

Karlyon Care Ltd

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 ●

Summary of findings

Overall summary

About the service

Balmain Care home, hereafter referred to as Balmain, is a care home that is registered to support up to 29 people. At the time of our inspection 27 people were living there, 12 of whom were having support with their personal care, mental health and wellbeing. 15 people required support with their mental health and wellbeing but did not require support with personal care.

Balmain is in the coastal city of Plymouth and is four houses knocked through to create one large building. There are three floors, two lounges, dining areas, and smoking and non-smoking garden areas.

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

People were protected from abuse and avoidable harm by staff that knew their needs well and had been provided with safeguarding training. Risks that people faced were assessed and staff had a good understanding of people's health conditions and unique behaviours and how to support these.

Staff were safely recruited and there were enough staff on shift to be visible and meet the needs of people. People enjoyed the food and could also go out to buy their own food if they wished to.

Staff were kind and caring and interacted with people in a friendly way, we heard banter and saw people responded well to staff when they entered a room.

People were supported as much as they wanted to be, to encourage further independence and develop their life skills. Some people came and went as they pleased, and others were supported in a more structured way to access local community facilities.

People said they could approach staff if they wished to make a complaint, and complaints were recorded.

There was a registered manager and deputy manager who oversaw the day to day running of the service. Quality assurance checks were taking place for building safety, care provision and records.

Professionals we spoke with told us of the unique nature of this service supporting some people who had historically disengaged from all services. The service understood that people chose how much support they wished to have and offered safe challenge and positive risk taking as part of their support.

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.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 9 January 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Balmain Care Home

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 team consisted of one inspector and one assistant inspector on day one, and two inspectors on day two.

Service and service type

Balmain 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.

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 on the first day and announced for the second day.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with thirteen people who used the service about their experience of the care provided. We spoke

with nine members of staff including the provider, registered manager, deputy manager, senior care workers, care workers and the chef.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from five professionals who regularly visited the service and two further staff.

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/deteriorated to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received their medicines as prescribed. Only staff who had been trained in the safe administration of medicines and assessed as competent, administered medicines to people. We observed some people safely receiving their medicines.
- Since the last inspection the provider had purchased an electronic MAR system. Staff used a hand-held device that prompted them to administer a person's medicines and scan a barcode on the medicines box, ensuring the correct medicines were administered. The system would not allow staff to move on to the next medicine without making an entry on the system. This ensured people's medicines were not missed.
- One staff member said, "The meds are easier now, you see the medication come up and just click on it. You can't go wrong the app won't let you."
- Where people took medicines 'as and when required', guidance was now in place for when this should be administered.
- Medicines were stored in a locked cupboard and temperatures of this area and the fridge were being recorded to ensure medicines were stored at a safe temperature.
- Regular audits of medicine practice ensured processes were safe.

Systems and processes to safeguard people from the risk of abuse

- Professionals and staff said people were safe. One professional said the service was, "Responsive to any safeguarding's and quick to raise concerns and interventions that are appropriate."
- Policies and procedures were in place to guide staff on how to report any safeguarding concerns. Staff knew the signs which could indicate concerns. Staff understood how to report concerns and told us they were confident these would be acted on by the registered manager.
- Staff had attended training on safeguarding adults.
- Where a concern had been identified the service was prompt to seek advice and make a safeguarding referral where required. Concerns were investigated, and actions and outcomes recorded.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, reviewed and shared within the staff and management team.
- Staff could identify what risks people faced and knew the early warning signs if a person was becoming unwell.
- There was clear instruction for staff on how to support people with their mental health and general wellbeing. Triggers and indicators for an episode of mental ill health were clear and staff used different interventions and approaches to support each person.
- Positive risk taking was supported and encouraged to help people develop their living and self-care skills and enjoy accessing the wider community more.
- People told us they felt safe. Due to the unique needs of people living in the service there were sometimes disputes where staff needed to intervene to make sure it did not escalate.
- The environment was checked regularly to ensure the accommodation was safe to live in. Gas, fire and environmental aspects of the building were inspected regularly.

Staffing and recruitment

- There were enough staff to meet people's needs.
- The service was flexible and responsive and sometimes increased staffing levels and ratios if a person became unwell and needed extra support to stay safe.
- Staff told us there were enough staff on each shift. Professionals said there were always staff visible when they visited the service.
- Staff were recruited using application, interview, references, and police check stages. This was to check that staff were appropriate to be potentially supporting vulnerable people.

