

Sutton Court Associates Limited

Baytree House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

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.

About the service

Baytree House is a residential care home for people living with a learning disability and autistic people. It is registered to provide personal care for up to nine people; at the time of inspection eight people were living at the service. The provider told us they will keep the number of people who can live at Baytree house to eight and had turned the ninth room into a more accessible office space.

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

Right Support

People and relatives told us staff supported people to take part in activities. Staff had adopted new approaches; People were supported to be involved in ordinary daily activities such as housework. It was clear that people were proud of their achievements and this change had improved their feelings of independence. Staff told us that the incidents of people becoming emotionally distressed had reduced and they felt this was the result of people having more choice and control in their daily activities, that considered their hobbies and interests. We saw people preparing their own lunches with staff support, this seemed to be popular with people. People told us they were going out to leisure activities that interested them. One person told us about a recent picnic in the park and another person showed us a folder they had made with photographs of themselves showing staff Makaton signs they used. (Makaton is a type of sign language that helps people who find verbal communication difficult). The service gave people care and support in a safe, clean environment. The layout of the building had been changed since the last inspection and this helped the homely feel of the house. It was evident that improvements had been made since the last inspection and people were seeing the changes as positive. Managers and staff acknowledged more was needed. This included ensuring guidelines to support people to identify and work towards their goals and aspirations were recorded. This would also ensure staff were consistent with each person's needs.

Right Care

We observed people receiving kind and compassionate care. A relative said, "I have no worries (name of loved one) is the happiest I have seen them in years, a lot calmer now, all smiles." Staff protected and respected people's privacy and dignity. Staff had been recently received training which provided them with guidance about how to support people with learning disabilities and autism and knew they knew people well. The home manager told us that they had moved away from a model of support where staff did most things for people, to one where people were actively involved in their lives. They said, "This has had the greatest positive impact for people." People who had individual ways of communicating, using body

language, sounds, Makaton (a form of sign language), pictures and symbols we observed to be responding positively to staff's improved understanding and practice in their use. Managers confirmed although there were improvements with staff communication there were further areas where they needed to improve. For example, staff required more learning about communication and the approaches and tools to use with autistic people in order to create and implement effective communication plans. There were now more visual supports for people to help them find things like what's for dinner and which staff are working today, this had reduced people's reliance on staff for information and improved independence. Staff understood how to protect people from poor care and abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People and relatives told us they felt safe. Training had supported staff to understand what people needed when they became distressed, one staff said, "I understand that transitions from one activity to another can be hard for some people, so I make sure I prepare them."

Right culture

The new emphasis on improving people's quality of life experiences had begun to make a positive impact for people. We observed people were talking with staff on a more equal footing and were gaining in confidence to make choices, do things for themselves but ask for help when they needed too, which we saw staff respecting. For example, one person called to a staff member by name and asked for help cutting their pie, the staff member helped quietly and only did what the person needed, asking them if they would like them to cut anything else, the person said, "no I am alright now." The provider had invested in training and development for managers and staff, such as positive behavioural support (PBS) which had helped managers and staff understand the reasons people might behave in a certain way when distressed. Managers now understood how to analyse incidents and share the learning from them to reduce situations which cause people distress. People who had sensory perception and processing needs had been referred to health professionals for assessment. Staff had begun to recognise some sensory needs, for example a person who has difficulty with noise was being supported to avoid prolonged situations they found difficult so they could control their surroundings by taking action themselves. Investment in learning for managers and staff was reflected in staff practice. People and relatives told us they could talk to managers and staff freely. One person said, "I like all the staff."

Staff told us they felt supported by managers and the provider. New staff were inducted into the values of right support, right care, right culture. One staff told us "it's their (the people who live at Baytree house) home, we are there to support people to live their own 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 Inadequate (published 30 September 2021). 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.

This service has been in Special Measures since 30 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned focused 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.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, safe, effective and well led which contain those requirements.

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 changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sutton court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor the service through the providers monthly report on conditions. We will speak with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Baytree House

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

Two inspectors carried out this inspection.

