Care Quality Commission

Karlyon Care Limited

Balmain Care Home

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

Overall summary

The inspection took place on 18 and 21 August and was unannounced.

Balmain Care Home is a residential home providing care, rehabilitation and support for up to 29 people with mental health needs. At the time of the inspection 26 people were living at the home. No one was detained under the Mental Health Act or under formal supervision in the community. Balmain Care Home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection people and staff appeared relaxed, there was a calm and pleasant atmosphere. Comments included; "I feel safe here and looked after"; "Staff are very approachable and caring"; "The staff are nice" and "Staff are very good at keeping me safe." Other people

Summary of findings

told us, “They do a better job than I did with my medicine”; “They always keep an eye on you"; “There are rules here to keep us safe, like smoking – I smoke but I do it in the garden.” People told us the food was good to “The food is good”; “The food is really good – chicken, sweetcorn and chips. I’m quite plump now!”

Care records were individualised and gave people control and reflected their choices, likes and dislikes. Staff responded quickly to people’s change in needs if they were physically or mentally unwell. People were involved in identifying their needs and how they would like to be supported. People’s preferences were sought and respected for example if they preferred female staff to support their needs.

People’s risks were managed well and monitored. The service worked closely with health and social care professionals where indicated, for example community mental health nurses. People were promoted to live full and active lives and were supported to access the community if they wished. Activities were varied and reflected people’s interests and individual hobbies.

People had their medicines managed safely. People received their medicines as prescribed and on time. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, mental health professionals (CPN’s) and social workers. People told us “I get my medicine every day, they always remember, it’s the right medicine to calm my mood.”

Staff understood their role with regards to the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse. Staff displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Staff described the management to be very open, supportive and approachable. . “We discuss things and work together to sort things out.” People told us the management was a visible presence within the home. Staff talked positively about their jobs telling us they enjoyed their work and felt valued. The staff we met were caring, kind and compassionate.

Staff received a comprehensive induction programme. There were sufficient staff to meet people’s needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively.

There were effective quality assurance systems in place. Incidents were appropriately recorded, investigated and action taken to reduce the likelihood of reoccurrence. People knew how to raise a complaint if they had one. One person said “No complaints – I’d talk to staff if I had any.” Feedback from people, friends, relatives, health and social care professionals and staff was positive; all felt listened too. Learning from feedback and inspections were used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the home.

Summary of findings

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. There were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people. People felt safe.

Risk had been identified and managed appropriately. Assessments had been carried out in line with individual need to support and protect people.

Medicines were administered safely and as prescribed.

The home was clean and homely.

Is the service effective?

Good

The service was effective. People received care and support that met their needs.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice where needed.

People were supported to have their choices and preferences met.

People were supported to maintain a healthy diet.

People's health and social care needs were met.

Is the service caring?

Good

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and met people's individual needs. Staff knew how people wanted to be supported.

Activities were meaningful and were planned in line with people's interests.

People's experiences were taken into account to drive improvements to the service. There was a complaint's policy in place.

Is the service well-led?

Good

The service was well-led. There was an open, transparent culture. The management team were approachable and defined by a clear structure.

Staff were motivated to develop and provide quality care.

Summary of findings

Quality assurance systems drove improvements and raised standards of care.

Balmain Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by an inspector for adult social care on 18 and 21 August 2015 and was unannounced. An expert by experience supported the inspection on the 21 August 2015. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met and spoke with 8 people who lived at Balmain Care Home, two relatives, the registered provider, the deputy manager and four members of staff. We also looked at five care records related to people's individual care needs, four staff recruitment files including staff training records and looked at the records associated with the management of medicines. We reviewed quality audits undertaken by the service, staff meeting minutes, resident meeting minutes and questionnaires which had been completed by people who lived at Balmain Care Home. We spoke with the deputyship team (a legal authority who care for people's finances), a befriender, three mental health nurses and a psychiatrist following the inspection visit.

As part of the inspection we observed the interactions between people and staff and discussed people's care needs with staff. We also looked around the premises.

Good

Is the service safe?

