

Quality Care (EM) Limited

# The Baden Powell Centre

## 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Baden Powell Centre is a supported living service providing personal care to 16 people in their own homes. At the time of our inspection 15 people were living in independent apartments. They had their own kitchen, bathrooms and lounge areas. There was also shared leisure space in the building; including, a small gym, a cinema room, a resource room and a lounge area. The office was in a separate building on the same site with different access to the residential property. This was a change to our previous inspection when the property had been a registered care home. There had been changes to the building because of this and also there were some changes to who lived in the properties.

The service was a larger property than current best practice guidance. However, it was a purpose-built property which had been carefully designed for people to live as independently as they wanted to or were able to with no need to use shared communal areas unless they wanted to.

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

The outcomes for people using the service strongly reflected the principles and values of Registering the Right Support by embedding choice and control, independence and inclusion as the values of the service. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. The person-centred focus ensured excellent outcomes for people which respected their diversity and promoted equality. There was a very strong ethos of listening to people, promoting their choices and advocating these on their behalf when required. Staff cared deeply for the people they supported and were clear about the values of the service.

The risks to people's health and wellbeing were assessed and action taken to reduce them. This including supporting behaviours which could be challenging. There were systems to learn from mistakes including the detailed analysis of accidents and incidents. People were supported by staff who understood how to protect them from avoidable harm. There were enough staff deployed to keep people safe in their home and when they chose to go out. People's medicines were well managed when they required this support.

Staff received training to enable them to do their jobs well. Assessment ensured people's needs were clear and included best practise guidance. They were supported to maintain a healthy diet when needed. Their health and welfare were managed with referrals to other professionals made when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had care and support provided which met their preferences. Complaints were handled in line with the provider's complaints policy. People did not currently receive end of life care.

Staff enjoyed working at the service and felt respected and valued. People could give their views about how

the service could develop and improve. The provider's quality assurance processes were effective in identifying potential risks to people's safety. There was a continued focus on learning, development and improvement.

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 Outstanding (published 9 May 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service remained exceptionally 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.

# The Baden Powell Centre

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

This service provides care and support to people living in sixteen 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used information we held about the service which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with members of staff including the registered manager, the nominated individual,

senior care staff and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included three people's care records and two people's medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, were reviewed.

After the inspection

We spoke with a further three relatives for their feedback of the care and support provided. We received written feedback from three health and social care professionals who work closely with the people who lived in the apartments and spoke with one other.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- Relatives and people who lived at the service told us they trusted all the staff and would be happy to raise any concerns with any of them.
- When safeguarding concerns were raised and investigated action was taken to protect people from further harm.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- People and relatives told us how staff supported them to understand the risks in their lives and put actions in place to manage them. For example, one person told us about learning to cook.
- Other people were assisted to travel independently, do their own shopping and manage their own medicines. This demonstrated to us that people were partners in managing risk in their lives to develop their skills and independence.
- When some people had health conditions which required consistent monitoring to reduce the risks associated with them, we saw clear plans in place to do this which staff had an in-depth knowledge of; for example, supporting people to manage their epilepsy. Adaptations were used when required to enhance this monitoring; for example, assistive technology in people's apartments which retained their privacy and independence but alerted staff when they required assistance.
- At times, some people could behave in ways which may cause harm to themselves or others. There were very detailed assessments in place to identify what the triggers to this behaviour may be and staff were skilled in identifying them and distracting or diverting people when required. If this approach was not successful there was clear guidance about next steps for staff to take to keep the person and others safe.
- There were plans in place for emergency situations such as fire evacuation and these were personalised.

Learning lessons when things go wrong

- Lessons were learnt from when things went wrong, and actions taken to reduce the risk.
- The registered manager reviewed all accidents and incidents to take immediate action. These were also input onto an electronic system and reviewed by a quality manager to consider themes or patterns for individuals.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely.
- We saw that staff had plenty of time to spend with people throughout the day and to respond promptly

when assistance was requested.

