

Balance (Support) CIO

Sessions House, Domiciliary Care

Inspection report

Sessions House
17 Ewell Road
Surbiton
KT6 6AF

Date of inspection visit:
16 June 2022
30 June 2022
04 August 2022

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24 October 2022

Ratings

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|---------------------------------|--------|
| 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Sessions House, Domiciliary Care is a service providing support to people with a learning disability in their own houses and flats. At the time of inspection there were 98 people using the service. Some people lived in their own home, whilst other people lived in shared living accommodation. People received a variable number of support hours per week, depending on their assessed needs.

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

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

Right Support: Model of Care and setting that maximises people's choice, control and independence.

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 had choice and control around their care arrangements. Care focussed on people's abilities and promoted their independence.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights. Staff were respectful of people's dignity, privacy and treated them as individuals with their own beliefs, thoughts and aspirations.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives. The management team displayed caring and person-centred values. They modelled this behaviour to staff and set expectations that these values should be integral to staff's working practice.

The support provided by Sessions House, Domiciliary Care enhanced people's lives by helping them to develop their skills and seek opportunities to lead fulfilling lives. People were supported to maintain relationships that were important to them and the support arranged so people could access the services and activities that they wished. People's support plans identified how they would like to be supported and what they would like to achieve with the help of care and support. People's communication needs were identified and met to help ensure they could direct their support and communicate their needs. New digital systems were being introduced for staff to more easily access and record all this important information.

People were supported to stay safe whilst being enabled to take positive risks to promote their independence. There were enough staff, who had received the right training and support to effectively undertake their role.

People were supported to lead healthy lives and access healthcare services when required. Where appropriate, health and social care professionals were involved in planning and reviewing people's care. The service was proactive in maintaining these professional relationships and effective in implementing the advice given.

There were effective systems to oversee and improve the quality of the service. There were service managers and senior staff in place who were responsible for organising and overseeing people's support. The registered manager was knowledgeable, approachable and professional in their lead role.

Staff were caring and respectful. People told us that they liked the staff and felt listened to. Staff were motivated in their role and understood the importance of promoting people's privacy and dignity.

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

Why we inspected

This service was registered with us in June 2021 and this is the first inspection.

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 ●

Sessions House, Domiciliary Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to 98 people either living in supported living settings or in their own homes via outreach services, so that they can live as independently as possible.

For people in supported living settings, care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service a few days' notice of the inspection. This was because we needed to be sure that the

registered manager would be in the office to support the inspection.

Inspection activity started on 16 June and ended on 4 August 2022. We visited the office location on 16 June 2022.

What we did before inspection

The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

We spoke with five people in three supported living settings and two people in their own homes. We spoke with 12 members of staff including the registered manager, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care 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.

We also contacted staff and involved health and social care professionals by email to ask their views about the service. We received a response from three staff and five health and social care professionals.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had safe systems to help safeguard people from the risk of abuse.
- People told us they were happy with the care and support they received. They said they felt comfortable raising issues with staff if they had any concerns. Comments included, "I'd talk to the staff. They are very good" and, "They listen and will sort things out."
- Staff had received training in safeguarding. Staff we spoke to were confident in recognising and reporting concerns about people's safety and welfare. One staff member told us, "Our managers are very good at following up any concerns raised, and this gives me full confidence in them and the way they would deal with such allegations."
- The registered manager had reported safeguarding concerns to local safeguarding teams. They had worked positively with safeguarding authorities to protect and promote people's safety when concerns had been raised.

Assessing risk, safety monitoring and management/ Learning lessons when things go wrong

- Risks to people were assessed, monitored and safely managed.
- People's support plans contained individualised risk assessments around important areas such as their mobility, safety both when out in the community and at home. Assessments focussed on people being able to take risks and these informed support plans helping people to live their lives as independently as possible.
- Staff we spoke with clearly had a good understanding of how to monitor people's safety and when to discuss any concerns with their line manager. Feedback from involved health and social care professionals was positive as to how staff worked with people to achieve further independence whilst also ensuring their safety and wellbeing.
- Environmental assessments reduced any risks related to people's home environments. Where concerns were identified, staff helped people to resolve these involving other agencies such as housing associations / providers.
- Staff demonstrated a good understanding of managing risks related to people's health conditions. For example, where people had diabetes, staff supported people to regularly monitor their blood sugar, helping to keep them safe. A health and social care professional commented, "I feel many of the staff genuinely care for the clients they support. They will contact our service, the GP or a district nurse should they have a medical concern for the client."

Staffing and recruitment

- The service employed appropriate numbers of suitably recruited staff.