Our findings

People told us they felt safe living at Balmain Care Home. Comments included “I feel safe here and looked after”; “Yes, they keep me safe”; “They do a better job than I did with my medicine."

They always keep an eye on you"; “There are rules here to keep us safe, like smoking – I smoke but I do it in the garden” and “It’s really safe, friendly, we all mingle about and get on with each other okay.” A relative told us “I feel safe knowing he (their dad) is safe.”

People were protected by staff who were confident they knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. For example, we discussed a recent safeguarding issue regarding one person’s care. Staff were aware of the risks and plans in place to protect the person. Staff were aware of the correct procedures to follow and informed us incidents of a safeguarding nature would be notified to the manager, the relevant authorities informed and plans put in place to reduce the risks. Staff told us and people confirmed “People know they can come and talk to us at any time day or night.”

All staff understood their roles to protect vulnerable people and had received training in safeguarding. One staff explained their role was keep people safe and they did this by reading people’s care plans and being aware of people’s risks and vulnerabilities. Policies related to safeguarding were accessible to staff in the absence of the manager.

People’s money and finances were managed well. Where people were not able to look after their own finances, staff kept their money safely in a locked deposit box. Regular checks took place to ensure there was an audit trail of incoming / outgoing expenditure. Where more formal mechanisms were in place to protect people’s money the local deputyship team were involved.

People felt they were kept safe by staff that were aware of their risks and put plans in place to minimise these. One person told us “I used to have a bath but I became unsteady on my feet – they (the staff) said it was best to have a shower now.” Another said “They keep us safe, they watch us; staff are about if there’s an argument and sort it out.”

Staff had a good knowledge and understanding of each individual. They knew how to reduce environmental stress and anticipate situations which might trigger people to become anxious and / or agitated. For example, some people at the home could at times become agitated due to their mental health needs. Staff were observant to people’s changing moods and used distraction techniques and de-escalation to reduce people’s anxiety.

Staff were observant of people’s own communication styles which might indicate they were troubled or showing signs which might suggest a relapse of their mental health. Risk assessments detailed people’s individual early warning signs for staff to observe. For example care records detailed signs such as people’s personal hygiene deteriorating, people sleeping more or disengaging from conversation. There was good communication amongst staff to share information about people’s needs, appointments, and any events which might be worrying them. This supported safe care. Discussions were then held with staff and plans were put in place to minimise any potential risk to people and staff. People’s health professionals such as their community mental health nurses (CPN’s) and psychiatrists were involved at an early stage. This helped ensure the safety of people and staff and reduced the likelihood of an incident.

Staff were confident in managing situations and people’s behaviour which could impact on others. Staff were firm regarding what was considered acceptable behaviour and reinforced particular rules within the home to keep people safe. For example many people enjoyed a smoke at the service but no smoking was permitted in the building. These rules were reinforced regularly to keep people safe. Following a fire incident at the home, the fire officer had visited to talk to people who lived at Balmain. This had helped people understand why staff enforced smoking and fire rules.

Personal evacuation plans were in place for people in the event of a fire. These detailed the support people would need and highlighted those who would not be able to leave the building independently.

Daily environmental checks were conducted to ensure the environment was safe for people. Any issues noted were recorded in the maintenance book. During the inspection staff quickly identified possible hazards when external

Good

Is the service safe?

doors had been left open by the maintenance staff carrying out work. Staff told us they looked out for trip hazards and observed people at risk when they made hot drinks so they didn't burn themselves, "We keep an eye out."

The home had a locked front door and visitors were greeted by staff, asked to sign in and had their identity checked before they were allowed further. This helped keep people safe.

The service was part of a local initiative, "Safe Place" to keep vulnerable people safe. The sign was visibly displayed and should a vulnerable person need assistance they would be able to come in to the service and receive assistance, for example if they were lost. The service had a good relationship with the local police who supported people to be safe in the community and kept an eye on people if they were out late at night. Local shop owners also had contact numbers for the service and would call the home if they were concerned about people who accessed the community independently.