Service and service type

Baytree house is a 'care home'. 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. The registered manager covers other services for the provider and Baytree house also has a home manager who works exclusively at the service, providing day to day management.

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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with two people to tell us their experience.

We spoke with seven members of staff including the registered manager, the home manager and five care staff.

We reviewed a range of records. This included three people's care records and eight medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 one professional who visits 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection the provider and registered manager failed to ensure safe care and treatment in relation to assessing risk, monitoring and management of fire safety and incidents of self-injury.

This was a breach of regulation 12 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 12.

- Staff had started to assess some people's sensory needs and did their best to meet them. These details were not recorded and relied on staff knowing people well. This increased the potential risk when people were supported by agency or new staff. Staff were able to tell us that some people didn't like noise and how they were supported when things got too noisy for them but other sensory needs had not yet been explored. The home manager had made referrals to seek health professional support to undertake sensory assessments with autistic people. The home manager had also booked themselves on a course exploring sensory perception to further their own knowledge.
- People, including those unable to make decisions for themselves, were having greater freedom, choice and control over their lives, for example, we saw people choosing activities they wanted to do and making suggestions to staff which we saw staff responding positively too. Managers agreed this was an area which required further development by offering more new opportunities to develop people's awareness and confidence to try new things.
- Risk guidance for staff was being reviewed and we saw that some people had a number of risk assessments in their support plans while others had very few. Significant risks such as the risk of choking had been addressed but risk assessment to support people to take positive risks was something the home manager told us this was work in progress and is still an area requiring improvement.
- The provider had taken steps to meet the recommendations of the fire service report following a visit from West Sussex Fire and Rescue Service Fire Safety. An additional staff member is now available to support night-time evacuations if needed.
- Incident reports are now being analysed and actions taken to address issues identified. A report of this is submitted to CQC on a monthly basis as required from the last inspection. Whilst the breach has been met, development of robust risk assessments relating to the environment and peoples' individual risks were ongoing. Managers and staff demonstrated they were aware of the risks but they were not yet fully recorded

to ensure that any new staff would have the same understanding, this was an area that still requires improvement.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider and registered manager had not ensured systems and processes to protect people from the risk of abuse were operating effectively. Staff practice failed to demonstrate an understanding of their responsibilities for identifying and reporting concerns.

This was a breach of regulation 13 (Safeguarding) 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 13. Staff were now clear about their role. They were identifying, reporting and taking appropriate actions.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service now worked with other agencies to do so. The provider had invested in staff training and development. Managers and staff were now able to demonstrate they understood what could constitute abuse and restrictive practice. The practice of telling people to go to their room when they were upset had stopped. Staff told us recent training had helped and they knew what to do and how to report concerns. One staff said, "I know I have to report anything to (name of home manager)."
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. One person said, "I would tell (name of home manager)." A relative said "The staff are great people, I feel (name of person) is safe."

Staffing and recruitment

- Every person's record contained a clear one-page profile with essential information and do's and don'ts to ensure that new or temporary staff could see quickly how best to support them. We spoke to a new member of staff who demonstrated a good knowledge of people's needs and told us the managers and other staff were on hand if they had questions.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to consider people's individual needs. We spoke to a new staff member who told us they had a good induction, including reading support plans and had shadowed other staff before working independently.
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted within their funded hours. We observed people and staff interacting in a friendly and relaxed way.

Using medicines safely

At the last inspection the provider and registered manager failed to ensure safe care and treatment in relation to the management of medicines. We found people had not always received the correct doses of medicines and 'As required' medicine (PRN) did not always have a protocol in place to guide staff describing what the medicine was prescribed for or details such as dose instructions, signs or symptoms about when to offer the medicine, interventions to use before medicines offered. Medicines were held on the second floor of the building and not administered in line with good practice guidance. Medicine management processes had not identified these shortfalls.

This was a breach of regulation 12 (proper and safe management of medicines) 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 12.

