

Surrey Choices Ltd

Short Breaks Banstead

Inspection report

The Horseshoe
Banstead
Surrey
SM7 2BG

Tel: 07714614465

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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

Short Breaks Banstead is a residential care home providing personal care. The service is a purpose built building designed for short stays and respite care for adults with physical and/or learning disabilities. The care home accommodates up to six people in one adapted building. Two people were using the service at the time of Inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The size of the service meets current best practise guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life. It was registered for the support of up to six people. There were deliberately no identifying signs, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were safely supported and protected from harm. There were sufficient numbers of suitable staff employed who managed medicines safely and followed good infection control practise. Staff learnt lessons when problems arose.

People's needs were effectively met. This was a result of their needs and risks being assessed appropriately and staff being suitably trained. People lived a comfortable life because the premises were suitably designed to meet their needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were looked after by caring and considerate staff who showed how they had formed good relationships with the people using the service.

Staff worked consistently well with other health professionals. 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 equality, diversity, privacy and dignity were respected and staff encouraged independence. Their views on their care were listened to. They were supported by caring and compassionate staff so their lives were as comfortable as possible.

Staff provided personalised care which meant people experienced good, individualised support. This was a result of the creation of person-centred care plans that staff followed. People's communication needs were met with their individual needs documented in their care plans. Their concerns were addressed because complaints were responded to and well managed.

The registered manager promoted a positive culture amongst the staff. The registered manager and the staff team understood and acted on their duty of care responsibilities to be open and honest. Staff were clear about their roles and responsibilities. Partnership working was well established with other organisations or agencies for the benefit of the people that used the service. All of this resulted in the people experiencing a well-run service where their needs were met.

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 Requires Improvement (published 18 October 2018). 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 no further recommendations were required to be made to the provider.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Short Breaks Banstead

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by one inspector.

Service and service type

Short Breaks Banstead is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Short Breaks Banstead is designed to support people for short term respite.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We 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 one person about their experience of the care provided. We spoke with three members of

staff including the registered manager. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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 meeting minutes, as well as staffing levels and quality assurance records. We spoke with three relatives of people using the service and one professional who regularly visited 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on medicines administration recording and audits. The provider had made these improvements.

- Medicine administration records we observed were completed correctly. Signatures by staff showed that medicines were being administered as prescribed.
- Medicines were received, stored and disposed of safely. Staff involved in handling medicines had received recent training around medicines. There were audits in place to identify and minimise the chance of medication errors.
- Where medicines were given "as and when required" there was guidance in place to ensure this was administered when it was needed.

Systems and processes to safeguard people from the risk of abuse

- The person we spoke to told us they felt safe in the service. One relative said, "I know that as soon as I leave [person] he is safe and I have no question as to his safety whilst he is staying at Short Breaks. I know the staff would look after him to the best of their ability."
- Staff had received training in safeguarding and showed good knowledge in how they would report a safeguarding concern and also how to identify the different types of abuse.
- Safeguarding incidents were recorded and action taken to prevent any further incidents from occurring.

Assessing risk, safety monitoring and management

- All care plans included detailed assessments that were relevant to each person's individual risks. This included any risks to people's health and wellbeing. These were regularly reviewed to assist staff to identify any new risks posed to people using the service. An example of this was one person's positive behaviour plan and risk assessment.
- Risk assessments relating to the environment had been completed and these clearly stated what steps were needed to manage these risks. An example of this was the external access ramp leading to the front door of the building.
- Staff had completed a Personal Emergency Evacuation Plan (PEEP) for each person, so the staff and the emergency services would know how to support people in the event of an emergency such as a fire.

Staffing and recruitment

- There were enough people to meet people's needs. One relative said, "I have never been worried that there hasn't been enough staff, there always seems to be enough staff helping [person]".

- Staff were seen to be able to take their time with the people they were supporting. There was a calm, relaxed atmosphere in the home and no staff appeared rushed.
- The registered manager followed safe recruitment processes and ensured the staff that were employed had relevant skills and experience to support the people using the service. Staff were subject to thorough recruitment checks including a DBS (Disclosure and Barring Service) check. These checks ensured staff were safe to work with the people using the service.

Preventing and controlling infection

- Staff were seen to use their PPE (Personal Protective Equipment) when they were supporting people with personal care and preparing food for people.
- There were infection controls policies put in place by the provider and staff received regular infection control training.
- Cleaning schedules and good infection control practises were seen in the kitchen and food preparation areas. This included regular cleaning rotas for different areas of the kitchen. An area of damage to the work surface had been reported to maintenance to be fixed quickly to ensure the risk of the spread of infection was minimised.