The deputy manager informed us that new admissions to the home were carefully considered to ensure the mix of people in the house remained as stable and safe as possible. Previous care plans and risk assessments were obtained prior to admission to help ensure risks had been considered. Where possible people were encouraged to visit as part of the admission process. Health and social care professionals were involved in discussions about admission and staff told us they always thought about whether additional training or staff would be needed to meet people's needs.

People were encouraged to be as independent as possible. Staff told us they asked people to inform them if they were going out and the time they were likely to return. People's mental health needs meant some people were vulnerable to others in the community. People's care plans and risk assessments clearly reflected the legal conditions people were required to adhere to where these were in place. Staff were conscious of the restrictions in place by law, but ensured as far as possible, people's freedom was not inhibited and they were supported to reach their personal goals. There were clear policies in place such as the missing person protocol if people did not return in a specified time frame. Staff worked alongside people to advise and educate them of the risks related to alcohol and relationships where needed. People who liked to go out at night but might be at risk, had care plans in place and if needed had taxi fare money. Mobile phones had been bought for people in the past who were vulnerable when out at night. This meant if they had needed to, they could call the staff for help.

People were supported by suitable staff. Safe recruitment practices were in place and organised records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People told us there were enough staff to meet their needs and keep them safe "Yes, there are enough staff, a lot in the day as people wake up" and a professional commented "Always seem to be enough staff around and visible." Staff also confirmed there were sufficient staff on duty. A relative told us "Always staff about, I'm never looking for someone." Staff turnover was low and staff were flexible when there were shortages, this provided continuity for people. The deputy manager advised the staffing levels were dependent on people's needs and activities on specific days. Most days there were four to five staff on duty including the deputy manager. There was an on call system which supported staff in the event of an emergency, staff shortage or they required advice. We saw during our inspection that staff had time to sit and talk with people throughout the day. Health professionals confirmed staff were visible when they visited and supported people to attend health care appointments. All staff carried out their work in an unhurried and calm manner. Staff told us there were enough staff on to support people to participate in community activities where this was required.

Staffing skill mix was considered with gender specific staff supporting people where indicated either for safety reasons or to support people's preference of care worker. For example one person needed help to maintain their personal hygiene and a female care worker was available to support their needs.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Staff received medicine training and were observed for competency in administration. This was monitored by the deputy manager. Medicines were locked away as appropriate. Regular audits occurred and where a recent

Good

Is the service safe?

problem had been identified with someone's medicine, this was quickly picked up through the auditing process. People told us "I get my medicine every day, they always remember, it's the right medicine to calm my mood." If people had struggled to take their tablets, liquid medicine had been requested and oral gel where possible. A psychiatrist told us when their patient had needed skin cream staff had arranged this extremely quickly. Regular reviews with people's doctor's ensured people were not on excessive medicines and the necessary blood tests for particular medicines were undertaken to keep them safe.

We saw information about people's medicines in their care plans. This gave staff guidance on when "as required" (PRN) medication may be needed. For example to help soothe someone if they were agitated. The medicine policy supported safe administration of medicines and regular audits were undertaken to monitor this area of people's care. Staff knew what they should do if people refused their medicine and were conscious of the impact this could have on people's health.

People were kept safe by a tidy environment. All areas we visited were clean and hygienic. Staff undertook responsibility for the cleaning alongside people in the home where possible and there were daily checklists for bedrooms that required cleaning. Those who were independent and able to help with the household chores were encouraged to do this. Those people who had habits and needs which made maintaining a clean environment difficult were supported to have their rooms deep cleaned. Protective clothing such as gloves were readily available throughout the home to reduce the risk of cross infection. Staff understood the importance of following infection control procedures.

Good

Is the service effective?

Our findings

People we spoke with confirmed they felt staff were well-trained. Relatives and professionals were confident staff had the skills they needed to support people. Staff said they had been supported at the start of their employment by a thorough induction to the home, information about the people who lived at the house, and the philosophy of the home. The induction included confidentiality, respect for people, infection control, communication, fire training and how to respond if there was an accident. Staff told us "I was supported throughout my induction and have since been supported to do my NVQ." Other staff confirmed the training they received gave a good grounding for working at the home. The Care Certificate induction was in place and due to be implemented for new staff. This is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care.

