

Ntec Support Services Limited

Baxter Gates

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

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

Baxter Gates provides care and support to people living in supported living accommodation. The supported living accommodations comprised of a terrace house with a rear garden. Each person had their own bedroom and access to washing facilities and shared kitchens. The service worked with people with a learning disability. At the time of the inspection, the service was supporting three people across two houses.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service clearly demonstrated how they met the principles of Right Support, Right Care and Right Culture.

Right Support:

Staff focused on people's strengths and supported them to achieve independence through meaningful activities. Staff supported people to achieve their aspirations and goals understanding their individuality and freedom of choice. People were encouraged to try new things and supported to live their best lives. Staff understood people wanted to have normal, fulfilling lives and worked with people to achieve this. Staff supported people to take part in activities and pursue their interests. Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their 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.

Right Care:

People experienced a truly person-centred model of care where staff put the person at the heart of everything they did. People and, where appropriate, relatives, were fully involved in all aspects of planning their care, from initial assessment to the care planning and review process. Staff understood people had better outcomes if they felt in control of their care. We observed kind and caring interactions between people and staff where people were smiling, laughing and joking around. People told us they felt happy and

were supported to try new things such as new foods and activities. Staff understood how to protect people from poor care and abuse. 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. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds, pictures and symbols (could interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them.

Right Culture:

The ethos and values of the service was embedded into the culture of the service. There was an open culture where people, staff and relatives felt able to voice their opinions and be heard. People were supported by a consistent, dedicated and compassionate staff team. This meant people were able to build strong and effective working relationships which empowered them and promoted better outcomes for their care. People's feedback about the care was valued and used to further improve the quality of care. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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

Rating at last inspection

This service was registered with us on 10 December 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally 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.

Baxter Gates

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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in two '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.

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 May 2022 and ended on 07 July 2022. We visited two of the services supported living locations on 16 May 2022.

What we did before the inspection

We reviewed information we had received about 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 the registered manager, quality assurance manager and seven care staff. We also spoke with three people living at the service and three relatives. We reviewed a range of records including three people's care plans and risk assessments, two people's medicines, four staff files including recruitment, supervision and appraisal, numerous auditing processes, training records and other documentation that supported the running of the service. We also spent time observing people's experiences and interactions with staff.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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 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. Training was refreshed regularly.
- 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.
- People told us they felt safe and supported by staff. One person said, "They [staff] are helpful and supportive and when you tell them [about how you are feeling] they listen to me."
- Relatives told us they felt people were safe living at Baxter Gates. Relatives commented "Absolutely [safe]. She calls me on a regular basis, I don't hear or pickup any concerns from her. She has her independence and I think she feels quite safe" and "Yes, defiantly! [safe] When I go to the door staff always answer the door and make sure she knows I am coming. I know that [Person] would tell us if she didn't. I know she is in a safe place, she's not scared or called us to say she was worried."

Assessing risk, safety monitoring and management

- People had detailed risk assessments which provided clear guidance for staff on how to minimise risks. Risk assessments included instances where people might experience periods of distress, swallowing difficulties and safety at home and outside.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People were treated as partners in understanding and minimising their personal risks. Risk assessments were discussed with people and people had input into their risk assessments.
- Each person had a behaviour support plan. This documented things that could cause people distress and gave clear guidance for staff including early warning signs, what worked for people to minimise and de-escalate a potential risk and maintain their wellbeing.
- Fire risks were assessed. People had personal evacuation plans which detailed what support the person would need in the event of a fire. There were regular checks of fire systems and equipment.

Staffing and recruitment

- There were enough staff to ensure people's care and support needs were met.
- Where identified, people were provided with extra staff support to make sure they remained safe both at home and in the community.
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in

employment explored, proof of identity and a Disclosure and Barring Service check (DBS). 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

- People received their medicines safely and on time.
- People's care and support needs around medicines were documented in their care plans.
- Where people had been prescribed 'as needed' medicines, there was information for staff on when these medicines should be offered and administered. As needed medicines are medicines such as pain relief or to help with anxiety.
- There were systems in place to monitor medicines stock and safe disposal of medicines.
- Staff had received medicines training which was refreshed regularly. Following medicines training, staff underwent a competency assessment to ensure they were safe to administer medicines.