- Support was planned on an individual basis as some people received specific defined hours during the week. People we spoke with told us how they were involved in planning how best to use this support to achieve their goals or meet their needs. For example, one person told us about 'saving' some hours to plan a day out and another explained how they had swapped theirs so staff could support them to a health appointment.
- There were also staff available in the building throughout the day and night to provide support and companionship to people as well as respond to any emergency situations.
- The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

#### Using medicines safely

- Individual arrangements were in place to support people to manage their medicines when this was required.
- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- When people were prescribed medicines to take 'as required', there was guidance in place to support staff to know when this was needed.

#### Preventing and controlling infection

- People were supported to maintain a clean home environment when they required the support to do so. One person told us, "I keep it clean and run the mop over, but the staff sometimes help me to do a bigger clean."
- Staff understood the importance of protective equipment in managing cross infection; for example, using protective equipment when required.



# 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

- People's needs and choices were met in line with national guidance and best practice.
- Their care plans contained detailed information to support specific health conditions, dietary requirements and mental health support needs.

Staff support: induction, training, skills and experience

- People told us staff had the skills and training to support them well. One relative told us, "[Name] is definitely in a safe place and staff have the training they need to support them well."
- New staff had detailed training and support before they started supporting people independently. One member of staff told us, "I had a few weeks of training days with shadow shifts. Those were really important to get to know people." Another member of staff said, "The training was really good, and I felt really confident after it."
- Other staff were provided with yearly refreshers or additional specific training when required. There was a focus on the training being experiential so that staff had a good understanding of how people might feel; for example, being blindfolded and supported to avoid obstacles. The provider had worked with people who used their services to develop a training resource in which they shared how they want to be supported.
- Senior care staff were provided with training to fulfil their managerial responsibilities; for example, in providing supervision and support to staff.
- Staff also had regular opportunities for support through supervision sessions. They told us these were good opportunities to share ideas and ask for assistance when needed.

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

- When people required support they were assisted to have balanced diets and made choices about the kind of food they enjoyed.
- Some people had plans in place to manage their health and diet. Staff were sensitive and encouraging about this and helped them to monitor their success.

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

- There were good relationships in place to ensure that people received person-centred support. People we spoke with told us about other professionals who supported them and how staff helped them to make the arrangements in place for this to happen.
- All the professionals we spoke with were complimentary about the communication in place to respond quickly to people's needs and provide appropriate support. They spoke of shared plans and agreed

outcomes to assist people. For example, one professional told us, "The staff team seem to have a good understanding of the people's needs. They have communicated well with me and have actioned suggestions and advice."

#### 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had a good understanding of the MCA and could describe the process they had taken to ensure decisions were made in people's best interest when they were unable to do so.
- There were records to evidence capacity assessments and best interest's decision making.
- Applications were in progress to the Court of Protection when people were deemed unable to consent to certain decisions.

# 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 Outstanding. At this inspection this key question remained the same. This meant people continued to be truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- All staff continued to be committed to promoting exceptional person-centred care which led to superb outcomes for people. Their shared values ensured people were at the centre of care and support.
- Equality and diversity were the cornerstone of staff supporting people to achieve their goals and develop opportunities in their lives.
- Some people were assisted to understand or express their sexuality. For certain people this caused some difficulties in other relationships and staff worked very closely with them to communicate with others while ensuring they developed self-confidence. This honest communication and empowerment led to a greater acceptance and the individuals were leading a more open life with opportunities to meet more friends and potential partners; for example, holidaying at certain resorts.
- Very careful consideration was given to matching staff appropriately with people they supported. They were organised in teams so that people received consistent support and could develop trusting relationships with their staff. This was particularly important for one individual who was considering significant life changes and had chosen a specific member of staff to support them with all appointments related to this. Another individual had regular one to one sessions with certain staff to help them to discuss their feelings in a safe space. Again, this specific matching was always timetabled for these important times. Staff told us this had a significant impact on the person's wellbeing.
- One person told us about choosing their staff team. They said, "I like them all but there are certain ones I have a particular good relationship with. I was able to request their support and this has really helped me to settle". They told us about some decisions in their life which meant they no longer lived with their dog. One of these staff brought their dogs in for a visit and the person said how much this had meant to them. They told us, "I can honestly say moving here has been one of the best decisions of my life."
- The people who lived in the premises were also encouraged to recognise and respect difference and each other's choices. One person said, "I like the staff but more importantly I trust them. I appreciate how careful they are in the language they use." They shared how important this was to them in explaining to others how their disability affected them.
- Staff were particularly sensitive to when people needed additional support and compassion. This included advocating on people's behalf to ensure they had the support packages they needed to live an independent life in their own home. For one person this included organising meetings to broker an increase in commissioned support because staff were concerned the person's isolation was leading to additional distress. Since an increase in hours the person had significantly less incidents of challenging behaviour. This demonstrated to us that staff put the welfare of the person at the centre of their planning.
- People said there was always someone available when they needed assistance. One person told us how

