nutrition.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Records confirmed capacity assessments had been completed and people and those important to them were involved in best interest meetings.
- Where people had an authorisation DoLS, the registered manager notified CQC as required. The providers systems ensured these were regularly reviewed. This meant people who were subject to DoLS were supported by least restrictive measures which were considered in their best interests.

# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted, and staff understood the aims and values of the service were to provide personalised care and support. This was the culture amongst the staff team. People were the priority and at the heart of the service.
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, relatives, and other professionals had to say.
- The home's day to day manager worked directly with people, their relatives and the staff team. They led by example. People approached and interacted with them and the registered manager throughout the inspection.
- Staff felt respected, supported, and valued by managers which supported a positive and improvement-driven culture. One staff said, "I love the energy in this home, I get as much as I give."
- A relative said, "I would recommend them – they are very caring and it's a very homely atmosphere."
- Staff spoke with genuine regard and pride about the achievements of people they support. For example, a person's enjoyment of working on an art project and another person's cooking skills.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to appropriately notify CQC about reportable events.
- The registered manager understood their responsibilities under the duty of candour when incidents occurred. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The registered manager kept relatives informed of concerns with their loved one, when appropriate.
- A relative said, "Always made aware of changes."

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

- The registered manager had the skills, knowledge, and experience to perform their role and had a clear understanding of people's needs. They had oversight of all aspects of the old haybarn and the people who lived there.
- Governance processes had been effective in identifying shortfalls and action was taken when these were

found. Regular audits of care were carried out, action plans were in place to address any shortfalls.

- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

- The registered manager promoted equality and diversity in all aspects of running the service. People's individual needs were identified and respected. People were communicated with in ways they understood.

- People had regular meetings with their key workers, joint house meetings and regular surveys covering a range of topics. People knew who to raise issues with. One person told us, "I go to the 2 bosses, (naming registered manager and home manager), they sort it out."

- The registered manager and staff worked with people and those important to them to develop and improve the service. Relatives told us they were regularly asked for feedback and suggestions. Relatives gave mixed feedback about how their suggestions were taken on by the registered manager, most felt communication was good and the registered manager was accommodating.

- One relative told us, "We get a newsletter every few weeks with what people have been doing and that's nice as there's pictures included." Another said, "(name of home manager) – brilliant – she is fabulous – she's lively, she cares, always on the end of the phone, even when she's not at work, nothing too much trouble and she knows all the people every well. They are great."

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff demonstrated they had good working relationships with other agencies, including local primary care services. People had been supported to have contact with the Speech and Language Therapy (SALT) Team, Occupational Therapists and dementia services.
- The registered manager worked closely with staff to help them develop their knowledge, skills and confidence. Staff demonstrated clear understanding of the needs of the people they supported and of their role in improving people's experiences. Staff were supported by the registered manager to learn these approaches.
- There was an annual training analysis with staff to identify further training, this had identified further detailed training would be of benefit in the understanding of autistic spectrum condition, particularly around sensory perception, and augmented communication. This would be in addition to the training about learning disability and autism the staff already have.