Preventing and controlling infection

- People were protected from the risk of infection by good staff practice around infection control.
- Staff had received training in infection control, including COVID-19.
- Staff had access to personal protective equipment. During the inspection we observed staff wearing masks. Staff told us they had access to aprons and gloves when they supported people with personal care.
- Staff were encouraged to be vaccinated against COVID-19 and seasonal flu.

Learning lessons when things go wrong

- The registered manager recognised the importance of learning when things may have gone wrong.
- Where there were any learning points to help improve the quality of care for an individual or the wider organisation, these were assessed and shared with the staff team during staff meetings and handovers.
- We saw a person's care plan had been updated after identifying learning points. Staff had also received further training. This meant staff were able to work more effectively with the person.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 care and support needs were assessed in line with standards, guidance and the law.
- Prior to people moving into the service, a comprehensive pre-assessment was completed. This ensured the service would be able to meet the person's needs and that the person was happy with the service.
- Following the pre-assessment, a care plan was developed in collaboration with people and those that mattered to them.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and empowered by the management team.
- Staff received regular supervision and appraisal to help them develop in their role.
- Staff received a robust induction when they started work which included completing 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. Staff also completed numerous training courses as well as shadowing more experienced staff before working alone.
- Staff received regular training to support them in their role and promote best practice. Staff had also completed specialist training in working with people with a learning disability and autism awareness.

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

- People were supported make food and drink choices that supported a balanced diet.
- People's care plans clearly documented what support they required around food and helping people make healthy choices. For example, we saw specific care plans for people with diabetes which documented what foods people liked and what types of food would support a healthy diet for someone with diabetes.
- The service recognised that for some people living with a learning disability / autism, food can be an important part of their lives.
- Staff fully supported people to budget, plan meals and cook. People had differing skill levels, which staff fully understood and worked with. One person told us, "My favourite food is spaghetti with meatballs. I make it with the staff."
- People living at the house had decided they sometimes wanted a community meal where everyone got together to eat. People were fully involved in this and helped plan the menu.

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

- People were fully supported to access healthcare in a timely manner.
- Staff worked with people on a one to one basis to help them understand the importance of routine healthcare such as the dentist and GP. Where people had more specialist healthcare such as Speech and Language therapy), psychiatry or reviews with local learning disability teams, staff made sure people understood why they were being asked to attend these appointments and what it meant for them. A relative said, "They take her to her appointments and everything."
- People's care plans documented the type of support they required around managing their health. Where needed staff accompanied people to appointments.
- Staff knew people well and were able to recognise when they may be becoming unwell.
- Each person had a 'hospital passport' in case they needed to go to hospital. This document went with them and gave hospital staff clear information about the person.

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. 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.

- The service worked within the principles of the MCA.
- Each person had a 'Capacity Care Plan'. This clearly documented people's capacity as well as what type of decisions they were able to make. For example, simple day to day choices. This gave staff clear guidance on people's ability to make decisions.
- All staff had received training in the MCA and understood how the MCA impacted on the care and support they provided. A staff member said, "It's [the MCA] about decisions made for someone who lacks capacity. Anyone can make their own decision for themselves, and we have to support them to do it."
- Where people were being supported to make more complex decisions, staff worked with people to help them understand outcomes and consequences.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well and supported respecting their individual needs.
- People were positive about the staff who supported them and felt they were kind and caring. People told us, "I like it here because the staff are helpful" and "They [staff] are kind, polite. They are friendly. They are helpful. They are supportive."
- Relatives were confident people were well treated and felt care and support needs were met in a compassionate way. One relative said, "I heard a staff member talking with her and they talk with her very well!"
- We observed kind and caring interactions between staff and people. People appeared comfortable with staff, chatting and laughing.