- People had received their medicines safely or in accordance with the prescriber's instructions. 'As required' medicine (PRN) had protocols in place to guide staff by describing what the medicine was prescribed for or details such as dose instructions, signs or symptoms about when to offer the medicine, interventions to use before medicines offered.
- Medicine management systems had improved and this inspection found errors were now identified when they occurred.
- Medicines were now administered in line with good practice guidance. For example, the medicine cabinet and medication administration record (MAR) had been re-located to the first floor of the building making medicines more accessible for staff to administer.
- We observed medicine being administered, staff followed safe administration of medicines guidance and spent time talking to the person about their medicine before it was administered.
- Only staff that had received training administered medicines. The Home manager carried out medication practice competency checks with staff. These were then sampled by the registered manager when they carried out their audit.
- People's medicines were regularly reviewed with health professionals. For one person this meant they were supported to safely reduce and stop a medicine used to manage distress and anxiety.

Preventing and controlling infection

At the last inspection the provider and registered manager failed to ensure Infection prevention and control measures were effective. The ground floor toilet did not have a hand basin to ensure good hand hygiene and staff were not always wearing face masks.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment)

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider had installed a hand basin and ensured hygiene facilities were now adequate.
- We were assured that the provider was using PPE effectively and safely. At this inspection we observed that all staff used face masks in line with the current guidance.
- 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 and accessing testing for people using the service and staff.
- We were assured that the provider was admitting people safely to the service. There had been no admissions at Baytree house since the COVID-19 pandemic started.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed and the provider's infection prevention and control policy was up to date.

The providers approach to visiting was in line with current guidance. Relatives told us they were satisfied with the arrangements.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. This was an area where improvements had been made following the last inspection.
- When things went wrong, staff apologised and gave people honest information and suitable support. We saw that the service has started to use reflective practice tools to help them identify, what happened, what went well, what didn't go well, what they could do better and what do they do next.
- The home manager told us, "The changes have had a positive effect on the people as we have moved away from the hotel model, enabling the people to prepare their lunches and drinks, People are choosing more meaningful activities with our support."

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection the provider and registered manager had not ensured support was appropriate to meet people's needs. Care was not always delivered in a person-centred way. For example, people were not supported to actively participate with ordinary daily living tasks such as preparing their own food and cleaning, where they had the skills to do so. People did not have communication or sensory assessments and staff had little knowledge of people's communication needs. Understanding people's communication and/or sensory needs is fundamental to planning and delivering good quality support.

This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and whilst the provider was no longer in breach of regulation 9, progress still needed to be made and this is an area that requires improvement.

- Improvements had been made and people's needs and choices had started to be holistically assessed. Staff had been using a quality of life tool to identify what is important to people and were engaging people in more active support. Active support promotes people's independence and supports people to take an active part in their own lives. We observed people participating in the daily task including their own cooking, cleaning and laundry. Staff told us, "People are out doing more activities now (name of person) is more independent they are helping out more they are asking if I want a cup of tea now. (Name of person) uses the Kitchen, it's open for people to use, they are stripping their own bed, hoovering and filling the paper towels in the kitchen, they like getting involved" Details of what each person can do and how support was to be given had not been recorded in people's plans, the home manager agreed this does need to be fully recorded in people's plans with clear guidance for staff to use to consistently support people to achieve the things that are important to them.
- At the last inspection people did not have individualised care in line with their preferences and assessed needs. People did not have communication or sensory assessments. At this inspection this had improved, and we saw communication plans had greater detail and referrals had been made for sensory assessments where they were needed. The registered manager confirmed that whilst progress was being made it was an area requiring improvement to ensure all people had all their needs fully assessed and guidance for staff recorded.
- At the last inspection, managers had not fully considered people's strengths or focused on what they

could do, so that people had a fulfilling and meaningful everyday life. At this inspection practice had changed to consider people's strengths, for example, we observed staff praising people for getting involved and doing things for themselves, people were smiling and seemed pleased when this happened. The staff told us they were still getting to know what people did well and enjoyed. The support plans had improved but still lacked detail of people's goals and guidance to staff about steps needed to support them to be achieved. Managers confirmed this is an area requiring improvement.