they sometimes needed someone to talk to later in the evening. Staff now ensured they put time aside for a chat and some social time each day.

- Some people could show their distress through their behaviour. Very thorough plans were in place to support them with this. Staff were exceptionally skilled at noticing changes in people's behaviour and used these plans to try to avoid an escalation. The registered manager demonstrated to us the success for different individuals in terms of a reduction in number of incidents. This had a significant impact on some people's lives; for example, one person was now able to visit their parents in the family home and others were able to go out more.
- All the staff we spoke with were passionate about the service they provided and knew people extremely well. They shared their pride in people's achievements and progress. They shared jokes and chat throughout the inspection. One member of staff said, "There are definitely days it doesn't feel like work. It is a privilege to support the people here."

Respecting and promoting people's privacy, dignity and independence

- All of the families we spoke with were enthusiastic about the care provided and were particularly complimentary about being partners in getting the care right for their loved ones. Some of them recognised that at times this meant doing things differently or taking a step back, but they told us they trusted the staff team always had the person's best interests at heart. One relative said, "Us being included is one of the reasons this works so well for our relative."
- One young person's relative told us their transition plan was managed extremely carefully and often reviewed with them both to ensure the staff team were getting it right for the person. For example, the person got up earlier than others and arrangements were now in place for them to alert staff to this, so they could assist them first. The person was gradually increasing the number of nights they slept in their new apartment and their relative told us they felt it was being managed at their pace and not led by any other considerations.
- Independence was central to the ethos of the service. The registered manager explained that many of the people who moved there may work towards more independent living. One person had joined the service with one to one support daily and was now down to a few hours a week. This was because staff had supported the person to learn to cook, look after their home and travel independently. One member of staff told us, "The difference in them is amazing."
- One family member told us they felt the change to supported living had afforded their relative increased independence. They told us this was facilitated by assistive technology because they slept independently in their apartment, but staff would be alerted through the technology if they required assistance.
- People told us about planning nights out, holidays, meeting friends, going to work or college. They were all enthusiastic about the opportunities they now had and were planning further ones.
- One relative we spoke with said, "The staff are brilliant and can't do enough to help. They made arrangements at short notice for a staff member to support [Name] to a concert. This is amazing to us as they rarely went out before moving here. [Name] doesn't like physical affection but I saw them lean their head into a member of staff and that says it all for me."
- The environment of the service meant that each person had their own front door which gave them private space. One person explained how they had always lived in shared housing prior to moving to the service. They said, "I really love having my own space and privacy. I don't have to please anyone else and can suit myself in my own flat. It is fantastic!" We observed staff always knocked on people's doors before entering.

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

- The staff team were exceptional at supporting people to express their views and choices and courageous in advocating these on their behalf when required.
- One person had been supported through a turbulent relationship. Staff encouraged them to report this through legal channels. They provided ongoing emotional support throughout but recognised how

important the outcome was to the individual ongoing self-worth.

- Another person wanted to attend education but was struggling to be admitted to the course they wanted. Staff worked with the education establishment to help them understand how they could meet their duties to adapt for the person's needs. One professional told us, "I have been impressed by the tenacity of the support team in pursuing a place at college for [Name]. They were assertive about the reasonable adjustments needed for them to access their preferred course."

- Some people required support to make their choices known and there were clear plans and adaptations in place to enable them to do this. For example, one person used a mixture of language, signs and gesture to plan their week. All staff we spoke with who supported this individual understood how important this autonomy was and stuck to their plan. They used their communication system to update the plan when activities were achieved.