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

- People were fully involved in making decisions and planning their care.
- People and relatives told us they were involved in the care planning process and subsequent reviews.
- All people using the service had capacity and were able to decide if they wanted their relatives involved in planning their care. Where relatives were involved this was documented in people's care plans.
- People were involved in day-to-day decisions about their care. This included what they wanted to eat, wear and what activities they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible and their privacy and dignity respected.
- Staff understood people's rooms were their private space and respected this. We observed staff knocking on people's doors and waiting for a response before entering. A relative told us one of the good things about the service was, "The privacy [person] has got in her room."
- People were supported by staff who were committed to providing a model of support that valued people's independence. Staff used positive affirmation to encourage people to be as independent as possible.
- Staff promoted people's independence and supported them to do things for themselves. People's care plans clearly documented what people were able to do and how staff needed to support them to achieve things. This included daily activities such as cooking and taking care of their personal space and going out. A relative said, "They have really helped with her confidence [and independence], they really prompt and support her to go out and get out of the house." A staff member said, "I will always ask the person's consent. It is so important. I ask [person] if she would like personal care. If she says no, I will wait and go back in a while. We encourage her to do as much for herself as she can. So, when we help her with personal care we

make sure we say, can you wash your arms and face."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service had an exceptionally responsive approach to people's individual wellbeing and worked with people in a person-centred way. This had a positive impact on people's quality of life and increased their independence and self-esteem.
- People were supported by a consistent, dedicated team of care staff who were passionate about working with people living at the service. Staff commented, "Being able to support the service users. You are able to help them, and it feels really good. It makes me feel good I can help and empower people as well as their families." A person said, "I like it here. The staff are helpful." Another staff member said, "I've been there almost a year and a half, I love it."
- Staff worked in creative ways to promote people's independence and recognised promoting independence helped increase people's sense of self and gave them faith in their own abilities. Where people had anxiety around going out alone or using public transport, staff worked closely with people and created collaborative plans on how to encourage them. One person attended a day centre and staff would accompany them consistently discussing the route, which buses to take and what to do if there was a bus diversion. On the first day the person travelled alone, there was a bus diversion and the person was able to navigate this and continue their journey without any distress. Staff also supported the person to purchase a mobile phone in case of emergencies and taught them how to use it. After six weeks the person went out alone for the first time and now travels alone to the day centre several times a week.
- Another person suffered from severe anxiety when going out and had not used public transport in several years. Staff worked with the person to understand their fears and concerns and how they could best support them. A detailed plan was created where the person worked to small goals and gradually increased their independence. The person had been to the local shop alone several times. The registered manager told us this was a "Huge achievement" for the person.
- Staff proactively supported and understood people with a learning disability have the right to form healthy personal and sexual relationships. One person had expressed they would like a partner and be in a safe loving relationship. Staff and a member of the Local Authority complex care team worked with the person to identify what safe and healthy relationships looked like. This included understanding sexual safety, safely using social media and the internet and recognising warning signs of unsafe messages. Staff also supported the person to sign up to a reputable dating website. Alongside technology, the person was encouraged to go out more and create positive friendships and relationships whilst doing things they enjoyed.
- People were fully involved in choosing what activities they wanted to take part in within the house. Whilst this was a supported living setting, people got on well and had created a small community atmosphere and

enjoyed doing things together. For example, around Mother's Day people worked together and chose to do a role play around what their mothers and/or being a mother meant to them. We saw pictures of people smiling and enjoying the experience. People also worked together to decide on different in-house activities, this included a party for the Queen's Jubilee, organising BBQ's, tea parties at one of the other supported living houses and picnics. The registered manager told us, "They [people] are very vocal and they pick their activities!" One person told us, "We do stuff everyone likes!"