- People told us they were happy with the staffing levels. They said staff were available to support them both inside their homes and when out in the community. Feedback included, "I like being here. I like the staff" and, "They're brilliant."
- The registered manager told us recruitment of permanent staff was currently challenging in the local area. Measures were in place to ensure any relief staff had suitable training and were deployed consistently where possible.
- People were protected from the risk of being supported by staff who were not suitable to work with them. The service carried out recruitment checks on care staff to ensure they were suitable to work in people's homes. This included Disclosure and Barring Service (DBS) and identity checks along with references to confirm they were of good character. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider operated an out of hours on call service. This was a telephone-based system operated by senior staff outside of office hours. This enabled people, relatives and staff to contact someone in an emergency.

Using medicines safely

- People's medicines needs were identified and met through documented assessments and support plans. These addressed the level of independence people wished to have with their medicine's management and how this could be achieved safely. One person told us, "They help me with my tablets."
- Where people were prescribed PRN (as required) medicines, additional guidance was in place for staff about when and why these should be given. This guidance had been developed in partnership with health professionals involved in people's care.
- Staff undertook medicines training with systems in place to have their competency checked to ensure they could support people safely.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were provided with appropriate protective equipment, such as face masks, disposable gloves and aprons throughout the pandemic.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

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

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

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

- The provider assessed people's needs, gave them choices and delivered care in line with standards, guidance and the law.
- Professionals told us the service was effective in implementing their advice and recommendations into people's care plans. There were systems in place to monitor and assess people's health, mood and behaviour. Comments from health and social care professionals included, "When I conduct an annual review for a client, staff always have the information ready that they know I will want. For example, health appointments, how the support is going, updated care plans etc" and, "I will often email them appointment or home exercise plans and they ensure that their staff team are provided this info to support the [person]."

Staff support: induction, training, skills and experience

- Staff were well supported and had good access to training.
- People told us staff had the right skills to meet their needs. One staff member told us, "Since I joined, I have been completing online training on various and relevant topics and have also completed many in-person training sessions which have also given me knowledge and confidence." Another staff member commented, "I've received in person and classroom training on safeguarding. I've taken multiple online courses and refreshers on both subjects."
- Staff received training in line with people's needs. This included training around consent, risk assessment, safeguarding, principles of care and medicines. More specialist training was provided as required, for example, around autism and diabetes management. This helped ensure staff had the knowledge and skills to support people effectively.
- The registered managers monitored staff's working performance through supervision meetings, competency assessments and observations of staff. New electronic systems had been introduced to support senior staff in managing their teams and to assist their ongoing learning and development.

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

- People's dietary requirements and preferences were identified within their support plans. This included any specific dietary needs such as allergies or intolerances.
- People were supported to be as independent as they wished in preparing and eating their meals and drinking. Some people were able to plan, cook and eat their meals without assistance, whilst other people needed higher support to maintain a healthy balanced diet. One person told us, "They help with my dinner every evening."
- Some people had received specialist input around their nutrition from health and social care professionals. The service had incorporated this guidance into people's support plans. For example, one

person's agreed goals included a healthy eating plan and gym sessions supported by staff.

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

- People's individual needs and circumstances were fully considered when planning and coordinating their support. This included working to ensure that people moving into shared accommodation were compatible with the existing tenants. People were supported with gradual transitions into supported living settings when placements were agreed.
- The provider worked with other care agencies when providing support. Examples were seen where individuals were being supported by staff supplied by other providers. This meant people using the service could make meaningful choices about who they wanted to support them.

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

- People had access to healthcare services, including regular health checks with GP's and ongoing appointments in relation to their medical conditions. Where health and social care professionals made recommendations around healthcare, these were implemented in people's support plans.
- Information about health services was presented to people in a way which they could understand. This helped them make choices and informed decisions about which services they accessed. For example, staff could explain information to people verbally, using simplified language, which they supplemented with pictures.
- The service had developed positive relationships with health and social care professionals to help facilitate people's access to support. One professional commented, "I always find the staff to be dedicated to our clients and some in a few cases have gone the extra mile to ensure the needs of our clients are being safely met."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that the provider had a good understanding of the MCA and had applied its principles when organising people's care.

- Staff worked with people to gain appropriate consent to care. Each person had an individualised assessment in place which documented the support they needed to help them make informed decisions about their care. The provider understood people had the right to make unwise choices if they had the capacity to understand the risks involved. They were supportive of people's choices and worked with them to minimise any identified risks.
- Where people were unable to consent to decisions about their care. The provider followed a best interests

process, which was in line with the MCA.

Is the service caring?