Learning lessons when things go wrong; Preventing and controlling infection

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded and reported. The provider and registered manager analysed this information for any trends.
- The home was clean, tidy and fresh smelling.
- Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection

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

- People's needs were fully assessed before they arrived at the service. This ensured care was delivered in line with their needs and choices. As their needs changed, guidance provided to staff also changed. This resulted in effective care.
- People's histories wishes and preferences had been identified so they could receive care and support how they wanted. Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs they had.
- The service stayed up to date with best practise by training, networking and attending events, and sought and listened to professional advice.

Staff support: induction, training, skills and experience

- Staff received a variety of training, to ensure they had suitable skills to support people.
- New staff received an induction which ensured they understood how to support each person's needs.
- Staff received additional training to meet people's specific needs. For example, understanding Autism and Management of Actual or Potential Aggression (MAPA) training that teaches management and intervention techniques to help staff cope with escalating behaviour in a professional and safe manner.
- Staff received regular supervision and were well supported by the managers and providers.

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

- People told us they enjoyed the food. One person said, "The food is very nice indeed and the sweets are lovely."
- There was a varied menu and people were able to request something different if they wanted. The service was well stocked with fresh food, including fruit and vegetables and each meal was freshly prepared.
- People were offered drinks and snacks through the day.
- People's care plans included information about their preferences and dietary needs and any risks associated with these. The care plans were regularly reviewed.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked openly with other agencies to ensure that people's needs were being met.
- Where people were discharged from hospital or moved from another service they were supported to have a smooth transition and settle in.

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

- The building was suitable to meet the needs of people who lived there. The provider had ensured the

building was adapted to reflect changes in people's needs. For example, they had installed a stairlift.

- People enjoyed a number of communal areas to spend time quietly, or to socialise as they chose.
 - People were able to decorate their bedrooms individually with their personal belongings around them.
- One person told us they were having their bedroom walls painted in a colour they had chosen, and they were looking forward to this.

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

- People's physical, mental and emotional needs were assessed and documented in their plan of care. Staff monitored people's daily needs and well-being to ensure they were supported appropriately.
- The service had built and maintained strong links with local health care professionals including GP's and the mental health team.
- Professionals told us how the service was creative in engaging people around their mental health. One professional said regarding one person's care, "They have been flexible and creative and have not given up on her. This client would have easily ended up in a long-term hospital setting otherwise, and it is only the love, resilience and person-centred care of Balmain that means she should be able to return home to live."

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.

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.

- Care plans contained mental capacity assessments when people had had been unable to make decisions about their care. One professional said, "Regarding the MCA for my clients, they have good knowledge, and regarding consent they would complete a best interest with all professionals to make sure this decision has taking into consideration all the potential risks." However, not all decisions had been appropriately assessed and the best interest procedure followed. For example, for one person who lacked capacity to understand fully and make decisions for themselves, staff were storing their cigarettes and issuing them one cigarette an hour. There were gaps in recording for the mental capacity assessment and best interests' decision regarding this.
- People were supported to make decisions about their lives.
- Staff had good knowledge of the mental capacity act and how to support people in a way that respected their human rights.
- Professionals all explained Balmain focussed on less restrictive options in their service. One said, "They are open and willing to try new ways of working and try lesser restrictive practices – even when these practices are riskier in terms of a person's freedom, ultimately, this makes people happier and more independent."

We recommend the service ensure all decision made regarding people's care is recorded to reflect the best interest decision making process.

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

- Staff cared about people living in the service. Interactions with people were warm and friendly and we heard banter and humour used to engage some people. One person said, "They're [staff] very good. They're straight to the point and I like that and they're nice with it." Another person said, "The staff are friendly, and they really do their best, they keep everyone going."
- Staff and the registered manager knew people well. They understood the way in which they wanted to be cared for and respected them as individuals. One staff member said, "It's their choice."
- Care plans considered and documented the support people may require in regard to any protected characteristics under the Equality Act 2010, in relation to age, race, religion, disability, sexual orientation and gender.

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

- People were involved as much as they wanted to be in the planning of their care. Some people had said they were not interested in how support was provided and did not want to play a part in developing a support plan, the service respected this.
- Other people were invited to review their care needs and describe how they wanted support to be provided.
- People were given opportunities to lead on the design of their own rooms as they were being renovated.