- Staff worked with people to promote an understanding of healthy lifestyles and what that meant for them as individuals. Two people expressed they would like to go cycling. Staff had helped people identify a local cycling club and were being supported to attend weekly.
- One person had significant concerns around their weight and diabetes. When the person first moved into the service, they would only eat microwave meals and found it difficult to take care of themselves. Staff found innovative ways to encourage the person. As part of this they talked about different cultures and the types of food the person could try. The person developed a real interest in cultural food and was supported to try different foods, which they also helped prepare. The person said they wanted to try more, and staff worked with the person develop their own 'cultural week'. The person decided what types of food they wanted to try, and staff supported them to go shopping and purchase different foods from around the world. The person told us, "Staff supported me to go to [specific shopping area] and go shopping. I get plantain and kenkey. It's a little bit like bread, you can rip it and eat it! They [staff] support me cooking!" Providing the person with enjoyable experiences around food had improved their understanding of a healthy diet and supported both their physical and mental wellbeing. There were pictures of the food the person had cooked on the house notice board and the person had said, "My first home cooked meal with staff support' I'm very proud of myself!"
- People received positive support and motivation from staff and achievements were celebrated. We saw a noticeboard with pictures of numerous activities and quotes from people. One person proudly showed us the notice board and pointed out pictures of themselves saying, "That was me!"

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided an environment where people were supported to lead full lives that recognised them as individuals. People's care plans were exceptionally person centred and focused on what people were able to achieve, their goals and aspirations.
- Whilst staff recognised people experienced periods of distress, they worked with people to understand how this affected them and their ability to achieve their goals. One person said, "When I feel low or start [getting distressed] staff ask me why and help me. They understand."
- People were at the heart of the care provided which provided a truly person-centred experience for people. An example of this was a person who had difficulty in attending to their personal care on a regular basis when they moved into the service. Staff worked creatively with the person to understand why this was a concern for the person and how they could help them. Staff used positive reinforcement and encouragement on a daily basis which helped the person understand the positive aspects of self-care. At the time of the inspection, the person was attending to their personal care on a regular basis and staff said there had been a huge improvement in their self-esteem and wellbeing. This led to the person wanting to engage more and take part in other activities. Another person had always wanted their hair dyed red but had not had the confidence to do so before moving into the service. Staff had supported the person to achieve this goal and used positive affirmation such as, "You are beautiful, you can do it, you only have one life to live so let's help you to live it and enjoy it, your hair is your crown so let us help you to look after it." We saw the person had a fabulous red hair colour and the person told us with a beaming smile, "I told the staff I wanted red hair. Staff made the appointment and I went!"
- People had freedom and control over their own lives and staff worked with them to identify things that

they enjoyed and found fulfilling. People benefited from individualised care that used one to one sessions to support and encourage people. Each person had a keyworker who met with them regularly. People knew who their keyworkers were and were complimentary of them. One person commented, "My Keyworker [name of staff member], she's helpful and supportive. It's nice, she supports me to do stuff." A relative happily commented, "I think [the best thing about the service], it's the one on one she gets with the staff. She tells me about the staff and it's so important for her, and they provide her with that. She's not just one in a group of others!" Another relative said, "[Person] went on a one to one to Parliament Field with a staff member. She called me and went on and on, in a good way! She was flowing in her conversation."

- Relatives spoke in glowing terms about how responsive the service was to people's needs and how it impacted on people in a positive way. An example of this was a person who was very withdrawn and found it difficult to interact with people. Since living at Baxter Gates, the person had flourished and began trusting staff enough to allow them to support them to take part in activities they enjoyed as well as daily tasks to maintain their wellbeing. Their relative said, "I was very touched with their [staff] interactions with her and other people they were very respectful and understanding, there was compassion there which was very touching. [Person's] trust level was zero. Now she is getting it together through the experience she is having there."

- People were involved as equals and partners in planning their care. Each person had an easy read copy of their care plan and hospital passport. One person we spoke with showed us their care plan and said, "We wrote that [themselves and staff]."

- Staff had a 'doing with' attitude to care and understood involving people allowed them to feel in control of their lives. This enhanced people's sense of wellbeing and promoted positive outcomes for them. People were encouraged to be involved in all aspects of their care and support needs around activities of daily living. This included, counting and monitoring their money, documenting their day (journaling), and understanding their medicines. The registered manager told us, "It's about helping them gain independence."

- In the supported living settings we visited, we found warm and homely atmospheres where staff showed genuine compassion and support. Staff went above and beyond to make people's daily experience happy and content. We observed a staff member blow drying a person's hair with their favourite music on and both were singing and dancing along whilst smiling and laughing. We observed another staff member supporting a person with their mathematics homework using positive and supportive language. During the inspection we saw staff supporting a person to cook and smiling and joking with the person and encouraging them to do what they were able to. A relative said, "They had a little birthday party for [person]. I live some way away and they said no stay [and enjoy the party], staff were so welcoming and loving. They work with [person] at her level and have high spirits." A staff member told us, "We have activities, we play music and dance rather than staying in their room. We try and make everything fun, even doing laundry!"