Staff had undertaken additional health and social care qualifications. One of the senior members of staff was doing a leadership course and staff confirmed if they required additional, specific training to meet people's needs this was available for example training on autism. Mental health training was evident and there was information in people's care files about their specific health conditions to support staff learning. Staff had received training in diabetes and medicines training. Health professionals confirmed staff responded to advice and informal teaching they had given for example learning how urinary infections could affect people's mental health symptoms. Staff commented, "This year I have done equality and diversity, diabetes, mental health and the compulsory ones like first aid." All staff were receptive to training which would enable them to provide care to the best of their ability. Staff had felt supported to complete their health and social care qualifications when they had found aspects of this difficult.

All staff confirmed they felt supported in their roles. "We discuss things and work together to sort things out." Following the initial induction, staff were supported by regular one to ones and an annual appraisal. Staff told us they found these processes helpful and supportive "We discuss what I need, what I want to do, it's helpful; If I'm doing something wrong, I need to be told, I'm never afraid to ask for help." Regular informal competency checks were conducted by the deputy manager through observation of practice to ensure the standard of care provided remained high and staff had the necessary skills and knowledge to carry out their roles effectively. All staff felt there was an open door policy where they could approach the senior staff for advice at any point.

People when appropriate, were assessed in line with the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. DoLS provides the legal protection for vulnerable people who are, or may become, deprived of their liberty. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. No one at the home was subject to a DoLS authorisation.

The deputy manager was aware of the recent changes to the law regarding DoLS and had a good knowledge of their responsibilities under the legislation. Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions and when people's capacity fluctuated due to their mental health. Daily notes evidenced where consent had been sought and choice had been given. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf and understood the role of advocates in supporting people to make informed decisions and help them have their views heard.

Staff were proactive in identifying those who may not have capacity to manage their finances and we saw the relevant social care professionals had been contacted for advice. Staff were mindful of people's legal status (Mental Health Act restrictions) where required or if people had a particular legal order in place to protect them such as a Guardianship Order. Staff understood the need to obtain consent and involve people in decision making where possible regardless of their legal status. Staff understood the difference between lawful and unlawful practice and ensured any restrictions in place were minimal. Staff were mindful of the restrictions related to people's care and treatment but as far as they were able to, gave people freedom of choice and movement for them to live as independently as possible.

Good

Is the service effective?

People were involved in deciding the menu and food. People told us "The food is good"; "The food is really good – chicken, sweetcorn and chips. I'm quite plump now!" and "I wasn't eating well before, they prompted me to eat. There's enough food, meals are nice." People's likes and dislikes were considered and particular requests listened too. Meals were spaced throughout the day at set times. The mealtime routine helped people have structure to their days although there was flexibility depending on people's activities and plans. There was a morning breakfast club for those who wished to make their own breakfast in the therapy kitchen and those who wanted to practice their cooking skills were able to. For example one person was learning to cook. Staff had supported them to learn how to make spaghetti bolognese and quiche.

Food was home-cooked and people shared meals in one of two dining areas. If people did not want to eat in these areas they were able to eat where they chose. Although everyone was invited to eat together, some people chose to eat at a different time and staff supported people's preferences and needs where this was required. The chef told us if people were hungry outside of mealtimes, snacks such as biscuits or sandwiches were available.

Staff encouraged people to consider healthy eating options for their health and weight. People were weighed each month, if there were notable or concerning changes, people's GP would be informed. One to one discussions were held with people who had specific dietary needs to help educate them and prompt them to make healthy choices. For example some people were overweight, others were at risk of diabetes and some at risk of self-neglect when unwell. Staff considered these people's needs by encouraging people to choose low sugar foods if they were diabetic, using diabetic alternatives and discussing healthy eating options. There was flexibility with meals times for those who required it. Staff balanced people's right to choose what they ate (which was sometimes not healthy and nutritious) with supporting and encouraging them to make good food choices for their well-being. Some people required specific diets such as gluten free and this was accommodated.

