

Kibo Hospital Services Limited

Balance Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Balance Care is a supported living service which provides people with care and support in their own homes, enabling them to remain as independent as possible. At the time of our inspection there were two people receiving support.

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

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

Right support

The model of care and setting helped to maximise choice, control and independence. People are empowered to remain independent and are involved in the provision of care they receive.

Right Care

People's dignity, privacy and human rights were respected and supported. People received personalised care that was tailored around their likes, wishes and preferences.

Right Culture

The ethos, values and attitudes of leaders and care staff helped to ensure people were encouraged to live confident, inclusive and empowered lives.

People told us they felt safe receiving support from Balance Care staff. Managers and staff understood their responsibilities and the importance of keeping people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's support needs and areas of risk were appropriately assessed and measures were put in place to ensure they received the most effective level of care, that was tailored around their needs.

People received care from a consistent staff team who were familiar with their support needs. Safe recruitment procedures were complied with. The suitability of staff was thoroughly assessed before they were recruited to support people using the service.

Infection prevention and control (IPC) measures and arrangements were followed to minimise the spread of

infection. There was a COVID-19 contingency plan in place and staff were engaged in routine testing regimes.

Safe medication administration procedures were in place. Staff were suitably trained to support people with their medications and compliance was routinely monitored.

The culture and ethos of the service was person-centred, inclusive and empowering. People, staff and one external professional spoke positively about the provision of care being provided.

Robust quality assurance systems and processes helped to monitor the quality and safety of care being provided. There was effective partnership work in place, ensuring people received a holistic level of care.

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 the service, under the previous provider / previous premises was requires improvement, published on 6 October 2018. Balance Care was registered with CQC on 30 May 2019 and this was the first inspection at this registered location.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Balance Care

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 completed by one inspector.

Service and service type

Balance Care provides care and support to people living in '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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

A short period notice of the inspection was given. This was because we wanted to be sure the manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, manager, five members of staff, two people receiving care, and one external healthcare professional. We viewed records relating to two people using the service and three records relating to the recruitment of staff. We also viewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This was the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and safely managed.
- Tailored and personalised risk assessments were completed; these helped to determine the level of risk, ensuring the correct and safest support measures were in place.
- People's areas of risk were regularly reviewed and care records reflected the most up to date and relevant information.
- People received care and support from a consistent staff team; staff were familiar with people's care needs/risks and escalated any concerns if they presented.
- Positive risk taking was encouraged; this enabled people to experience maximum independence, choice and control over their lives.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes ensured that people were protected from harm and the risk of abuse.
- Staff received the necessary safeguarding training and told us how they would escalate any concerns.
- People told us they felt safe receiving care and support from Balance Care staff.

Staffing and recruitment

- Safe staffing levels were in place and recruitment processes were followed.
- People received care and support by a staff team who had been appropriately matched to them and their needs.
- Resource planning meetings ensured that staffing levels were determined in conjunction with the dependency needs of people receiving support.
- Pre-employment checks were carried out on all staff; such checks provided assurances that they were suitable to work in an adult social care environment.

Using medicines safely

- Safe medication administration procedures were in place.
- Staff received the relevant medication administration training and regularly had their competency levels checked.
- Care records contained details of the medication support people needed and protocols were in place for any 'as and when' medications.
- Medication audits were routinely conducted as a measure of monitoring compliance, ensuring people received the correct level of support.

Preventing and controlling infection

- Effective IPC measures were in place and complied with.
- Staff were provided with the appropriate PPE and were engaged in routine COVID-19 testing regimes.
- Staff were provided with the appropriate PPE and confirmed that they felt safe and protected during the height of the pandemic.
- People had the relevant COVID-19 risk assessments in place; there was also an up to date COVID-19 contingency plan.

Learning lessons when things go wrong

- Accident and incident reporting procedures were in place; lessons were learnt when things went wrong.
- Accident and incidents were reported, investigated and the necessary action was taken.
- The manager ensured that measures were put in place to keep people safe and mitigate risk.