- People were empowered by a service that valued their input into their care and the staff who cared for them. The management team had worked with people to train them in interview skills. People were involved in interviewing new staff and their opinions listened to.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service recognised each person was an individual and had different communication needs which directly impacted on how they experienced their care.

- People had detailed, tailored communication care plans which looked at the most effective ways people communicated. This included how people may react to daily things that could trigger periods of distress for people such as loud noises or specific types of questions.
- The registered manager had sought specialist training for staff to ensure people's communication was an integral part of their care and support. One person had a specific mental health condition alongside their learning disability which meant they reacted to everyday things in a very different way. The trainer had worked with the person and the staff team to identify what was important to the person when communicating with them. This included body language, speaking tone and specific questions that could cause distress. Information was clearly documented in the person's communication plan and staff were able to tell us about it. Understanding the person's communication needs had led to less periods of distress for the person and more positive outcomes for them.
- The service promoted an inclusive and supportive environment for people that respected and celebrated their diversity. One person who had English as a second language had been empowered to give short lessons to people and staff in their own language once a week. The quality assurance manager told us, "This has been a huge boost to [the person's] self-esteem and confidence sharing [their] language with everyone." This also meant staff were able to communicate better with the person in their own language using basic words and phrases.
- Staff worked with people to help them better understand what good communication looked like for them. One person had been supported to sign up for weekly on-line classes in effective communication to help them recognise how they communicated. The person told us, "I do an on-line course with MIND for my anxiety and effective communication. Staff helped me and it's really good."

Improving care quality in response to complaints or concerns

- There was a complaints process in place. People and relatives were given a copy of the complaints process when people moved into the service. At the time of the inspection, there had been no complaints received by the service.
- People had a copy of the complaints process in their rooms. One person showed us this and told us they would speak to the staff if they wanted to complain about something.
- Relatives told us they knew how to complain if they wanted to. Comments included, "Yes, I can [complain]. I can call them anytime if I have any concerns, but I don't!" and "I would talk to [staff member]. I wouldn't have a problem raising a problem with any of them. [Staff] is very gracious and very helpful."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were at the heart of the service and the values of the organisation supported this. Staff were trained in the core values of the service during induction and the values were discussed with people and relatives when people moved in. This meant people were informed of the ethos and culture of the home and the behaviours they could expect from the staff and the care they provided. This was demonstrated throughout the inspection and in our conversations with people, relatives and staff. The registered manager told us, "We believe every service user has a talent or gift!"
- Relatives spoke in glowing terms about the service, staff and how their loved one was being cared for. Comments included, "A very happy pleasant place. When I came away from there, I felt so happy, I felt it was the best place for her. All the staff were so loving towards her. Just seeing her there made me so happy because I could see how happy she was! They really make a fuss of her" and "I'm really very happy with where she is. We know she is safe and happy. [Staff] are helpful, kind and caring!"
- The registered manager displayed good leadership promoted an open and positive culture within the home, empowering people and staff to speak up and be involved in the planning and delivery of service. The open culture of the home promoted a safe space for people to express their needs and ambitions.
- Staff were incredibly proud of the service and there was very low turnover of staff which was testimony to the leadership and management. No agency staff were used in the home.
- Staff also told us of the dedicated registered manager who always put the people living at the service first. One staff member said, "She [registered manager] listens to them and they always come first! They like [the registered manager] and always wait for her to come. [One person], she smiles when she sees [registered manager]. She calls them personally to make sure they are ok!" and "She is so nice and loving to the people [that live at the service], she is compassionate and empathetic."
- Staff were enthusiastic about working at Baxter Gates and said, "We get on really well as a team. I get the chance to do things and if they are good ideas, we run with it! We all work together hand in hand" and "I find it very good! People are very kind. The management team are very good and supportive they are always there to support you" and "I'm more happy working her because of the environment and how the management is supportive to the staff. Management listen to the staff, any issues, they are on top of everything, especially [registered manager]." A third staff member confidently told us, "We are very proud of her [registered manager] here. If you call her and she needs to come in she will come and support us at any time."