There was the large, main kitchen and a smaller kitchen where people could make hot drinks and store their own food. A further kitchen was currently not in use whilst people considered how best to use this space. At other times staff would make people a drink.

People accessed a range of healthcare in the community. For example everyone was registered with a dentist, GP and optician. The health professionals we contacted were positive about the home and the links which had been developed over the years. Where people had particular health needs and required on-going physical care intervention staff had supported them through the process for example when diagnosed with cancer. People were supported to attend their mental health reviews, and appointments with health professionals were in the diary to ensure people were at the home and did not go out.

Care records showed it was common practice to make referrals to relevant healthcare services quickly when changes to people's mental health or wellbeing had been identified. Detailed notes evidenced where health care professional's advice had been sought. For example when staff noticed a person deteriorating and becoming more agitated, the mental health team had been contacted and a review requested. The person had been supported by the crisis team to prevent hospital admission. Care records reflected when relapse indicators may be present and advice was needed, for example if a person decided to stop taking their medicine, staff were aware to seek advice quickly from people's mental health professionals. Other care records indicated people were visited by the health and social care professionals involved in monitoring their health and placements.

Good

Is the service caring?

Our findings

People who were able to share their views told us that they felt listened too, cared for and they mattered "I really appreciate living here, I was hopeless on my own" and "I came here a very sick women, their care has helped tremendously." People, relatives and professionals commented "Staff always have a smile on their faces, always polite"; "They (the staff) are very caring, I've seen how they are with people, mellow and calm"; "The staff are really lovely, friendly"; "It's like family care, they genuinely care for "X", they like "X" and that improves her self-worth"; "Staff are caring, polite and courteous –"X" is lovely, super experienced and finger on the pulse!"; "The care is fantastic, "X" is like a different person, he loves it there"; "They get to know people really well, they go over and beyond." Thank you cards were plentiful with similar messages "Thank you for your help, kindness and care."

Staff told us about the fondness they had of the residents and their ethos "We view this as people's home"; "We sit and talk to people about their interests"; "We listen to them, if they want to chat we give them time and understanding." Other staff explained their role as helping to give people opportunities regardless of their disabilities and backgrounds, helping people to maintain their independence and supporting people to be involved in their care and treatment choices.

The staff showed concern for people's welfare at Balmain Care Home. We saw discreet conversations taking place with people who were worried about something, and observed staff offering reassurance to people concerned about upcoming appointments. Conversations were honest, relaxed and friendly. We observed through our conversations with staff and through reading care plans, a staff value base that was non-judgemental and compassionate.

People's needs in terms of their mental health, race, religion and beliefs were understood and supported by staff in a professional and non-judgemental way. Staff were knowledgeable about all the people at the home and able to tell us about people's preferences, routines and background histories. Staff told us they had time to sit and talk with people, listen to their concerns, and get to know their likes and dislikes. They encouraged people to pursue their hobbies and interests where possible. For example one person liked their music and the guitar, for their birthday staff had bought them new guitar strings. People's personal histories were known to all staff and this enabled staff to offer a caring, individualised approach. Staff celebrated people's special occasions such as birthdays and other important events. Staff shared with us a party the service had arranged for one person who had received good news following a health problems.

Staff showed concern for people's wellbeing in a meaningful way whilst supporting people to become more independent and reach their goals. For example one person was considering a move to less supported living; staff were supporting them to develop skills for independent living such as cooking and budgeting.

People told us their views and choices were respected by staff. People's independence was encouraged where possible for example, although staff cleaned the home, if people were able to tidy their own rooms and make their beds this was encouraged. For those able to take more responsibility for aspects of their healthcare, this was supported, for example managing their own medicines. Most people were independent with their personal care needs but staff were mindful some people needed prompting and encouragement to wash regularly, brush their teeth and change their clothes. Other people were independent regarding how they wished to spend their time but staff understood some people lacked motivation to engage in activities and support and encouragement were needed.