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 was the first inspection for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- Principles of the MCA (2005) were complied with, people were not unlawfully restricted or deprived of their liberty.
- Care records contained the relevant information in relation to people's capacity. Consent to care and treatment documentation was evident in people's care records.

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

- People's needs and choices were effectively assessed; care and support was provided in line with standards, guidance and law.
- People were actively involved and empowered to involve themselves in the provision of care they received.
- Staff understood the importance of delivering care that was centred around the people they supported; always empowering and supporting them to make decisions around their day to day care.

Staff support: induction, training, skills and experience

- Staff were thoroughly inducted into their roles, provided with training opportunities and supported to develop their skills and experience.
- All new employees were provided with a learning and development plan; this clearly outlined how their induction would be managed and how they could progress in their role.
- The provider held quarterly leadership sessions to help support and develop aspiring leaders.
- Staff told us they felt valued, supported and committed to providing the best quality care. Staff said, "I think it's great, management are very supportive" and "I love it, I have worked for a few companies but here I feel really supported and valued."

- The manager maintained a good level of oversight in relation to training compliance. At the time of the inspection almost 95% of staff had completed all the training that was required.

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

- People received dietary support and were encouraged to maintain healthy, balanced diets.
- People were encouraged to choose their own food; one person in particular had set their own goals around weight management and a balanced diet was supported.
- Care records contained relevant and consistent information in relation to the support people needed and any risks that needed to be managed.

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

- The provider worked in collaboration with other agencies as a measure of providing consistent, effective and timely care.
- People received a holistic level of care from Balance Care staff and other external professionals; this helped to improve and enhance people's quality of life. One professional told us, "Staff have been reaching out to the appropriate practitioners for support when issues have arisen."
- Relevant guidance and support provided by external professional's was incorporated within people's care records. One professional told us, "There is evidence of staff being aware of and following guidelines around de-escalation, proactive strategies etc."

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 was the first inspection for this 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's equality and diversity support needs were respected and promoted. People confirmed they were well treated and received kind and compassionate care.
- People received a tailored, personalised level of care that was centred around their individual needs, wishes and preferences.
- Kind, considerate working relationships had developed between staff and people receiving support. One external professional told us, "I witnessed staff approach [person] with positive regard and use of humour which [they] were receptive to."
- People confirmed that they received care and support that they were happy with and staff knew them well.
- People using the service received a welcome guide as well as a welcome hamper when their care package began; this supported a culture of kindness and warmth.

Respecting and promoting people's privacy, dignity and independence

- The ethos and culture of Balance Care was centred around dignity, privacy and independence.
- Staff were familiar with the level of care people needed and support plans contained relevant, up to date information.
- People were encouraged to remain as independent and empowered as possible. One professional told us, "Staff appeared to be engaged in getting to know [person] as an individual and understand [their] needs. There was an awareness of [their] needs and preferences when I visited."
- General data protection regulations were complied with; confidential and sensitive information was protected.

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

- Staff supported people to express their views; they were involved in decisions about their care from the outset. The manager confirmed, "We then act upon all appropriate feedback, increasing our connection with the service user voice."
- People were encouraged and empowered to take part in quarterly service user forums, monthly one to one meetings, support plan and risk review meetings, weekly planning meetings as well as receiving quality satisfaction surveys. Feedback was reviewed and acted upon when necessary.

Is the service responsive?

Our findings

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

This was the first inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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 support needs were fully established and understood; AIS requirements were complied with and people received the appropriate level of support.
- The provider had a 'communication preference booklet' in place; this identified people's communication preferences and how they wished to receive specific information and in what format.
- Care records contained relevant information in relation to people's communication support needs. For instance, one record stated, 'I do experience some speech production difficulties but can speak up for myself, I like to represent myself where possible.' Another record stated, 'Staff to communicate clearly, use language I understand.'