Learning lessons when things go wrong

- The registered manager recorded any accidents and incidents. This showed how staff had responded to any accidents or incidents, what learning had been taken from it, and what procedures had been put in place to ensure the likelihood of it happening again was minimised. These were analysed by the registered manager.
- Staff had learnt from the previous inspection and safety concerns highlighted. The previous inspector had identified lack of window restrictors that placed people at risk. These had been ordered and fitted before the publication of the last report.
- The registered manager said, "This was really important for us to ensure we got this oversight corrected immediately so all of the people here were safe."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager completed a thorough initial assessment to ensure they could meet the needs of the people they supported. This was then subject to a regular review to ensure people's changing needs were met.
- People were offered choice and day to day routines were managed to ensure the people staying at Short Breaks Banstead were enjoying activities that met their interests. An example of this was one person enjoyed bowling and this had been integrated in to their weekly activities.
- Due to the design of Short Breaks Banstead being a respite accommodation for people to stay for short periods of time, the registered manager had identified friendships between people using the service. The registered manager and staff had spoken with friends and family to try to encourage similar dates for people to stay to encourage positive relationships between people.

Staff support: induction, training, skills and experience

- Relatives told us that the staff at Short Breaks Banstead were well trained. One relative said, "It's nice to know that when [person] is not with me, he is being looked after by people that really know what they are doing. You can tell they have received good, specific training to look after [person] well."
- Staff had completed an induction training which had included shadowing other experienced members of the staffing team. As part of the induction and ongoing training staff had received specialist training to prepare them for the complex needs of the people using the service. This included training around behaviour that challenged.
- The registered manager had a matrix that tracked and confirmed all staff's status of up to date training and identified any need for refresher training.
- Staff received regular appraisals and this included competency checks to ensure there was no requirement for additional training.

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

- People were supported to eat a healthy diet and had choice as to what and when they wanted to eat. People were supported by staff to prepare their meals.
- All care plans detailed any allergies that people had that was also detailed in the kitchen. Staff showed good knowledge of people's individual allergies, likes and dislikes.
- Throughout the day staff were seen to offer people healthy drinks and snacks and encouraged people to have a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- There was evidence in care plans that staff had worked closely with other agencies successfully. Most people using the service had allocated social workers who the registered manager worked with closely to ensure the care they were providing was effective.
- One professional said, "The service is very positive in ensuring that the person's needs are met in terms of physical, nutritional and the environment is always clean and welcoming. They are skilled at providing a nurturing and consistent approach".
- There were good examples of staff working well with healthcare services. An example of this was working regularly with the SALT (Speech and Language Therapist) team. This was documented in care plans with SALT guidance for staff to follow. This ensured that the care they were providing to people with these needs were correct and the most effective for the people to have the healthiest lives possible.
- The care plans reviewed showed individual guidance for people using the service and their diagnosis to aid staff to have a better understanding of different conditions and complex needs.

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

- Each person had their own bedroom. They chose what they wanted in their rooms to make it as homely as possible whilst they were staying for short respite periods. People that had been staying at the service longer had been given choice as to how they wanted their rooms furnished.
- The home was designed to include all people that used the service. This included photographs on the walls of events and activities that involved all of the people that used the service.
- There had been an introduction of a robotic cat, this was a mechanical cat that purred when you stroked it and rolled over if you tickled it's side. They had given the cat a name and explained that people were interacting really well with this addition to the home. The registered manager said, "[Person] loves the cat, [person] sees it as her responsibility when she stays here and interacts really well with it. It has added extra enjoyment for people in the home".

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.

- People's rights were protected. The registered manager had submitted applications under the MCA and DoLS to the supervisory body for authorisation. When authorised these were monitored, reviewed and kept up to date.
- All care plans included detailed mental capacity assessments, best interest decisions and DoLS applications. These had been completed thoroughly and only in cases relevant to people that were being supported where it had been established that they lacked capacity.
- There were individual capacity assessments that were personalised for each person's care plans and consideration had been given to each individual support needs. An examples of this was a DoLS application

for a lap belt.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and relatives told us that they were supported by kind and caring staff. One relative said, "The staff are just great, they look after [person] so well. They really do seem to care and are just so kind and considerate to [person]. It's a thankless job, and they always do it with a smile on their face."
- Staff were caring and people trusted them. We observed people seeking staff company and responding well to staff interactions. People demonstrated good relationships with staff by their actions and behaviour.
- Staff asked one person if they were happy to speak to us and gave them the choice of whether they wanted staff present as well. The registered manager and staff showed how they respected the person by waiting for the person to answer and if the person found answering difficult they supported them.

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

- People and their families were involved with their care planning. Their views and wishes were respected and documented in their care plans.
- People were encouraged to be involved with their initial assessment and reviews of their care plans. This was shown through sections in the care plans including, "What is important to me,"
- People and relatives were asked to express their views about the service and this was documented in the complaints and compliments folder. These were then addressed as what improvements needed to be made or what had been a good idea and well received.