People's personal and private information and health care records were kept safely and their confidentiality protected. People's privacy was maintained by staff. Respecting people's dignity was paramount and the registered manager or deputy attended the local Dignity in Care forums where best practice was discussed.

Advocacy services were available for people to support their views to be expressed where appropriate. The staff also supported people to have their voice heard during review meetings.

We were told by people that friends and family were welcomed and encouraged to visit. The home had areas where people could see relatives and friends in the company of others or privately if they wished. People were supported to maintain relationships with friends outside of the home and told us they met friends for coffee in cafes nearby or at one of the local pubs. Where friendships

Good

Is the service caring?

created concern and people were vulnerable, these relationships were documented, monitored and reflected in people's care plans as necessary. The provider informed us in their PIR their goals for the next 12 months were to continue to support people to develop relationships external to the home and maintain their friendship networks. This was important for people's well-being.

People and professionals we spoke to said staff often went the extra mile. We heard about staff helping people clear out their previous accommodation in the community and arrange for their belongings to go into storage. Other staff had been flexible to provide ongoing support during one person's cancer treatment ensuring they were available for their appointments whenever possible to provide consistency. Staff had also helped people move their furniture into the home on their days off.

Good

Is the service responsive?

Our findings

A thorough assessment occurred prior to people coming to live at Balmain to ensure the service was able to meet people's needs. Relevant information was obtained from the health and social care professionals involved in their care and meetings were held to discuss people's move so it happened in a planned way. Two people were in the process of moving to Balmain during the inspection and they were involved in contributing to how the move occurred and the support they would need to make the transition to Balmain successful. Discussions included how the service would meet their health needs but also what equipment they would need to live in the refurbished flat, the additional training staff might require to support them and whether extra staff would be required to help them settle in.

Care records contained detailed information about people's health and social care needs, they were written using the person's preferred name and reflected how the individual wished to receive their care. Staff confirmed residents at Balmain came first and their needs were met in an individualised way as far as the service was able to. People had a person-centred care records which detailed their likes and dislikes, their daily routine, preferences and the particular areas each person required support for example with personal care.

People were involved in planning their own care and making decisions about how their needs were met. People told us "I get feedback with my support plan which is good; sometimes I need a kick up the backside!" Some people had restrictions in place which made this difficult at times but staff encouraged them to identify the areas that professionals felt needed to be worked on so as far as possible their care plans reflected their goals. For example, one person was required to reside at Balmain but wanted to return to the community. Staff were helping them to consider the steps they needed to take to support this to happen. Others were also considering more independent living; staff were supporting them to learn skills such as cooking and budgeting to prepare them for this potential move.

People were involved in developing and reviewing their care records where this was possible and people were able to engage in the process. Care records reflected what staff had shared with us about people and what people told us about their lives. Each care record highlighted people that mattered to the person. They contained essential information about people's backgrounds and their needs. Staff had a good understanding of both people's background, their likes and dislikes and the potential risks. Staff we spoke with confirmed what was written in people's care plans about their routine.

People's views were taken in to account through their one to one meetings with staff and through residents' meetings. Minutes of the recent meetings included discussions about new staff and seeking people's feedback, updates on rooms being refurbished and planning foreign themed menu days such as an Indian day.

Staff knew people well and therefore noticed when there were minor changes to their health and well-being. This information was shared with the staff team in handover and in daily records. The registered manager and deputy manager made prompt referrals to the relevant health and social care professionals when needed and followed these up when there were delays to ensure people received the care and support they needed promptly. One person told us they had previously had a seizure and staff had quickly called the emergency services and saw their GP. Others told us they saw their psychiatrist frequently. Care was consistent and co-ordinated. We saw in people's records regular reviews were held for people with their relevant health and social care professionals. Staff supported people to attend hospital appointments to share verbal information with hospital staff and provide reassurance to people during this process.