- People did now have opportunities to develop strengths and skills. People told us and we observed a wider range of leisure activities were offered and one staff told us, "We are learning everyone is different."
- People's records had been developed since the last inspection and included details of pro-active strategies for staff to deploy to reduce the occurrence people becoming distressed. Staff described how they supported people when they became emotionally distressed and their knowledge matched the records.

Staff support: induction, training, skills and experience

At the last inspection the provider and registered manager had not ensured staff received appropriate training and support to enable them to meet people's needs.

This was a breach of regulation 18 (Staffing) 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 18.

- The provider had invested in staff training following the last inspection and staff told us they were able to access a wider range of subjects which helped them understand how best to support people.
- Most staff had completed the care certificate since the last inspection. This was in progress for the remaining staff. The care certificate is a nationally recognised qualification for staff in care settings and provides new staff with some skills and understanding of key areas to support people effectively. These skills are built upon with experience and training specific to the people they support and their role within the service.
- The provider arranged training with the British Institute of Learning Disabilities (BILD) about positive behaviour support (PBS). PBS is about working in partnership with people, treating them with dignity and respect and enabling them to have a better life. Positive behavioural support is an approach that put the person at the centre to make systems work for the person. (BILD's definition of PBS) Whilst the breach had been met, development of staff knowledge and practices are ongoing, and this was an area still requiring improvement. Most staff have had basic online training and managers have had in depth training to become PBS coaches.
- We saw that knowledge was being shared with staff and practice was developing. This was a positive shift in practice and will take time to develop and embed fully. In addition, staff were receiving training and information about learning disabilities and autistic spectrum condition. We saw that staff were working to improve their ability to communicate with people who use Makaton signing and we saw staff using this when engaging with a person who staff had supported to develop a photo book of their unique signs.

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

- People were involved in choosing their food, planning their meals and preparing their own breakfasts and lunches. People told us they liked to do this. Staff told us people were developing their skills in the kitchen and becoming more confident. There are visual aids in the kitchen to help people know what is in the cupboards and where to find things. We observed people preparing their food and they appeared confident

and enthusiastic.

- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. One person told us about a healthy diet and that it would have fruit and vegetables, laughed and said, "I like biscuits." One relative told us staff had supported their loved one to lose weight when they needed too.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. For example, we observed a person who had been assessed as needing a specific texture to their food, supported to have food they enjoyed within the assessment guidance.

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

- The interior decoration of the service was not adapted in line with good practice to meet people's sensory needs. (For example, noise-reducing furnishings/ calm diffused lighting). The service had made referrals for sensory assessments and the home manager advised they would be following any recommendations that were made to adapt the environment. There had been improvement with building orientation information, for example, a picture rota had been introduced since the last inspection and this was on the wall showing people which staff were on duty, we saw people using this tool to check who was on duty. Pictures on the outside of doors helped people know what they would find on the other side of the door, this was to support people living with dementia. People told us they liked these changes. The home manager confirmed that there was more to do as staff continued to improve their knowledge of how individual people responded to different types of pictorial communication tools.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. People were keen to show us their rooms, which were personalised. Rooms were decorated on a rolling programme and people told us they were involved in choices.

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

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed. Hospital care passports were in place and contained up to date information on people's health status. This meant that hospital staff would have the information they needed if someone was admitted to hospital.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One professional told us the home manager and staff were well informed and actively supported the professional visit including keeping records to aid the assessment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. People had an authorised DoLS and the registered manager had a system to follow up with the local authority when it was due to expire. Records demonstrated staff clearly recorded assessments and any best interest decision. The manager knew about people's authorised conditions and records showed the conditions were followed.
- Relatives told us they were involved in best interest decisions for their loved ones and these were made with consideration for the person's preferences. One relative said, "Staff respect (name of person)." Giving an example where their relative wanted to go to an event but needed to have a staff member with them, the staff member had dressed up as the person wanted and the relative said, "it was so equal, they looked just like two mates going out, a level playing field, all in it together."