Respecting and promoting people's privacy, dignity and independence

- We observed staff treating people with dignity and respect. Staff were careful to close doors when assisting people in their own rooms and knocked on people's doors before entering.
- The service understood the unique needs of people and how this might affect what goals they had. Goals were realistic, and the service balanced supporting people and not putting too much pressure on them, well. The registered manager said, "We help people as much as we can, try and get them well and back out into the community."
- Staff celebrated people's achievements with them. One staff member said, "It's just some of the simple things like washing themselves and going shopping. These are their achievements."
- We saw some example where people were supported to make real change in their lives around their personal hygiene, confidence in accessing the community and contact with family.

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

- Care plans reflected identified risks, needs and care preferences for each person. There was clear instruction on how people liked to be supported around their personal care and what things staff could try or say when they were feeling unwell.
- Care plans were reviewed regularly and updated when changes had been identified.
- Staff ensured people had choice and control over their daily lives. They offered help and support to enable people to make the right choices for them. One person told us, "You can come and go as you wish, and you just need to say where you are going so they know."
- Professionals fed back to us the service was very person centred. They said, "In my experience people have been supported to do the things that are important to them", and "They are good at being person centred."

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.

- During the assessment process people's communication needs were assessed and discussed and a care plan was completed which supported people's requirements.
- Information was available in an accessible format. There were audio recordings available for people who moved into the service that might not be able to read or who were sight impaired.

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 made efforts to encourage people to stay connected when they moved into the service. It facilitated visits from and to family, supporting with travel and encouraged people to maintain contact.
- Some people preferred to stay in their rooms and their needs expressed themselves as waiting to be alone. The service respected this but also monitored those people who were socially isolated to assess their wellbeing on an ongoing basis.
- Some people did not need or want support to take part in activities to go out. Some people were independent in this respect. Other people were supported to go shopping, go out for meals and take part in activities they had expressed an interest in.

Improving care quality in response to complaints or concerns

- Complaints were dealt with promptly and actions taken recorded.

- Staff had regular meetings with people to give them frequent opportunities to provide feedback on an informal basis.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- Care plans to describe people's wishes and decisions at the end of their life were in place for those people who had agreed to this.

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.

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

At our last inspection in November 2018 the provider's governance framework had failed to effectively monitor the quality and safety of the service. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider had purchased an electronic medicines administration system which enabled the management team to obtain access to data in real-time including medications administered, medications missed, and medicines stock. This also enabled managers to analyze data, run reports and make improvements to the medication ordering process.
- Quality assurance processes were now more robust, and both system and local checks were regularly completed on all aspects of care and the environment.
- There was a clear management hierarchy in place and staff felt supported and encouraged. Staff comments included "When I started I had low confidence but [deputy] constantly praises me and I'm more confident and comfortable in my job now", "If I need their advice I can always ask and talk to them and so can the residents", and "I feel supported."
- The registered manager had a clear understanding of the regulatory requirements they needed to meet and how they applied in their setting.

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,

- There was a positive open culture in the service. Professionals fed back practice was open and honest and the management team were approachable. One person said regarding the provider, "They're very good, very polite to residents and they always take time to talk to you." Another person said, "Everything is provided here, and they do their best."
- The service supported people to take ownership of their wellbeing and some people had taken big steps in taking more control over their lives in periods of good health. Where people became unwell the service supported them to stay safe and worked well with professionals to achieve the best outcome for each circumstance.

- When things went wrong the provider and registered manager kept to their duty of candour, that is, to share information when mistakes were made, or incidents happened.
- Complaints were well managed and recorded.
- The rating from the last inspection was clearly displayed.

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

- People were involved in the decisions they wanted to be and consulted on changes in the service.
- Staff felt they could come up with ideas and they would be listened to.
- The management team were aware of people's equality characteristics and took this into account when supporting people to plan their care and providing support.

Continuous learning and improving care; Working in partnership with others

- The service had an excellent reputation amongst professionals, it sought advice when appropriate and followed it. It challenged practice and encouraged staff to reflect on how they were supporting people.
- The service worked in close partnership with key health and social care services to support people to remain well or take small steps to becoming more well.
- The registered manager took part in local networks to share best practice and learn how other services were run.