Staff confirmed handovers were thorough and care records were accessible so they had up to date information. Daily records were personalised and not task-orientated. People were central to how the days were planned and organised. Staff understood people's diverse needs and adjusted their approach accordingly. People who required or preferred gender specific staff to support their needs and activities were known by all staff and supported by staff they had good relationships with.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. Activities were organised according to people's choices, interests and needs. Staff were creative in considering ideas to engage people and support their recovery and build their self-esteem. Some people liked to go into the local town for

Good

Is the service responsive?

coffee and the local shops; others enjoyed attending the theatre with staff or going for a pub lunch. Steam train trips and spa days had been organised in the past, photos were displayed of people looking happy on these outings. People shared with us they enjoyed pool, the picnics and the art group. Some people attended church when they wanted too. Other people had support staff from external agencies such as the mental health team to support them in engaging with community activities. Others told us they were planning an overnight stay with family. Staff informed us the activities on offer were flexible depending on people's needs and goals at the time and anything was possible.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed within the service and there was a complaints box. People knew who to contact if they needed to raise a concern or make a complaint. People, who had raised concerns, had their issues dealt with straight away. One person said "No complaints – I'd talk to staff if I had any." Staff confirmed any concerns made directly to them, were communicated to the registered manager or deputy manager and were dealt with and actioned without delay. There had been no formal complaints received by the service. Relatives and health professionals informed us they had no complaints and had confidence if they had the service would be responsive "I would know who to talk to if I had a concern."

The deputy manager told us people were encouraged to raise concerns through informal discussions, questionnaires and the suggestion box. These were used for people to share their views and experiences of the care they received. All staff frequently took the time to engage with people on a one to one basis, this enabled people to share any concerns they may have.

We reviewed questionnaires people and professionals had completed, all were positive. We saw where issues had been raised through the questionnaires; these were followed up in staff meetings.

Good

Is the service well-led?

Our findings

The registered manager and deputy manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations. Staff comments included; "Things here run smoothly, we don't let things fester."

The deputy manager told us "Although there is a hierarchy, it's just a title, we are one team that work together"; "There's an open office, we discuss and address things quickly; why things went wrong, what we could have done better."

People, relatives and professionals views and feedback on the service was sought to encourage improvement within the home. The provider encouraged people to voice their opinion and they felt listened to when they did. Questionnaires were completed by residents and visiting professionals, any responses of concern followed up and staff informed of people's feedback during staff meetings.

Staff meetings were held to provide an opportunity for open communication. Discussions were held about the people living at the home, areas discussed to ensure standards remained high for example infection control and training updates given. Staff told us they were encouraged and supported to question practice and consider ideas for improvement.

Information was used to aid learning and drive quality across the service. Daily handovers, informal staff supervision, staff competency checks and induction and staff meetings were seen as an opportunity to reflect on current practice and challenge existing procedures. For example, following a recent medicine error, improved systems were now in place. External inspections were seen as helpful to "have a different pair of eyes" on the home. As a result of a previous inspection the management of people's money had been changed.

The provider promoted an open culture. The deputy manager informed us the philosophy of the home was to treat people as individuals and respect individuality "To promote the independence of the individual, everyone is equal but with individual needs." They felt good communication and being clear with staff about expectations enabled the service to run smoothly. Staff told us "The culture is positive, genuinely caring." The home had an up to date whistle-blowers policy and defined how staff that raised concerns would be protected. Staff confirmed they felt protected and were encouraged to raise concerns. They informed us the management was visible and dealt with any issues quickly.

Staff told us they were happy in their work, were motivated by the management team and understood what was expected of them. Some staff had worked at the home for many years, staff turnover was low and staff felt valued by the on-going training and supportive environment. A formal supervision and appraisals were in development. Staff told us they learned from each other by observing how others handled people and situations which occurred.

Audits were carried out in line with policies and procedures for example there were medicine audits, cleaning schedules and daily checks, audits of people's money and environmental and maintenance checks. Areas of concern had been identified and changes made so that quality of care was not compromised. Maintenance issues were dealt with however the age of the building meant maintenance and refurbishment was an on-going project.

There was an effective quality assurance system in place. The registered manager and deputy manager were open to ideas for improvement and kept up to date with changing practice and legislation such as the new Care Certificate for staff. Feedback was accepted to drive continuous improvement within the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.