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

characteristics

- The registered manager recognised that people, relatives and healthcare professionals' feedback was vital and was fully committed to understanding people's views. This ensured the service was able to evolve and develop to promote best practice and create a truly person-centred model of care. There were regular surveys which showed a high level of satisfaction from people, relatives and healthcare professionals.
- Staff understood there were many different ways to gain feedback from people living with a learning disability. This not only included talking with people who were able to communicate verbally but also using pictures and understanding body language and facial expressions around what people liked or disliked. This helped staff determine people's enjoyment and choices. When we spoke to staff following the inspection, a staff member said, "Today we have meetings with residents and staff, so they can be open and honest with us, are we doing everything they need? is there anything they want? are we meeting their needs?"
- People benefited from a service that valued their staff and worked to retain and support exceptional staff. The registered manager and quality assurance manager recognised well supported and passionate staff were fundamental to people's experience of care.
- People were fully involved in their care and the service, as demonstrated throughout this report. People were treated as partners in their care and their views and opinions listened to.
- In 2021 the service had worked hard to achieve a silver award in Investors in People. Investors in People has a set of standards the service must meet and aims to develop strategies to improve the performance of the organisation through its staff, leadership and management. The quality assurance manager told us, "It [Investors in People] helped us identify how we support our staff, if their morale is good, they feel listened to, it's all part of the culture and has a knock on effect to the people they work with. We want them, staff, to be part of it so it's happening with them and not to them. They are on the front lines and they know best! We want to know we are doing the best by the clients and if morale is high, you get the best from your staff." One of the comments from a member of staff during the process was, "We try our best to continuously improve and innovate, based on client needs. We help them to lead a normal life."
- Staff's opinions and views were valued. There were regular team meetings for staff and team leaders as well as staff group forums twice a year. These allowed staff to voice their opinions about the service, put ideas forward and be involved in the running of the service. A staff member said, "They [management] listen to us and ask our opinion. Our quality assurance manager is good as well and quick to act."
- The service produced a quarterly newsletter called, 'The Gazette' which was circulated to people, relatives and healthcare professionals. This informed people of what was going on in the service and the wider organisation. It also documented and celebrated people's achievements and people were involved in creating articles. Most recently there was a focus on mental health awareness week and people using the service had spent time discussing what mental good health meant for them. The registered manager had also done a parachute jump to raise money!

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- Good governance was well embedded in the management of the home by both the registered manager and senior management. There was a strong focus on accountability, continuous improvement and exceeding expectations.
- There was clear management oversight of the service through numerous and detailed auditing systems. Where anything was identified, this was responded to quickly. For example, one person needed a new bathroom, and this was done.
- The registered manager and staff responded quickly to any feedback. During a recent survey, people had said they felt anxious when they were not informed of any staff changes, for example, if a staff member was covering sickness or annual leave. In response staff informed people every day of who would be working and one person now had a board in their room to show which staff would be working.

- The service was paperless, and staff used an electronic system for all aspects of people's care and support. Records relating to staff and the management of the service were also electronic. Staff had been trained in using the system. One member of staff had commented about the system in feedback, "This [electronic system] is more proactive and efficient. We can get better reporting around training needs; compliance and it will enable us to see the gaps."
- The registered manager was fully aware of their legal responsibilities to inform CQC of any safeguarding and other reportable issues.

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; Working in partnership with others

- At the time of the inspection, there had been no incidents where duty of candour applied. However, the registered manager was aware of the principles of the duty of candour and the importance of being open and transparent should anything go wrong.
- The service worked closely with healthcare professionals such as occupational therapists, learning disability teams and psychologists to maintain and improve people's wellbeing. People were also supported to access routine healthcare in a timely way.
- When people were referred to the service, the registered manager and staff worked closely with the referring authority, people and their relatives to ensure they were able to meet people's needs.