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At the last inspection the provider had failed to establish adequate systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm. The provider had failed to keep the culture of the service under review and ensure people were supported in line with the principles of right support, right care, right culture. The provider had failed to ensure managers and staff recognised and reported allegations of abuse or restrictive practices. Training had not been followed up to check staff had gained the knowledge and competency required.

This was a breach of Regulation 17 (Good Governance) 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.

- It was evident that staff had received training and gained knowledge about safeguarding people and understood what constituted restrictive practice. Incidents were being audited and showed evidence of identifying trends and actions taken to reduce reoccurrence. Reflection tools to support learning following incidents were in use and staff told us they found this helpful when thinking about new approaches to support people when they are distressed.
- Medicine audits were being carried out and as prescribed (occasional use) medicines had protocols to guide staff. The provider had moved the location of medicines in the building to aid safe administration.
- Staff had received training about learning disability and autistic spectrum conditions. A new training provider had been commissioned and staff told us they had access to a wider range of learning tools. We observed staff putting into practice new knowledge. The registered manager and provider had clear oversight of the training staff were undertaking and were better at identifying gaps in knowledge. The system was still embedding and a robust process for assessing staff competency was still developing. Whilst the breach has been met, this is still an area that requires improvement. The registered manager and home manager had booked further and more detailed training about the support approaches of people with a learning disability and autistic people, specifically in the areas of communication tools and sensory needs to

build knowledge and further improve practice.

- The provider had engaged an external consultant to set up a formal quality assurance system and this was rolled out in January 2022. Whilst the breach has been met, this is still an area that requires improvement. The new quality assurance system had only had one full month in use at the time of the inspection and needed time to develop and demonstrate its effectiveness.
- Managers have implemented a culture that valued reflection, learning and improvement. They were receptive to challenge and welcomed fresh perspectives. This was a significant improvement since the last inspection. We observed people being open and conversational with staff. Staff told us they were listened too. Relatives gave positive feedback about the home manager and staff. One said "(Name of home manager) and staff do a great job, (name of home manager) keeps me informed and I trust them." Another said, "fantastic staff, staff welcoming, I just want to say thank you to everyone."
- The registered manager demonstrated their understanding of the importance of achieving good outcomes for people and whilst this was a work in progress, it was evident it had started. People were doing more for themselves as staff developed their understanding of active support. We observed people taking pride in ordinary tasks such as preparing their own lunch and cleaning their rooms. One person told us they were busy packing boxes ready for their room being decorated. They were evidently very pleased to be doing this task themselves.
- The provider invested in the service following the last inspection, embracing change and delivering improvements. It was evident that there had been a significant investment in training and staff told us they felt better equipped to support people.
- The provider had taken action to improve the layout of the building and had reduced the number of people living at Baytree house from nine to eight. This allowed for the office space to be more accessible to people and gave the managers and staff a place to work that still had good access to the day to day life of people. We saw people popping into the office to chat to the manager during the inspection. People told us they liked the new office location. The home manager told us a new post of deputy manager had been put in place and this had helped them make the changes to the practice and culture.
- Environmental risks identified at the last inspection and subsequent fire safety inspection had been addressed and the provider had commissioned a fire safety specialist to carry out fire audits of the building. Work was underway on all risk assessments. The registered manager explained how this was developing alongside the new quality assurance system.

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

At the last inspection the provider had failed to notify us of specific events that they are statutory required to do so. This was a breach of regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009. At this inspection we found the provider had notified CQC appropriately of all notifiable incidents since the last inspection.

- The service apologised to people, and those important to them, when things went wrong. Relatives told us they were informed by the home manager when they needed to be.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

- People and staff told us they have regular house meetings where everyone has an opportunity to raise

issues or talk about things they would like to change. For example, at the most recent meeting, people discussed what sort of things they wanted to do to make the most of having a new staff member to help people with interests and activities. One person said they would like to play cricket in the garden and garden bowling. We observed a game of bowling during the inspection.

- People were more involved in decision making and staff are being trained to better promote and encourage people's choice. One staff told us, "The positive behaviour support training has helped us to focus on things people value, people are calmer and more stimulated now."