# 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 were supported by staff who knew them very well and planned support to meet their preferences.
- People we spoke with told us they could make their own decisions about their care and they trusted staff to support them how they wanted.
- One professional told us, 'They were able to vary support arrangements several times at short notice to meet the changing needs of one person I work with. Communication and support planning documentation has been good so far.'
- Care plans which were personalised and very detailed. They were regularly reviewed and updated and focussed on a holistic approach to support. Staff told us they often had the opportunity to read them to ensure they had up to date understanding of people's needs.
- Staff told us they met regularly to discuss what support people required. One member of staff said, "We have a handover and also have the opportunity to meet as small teams to speak about individuals we support to ensure they receive consistent support."

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

- People led active lives full of social, work and leisure activities. There were differing levels of autonomy and independence, but each person had outings and participation prioritised.
- People told us about going to music concerts, shows, galleries, to the gym, on holiday, to see family and friends. The staff team also organised group outings which people could choose to participate in. For example, there were Christmas meals and outings planned as well as arrangements for people not to be alone at Christmas if they didn't want to be.
- Some people worked or attended college as well. Others were planning some voluntary work to take the first steps into employment. The staff worked closely with other professionals to find the right role for people.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and were confident that they would be listened to. Each person had an individualised approach to explaining how to complain or raising concerns to them. For example, one person's passion was wrestling and so they had a wrestling toy they should strike when they were unhappy. The toy had a recording which prompted the person to speak with staff.
- One person told us, "I would speak to any staff if I had any worries, but the manager is very approachable and easy to talk to." All the relatives we spoke with said they had never had a cause to complain. One said, "Any concerns I raise with the managers are immediately resolved; they are very responsive."

- There was a complaints procedure shared and any complaints received were managed in line with the providers procedure.

#### Meeting people's communication needs

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

- People's communication needs were assessed, and it was clear how information should be shared with them. For example, for one person had specific words and phrases they needed staff to use to explain what was happening to them. This was clearly documented, and staff had a good understanding of it.
- Information was shared in an accessible manner, using pictures and symbols to help explain it for some people.

#### End of life care and support

- People's wishes about the care they would like at the end of their lives had been considered when planning their care. However, there was no one at this stage in their life.

# 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 Outstanding. At this inspection this key question has reduced 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; 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; Continuous learning and improving care

- Since our last inspection there had been significant changes as the service had changed from a residential care home to a supported living service. This had impacted on the delivery of the service as there was a different staff structure, adjustments to the premises and some changes for people living at the service. Relatives we spoke told us it had been well communicated and the management team had worked hard to reduce the impact on people who remained at the service.
- There were developments which were planned at the last inspection which had not been implemented; such as electronic care planning. Although the systems in place to monitor and improve the service were effective and continued to achieve good outcomes for people.
- There was still a person-centred value base and staff spoke enthusiastically about the support they provided to people and the vision of the service.
- There was strong oversight from the nominated individual and a quality team to ensure this was embedded and that any concerns or changes for people had been promptly followed up.
- People knew the registered manager well and said they were approachable and available.
- All the relatives we spoke with confirmed this. They spoke of strong communication and a partnership approach to supporting people.
- Professionals also told us about strong relationships with the management team who were approachable and willing to ask for support and advice when needed.

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

- All staff understood their roles and responsibilities and there were clear lines of delegation. Senior staff explained their role and the leadership they provided to a small team. This included monitoring and checking records were completed for people.
- Staff felt valued and confident to speak up about anything that concerned them. There was a regular reward for staff who demonstrated motivation or skill. One member of staff told us how proud they were to achieve this within their first few months of employment.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.



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

- There were regular meetings with people who lived at the service. They were an opportunity to discuss plans for outings or social occasions and any issues people had. Great attention was given to ensuring every person had their voice. For example, one person found the large group meeting difficult. The registered manager arranged to speak with them on an individual basis to receive their feedback prior to the meeting.
- Staff felt supported regular team meetings. They said they were productive, and staff felt confident their views and opinions mattered and were listened to.

Working in partnership with others

- There were strong relationships with local health and social care professionals, education establishments, community groups and local amenities such as shops and restaurants.