Respecting and promoting people's privacy, dignity and independence

- Staff were seen to protect people's privacy and dignity when they were supporting people with personal care during the inspection.
- Staff were heard saying phrases such as, "Did you want me to help you with that?", "I know you can do that on your own." These were good examples of when staff encouraged independence in decisions around small day to day tasks.
- Staff supported people to maintain relationships with family and friends. They welcomed visitors to the home and supported people to make phone calls to family during their respite stay.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The care plans detailed with information on people's likes and dislikes, preferences, hobbies and how they liked to receive their care.
- People's care plans included guidance on people's particular conditions. This helped staff to know and understand people's individual needs in more depth.
- Staff explained how important meeting people's needs correctly was to the people using the service. One staff member said "It is incredibly important to know people's preferences. If we don't know what people like and don't like, because of people's needs here, that often has a major impact on whether someone has a good day or a really, really bad day."

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 had their communication needs appropriately assessed and met. Strategies were used to enable people to receive information in a format they understood. Through interactions between people and staff it was evident that staff knew people's individual communication needs well.
- The registered manager informed us that the provider's quality assurance team were able to put any written or typed document in to any format. They already had in place standard accessible pictorial information. The registered manager confirmed that if they needed any information in a different language or brail the team would make it available within a week. They gave examples of documents that were already in the service such as the safeguarding policy and the whistleblowing policy, which was printed in an easy to read format.

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 supported people to take part in various activities both inside and outside of the home to prevent social isolation.
- The registered manager and staff explained that due to the nature of the service and the complex needs of the people using the service they accommodated any hobbies. However, they said they were limited to working towards goals as the majority of people that use the service only take part in short-term respite

stays. However, they have had people stay for longer periods and could give examples on how they had worked towards a more positive behaviour pattern, to then enable these people to move on to more stable accommodation.

Improving care quality in response to complaints or concerns

- The registered manager explained that she had an open door policy and found a lot of people and relatives would raise any concerns directly with her. Relatives confirmed that they would raise any concerns with the registered manager. One relative said, "If I had a problem, I know I could go straight to the manager and I have total faith she would sort it out straight away."
- In addition to the open door approach, there was a thorough complaints procedure that dealt with the complaint, analysing any learning to prevent any future complaints being raised. Complaints reviewed had shown quick action and regular updates throughout the process to the person involved and their family.

End of life care and support

- The service was not supporting anyone at the end of their lives and it was unlikely that they would due to the design of the respite accommodation design they offered. However, the registered manager could confirm that all care plans contained people's preferences and she showed knowledge in how they could work with hospices if they were in this situation in the future.

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 requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

In the last inspection concerns were identified in relation to health and safety audits and recruitment checks. It was detailed in the previous published reports that the registered manager and provider took immediate and comprehensive action to address these concerns.

- In this inspection the registered manager explained how they had learned from the previous concerns and showed how they had improved the service and the care people received in their rapid response to the concerns listed previously.
- The registered manager told us that she was constantly striving to improve the service and was positive about the previous inspection. She said, "I like to be inspected by the CQC as then we know if we need to improve in any areas. It's all about providing the best care to the people we support."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff promoted a friendly, homely, caring and positive culture where people experienced good outcomes and were supported in a person-centred way.
- Care plans were person-centred and were seen to be followed by staff during the inspection. Although the service is designed to be a respite accommodation, people's family commented on positive changes for their relatives. One person said, "It's the best move we made as parents. It really has seemed that [person] has flourished. I can only say positive things about the service. The staff are so positive that it makes [person] strive to do more. He's achieved things, I didn't know he was capable of."
- Staff told us how they always looked for ways of improving people's individual quality of life. Each person had their own routine and preferences, which were always taken into consideration.
- The registered manager and staff understood about accountability, being open to scrutiny and apologising when things went wrong.
- The registered manager had recorded learning from the previous inspection and explained how she had shared this with the relatives and people that used the service.

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

- The registered manager was fully aware of their legal responsibilities. This included notifying the CQC of any important events.
- Staff stated that they knew their roles and benefited from regular supervision. One staff said, "We have

regular supervision which is helpful as reminds us what we need to be doing and gives us an opportunity to raise any ideas or concerns."

- We saw that regular checks and reviews were being completed to ensure the service people received was of the highest quality. Quality assurance audits documented any concerns found or changes needed. These audits were completed regularly and changes made as a result to enable the company to provide constant improvement to their care.

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

- There were regular staff meetings and minutes recorded. We noted that care was taken to carry forward any actions, and procedures were in place to ensure that any concerns or ideas were addressed immediately.

- Any concerns raised to staff or the registered manager were documented in the compliments and complaints folder and after resolving or implementing ideas, analysis was completed by the registered manager.

Working in partnership with others

- The service worked in partnership with hospital consultants, health professionals and relatives to ensure the service people received was person centred. This was corroborated with people we spoke with.

- Partnership working also included social care professionals. Professionals said, "In response to challenging behaviour, the staff have always been reassuring and supportive and taking the extra time to find out why the person is feeling the way they do and providing a consistent approach and looking creatively at ways to manage behaviour. The staff establish positive, trusting relationships and advocacy". A further health care professional said, "It just makes for a great working relationship between us and the home when so much good work is happening."