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

- Personalised care was provided; people had choice and control of their care and made their needs and preferences known.
- Care records contained personalised, tailored information that supported staff to develop a greater understanding of people they supported. For instance, one care record stated, 'I would like staff to be respectful, inform me of what they're doing and would like to be provided with options of what I would like to wear.'
- People's support plans outlined tailored areas of care that staff needed to be familiar with. Support plans highlighted people's preferences, goals, likes / dislikes and wishes. For instance, one support plan highlighted, 'I would like staff to support me to implement (slimming plan) into my daily diet.'
- People were involved in the creation and review of support plans, ensuring that their choices, preferences and decisions were captured, understood and respected.

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 were supported to remain active, socially independent and empowered to engage in activities they enjoyed.
- People enjoyed developing positive relationships, engaging in voluntary work, visiting local shops and going to day centres, discos and the local pub.

- People confirmed that staff knew them well and encouraged them to take part in activities they enjoyed. For instance, one care record stated, 'I enjoy going into town, via the train and going to the pub for lunch and a pint.' One person also confirmed that they enjoyed planning and going on holiday.
- The manager told us, "I hope it is clear that we are a service truly shaped around the people we support. We listen, and are passionate about what we do. We have supported people to have experiences they thought they would never have."

Improving care quality in response to complaints or concerns

- The provider had an up to date 'complaints, compliments and suggestions' policy in place.
- Complaints were reviewed, investigated (when necessary) and acted upon, ensuring lessons were learnt.
- The provider also ensured that complaints were routinely discussed as part of their monthly business governance meetings.

End of life care and support

- End of life care was not being provided at the time of the inspection.

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 was the first inspection for this 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.

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

- The manager and staff understood their roles, responsibilities and regulatory requirements that needed to be complied with.
- Robust quality assurance and governance measures were embedded at the service; these helped to monitor, assess and improve the quality and safety of care people received. Such measures included, medication audits, spot checks and care package audits.
- Routine governance meetings were taking place. These helped to monitor the quality and safety of care and provided assurances that regulatory compliance was being met.
- There was a local risk reduction register in place; this identified risks across the service, control measures that needed to be implemented, and how the risk reduction measures would improve the quality and safety of people received.
- We informed the provider that their registration details in relation to 'service type' was inaccurate. The provider immediately responded to this and submitted the necessary notification and statement of purpose documentation to CQC.

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

- There was a positive, person-centred, inclusive culture that supported good outcomes for people receiving support.
- The vision and philosophy of the service ensured that 'individuals were placed at the heart of their own care and support', with the aim of 'promoting safety, dignity and independence.'
- Staff confirmed the culture that had been adopted was completely centred around the person receiving support. Staff members told us, "[Person] is involved in everything, it's all about [them]" and "We're here for them [people] to make their lives better and to make them as happy as possible."
- Satisfaction surveys confirmed that people were happy with the care and support they received.
- Care records indicated that people were empowered and encouraged to be involved in the day to day care and support they received, helping to achieve their goals and aspirations.

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

- Managers and staff worked in partnership with others, ensuring people received all level of care and support they needed.

- The provider proactively engaged with staff, people receiving support and external professionals as a way of involving them in the provision of care being provided.
- 'Service user' newsletters were regularly circulated; these helped to keep people informed, engaged and involved in what was happening across the service.
- Staff also received regular newsletters which enabled them to feel involved but also supported their knowledge and understanding of quality improvements that were required.
- Staff were complimentary about the service, they told us, "I feel supported and valued", "I'm a valued member of the team" and "I think it's great, management are very supportive, one of the best [companies] I've worked for."

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

- Duty of candour responsibilities were complied with; incidents were investigated and communicated when needed.
- The provider had a 'quality assurance action plan' and 'service improvement action plan' in place; these were regularly reviewed ensuring areas of improvement were being actioned in a timely manner.
- Monthly quality review meetings discussed lessons learnt, developmental areas, key trends/themes and helped to drive improvement and accountability.
- The provider was committed to developing the service and improving the quality and safety of care being delivered. For instance, new digital software was in the process of being explored. The aim of this was to capture a greater level of data which would help improve outcomes for the people receiving support.