Our findings

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

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

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

- People had developed positive and trusting relationships with staff. Staff we spoke to had a good understanding of people's needs, preferences and aspirations.
- Staff spoken with clearly valued people's wellbeing, supported them emotionally when they required reassurance and helped them to work through any problems or concerns they had. A staff member commented, "The clients are always the priority and their needs always come first. I've seen first-hand how much care and compassion goes into our client's care."
- Staff were conscious that they were supporting people in their own home and respected the fact they were guests. A staff member told us, "I always respect people's boundaries and make sure to ask permission for anything at all."
- Staff had received training in equality and diversity. There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristic identified in The Equality Act (2010).

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

- People told us they were happy with the support they received from the service. One person said, "Everything's alright. They are good at their job." A staff member commented, "Without their involvement any progress will not happen, by gently listening and encouraging in a way each individual will respond then they can make informed choices to the way they live their lives."
- People were supported in 'positive risk taking' to help them achieve goals which they had identified as desired outcomes for their day to day living. For example, a health and social care professional told us about the support provided for one person who had not previously cooked for themselves but began cooking and baking with staff. They worked their way through over 40 recipes and were now accomplished in cooking skills, which they could undertake independently.

Respecting and promoting people's privacy, dignity and independence

- People using the service told us that staff were polite and respectful to them. They said staff respected their privacy and private space. Staff understood when people wished to have company and when they preferred to be alone. A staff member commented, "I ensure I am always respecting people's dignity and privacy. I approach things gently and ensure it is always on the client's terms. I also make sure I am the correct person to be dealing with the issue, for example if it would be better if a male staff was present or female depending on the nature of the issue."
- People were supported to raise issues around their homes with landlords or housing providers. A health and social care professional gave positive feedback about how the service had helped someone to be re-

housed and to maintain their tenancy. The registered manager gave an example of how they were supporting people to find a new house in the area of their choosing.

- People were encouraged to develop their everyday life skills to promote their independence. Staff recognised people's abilities and supported them to utilise these in their everyday lives. A staff member commented, "They [people using the service] have full input and it's always at their pace and their choice what happens."

Is the service responsive?

Our findings

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

This key question has been rated good. 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

- People received person centred care that meant they had choice, control and their needs and preferences were met.
- People told us they received the support they wanted. Comments included, "The staff here, all of them, are nice. They help me with things" and, "I'm quite happy."
- Staff were trained in REACH standards that aimed to put the person at the centre, enabling them to make their own choices and have control over their support. The REACH Standards have been designed for use by people with a learning disability and/or autism to provide a benchmark for quality and aspiration in supported living and outreach services.
- The service worked with people so support fitted round their everyday life, planned activities and changing care needs. This enabled people to have flexibility and control about how their support was arranged. A health and social care professional commented, "[Person] and his [relative] have had only praise for [service] who have been flexible around changing work patterns, and have continued to encourage [person] in positive goals, despite set-backs and disappointments."
- People's care plans focused on their abilities, what they were able to do and how staff should encourage them to build their skills. A staff member said, "The team go above and beyond to make sure [people] are getting the most out of this service."
- People's support plans detailed their preferred routines, likes and dislikes. This helped to ensure staff could provide care in line with these preferences. New 'getting to know each other' assessments were being introduced to further ensure the person was at the centre of their support.

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.

- There were individualised arrangements in place to meet each person's communication needs. Each person's support needs in this important area were documented including their preferred communication methods. The new assessment framework being introduced was designed to be easier for people to understand and to assist them in directing their support.
- Staff provided information to people in alternative formats to help them understand daily events, routines and appointments. This included visual planners and charts along with the use of easy read documentation, pictures and photographs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships with their families, partners and friends. Staff gave people freedom to explore these relationships whilst ensuring people were safe and supported.
- People told us they were supported to follow their interests. Each person had their own routines of activities individual to their interests. Support plans included information about the things people enjoyed including leisure and sport, attending social clubs, meeting family and friends, pursuing their hobbies and attending events in the local community.

Improving care quality in response to complaints or concerns

- People told us they felt happy in raising any concerns or complaints with staff and were confident they would be listened to.
- Staff regularly spoke with people to identify whether they had any worries, concerns or complaints about their support.
- The provider had a complaints process which detailed how and to whom a complaint could be made. This policy was available in an adapted form in line with people's communication needs to aid their understanding.
- The service documented all formal and informal complaints which were then reviewed and used to improve the quality of service where shortfalls were identified.

End of life care and support

- The service was not providing end of life care at this inspection.
- However, the service had worked with people and relatives to identify their preferences and wishes around their care at the end of their life, should this be required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service culture was open, inclusive and positive. People and relatives told us they were happy with the support provided and said senior staff were approachable and friendly. One relative praised a senior member of staff commenting on the service improvements made "Under [staff member's] brilliant and overall supervision."
- The registered manager was supported by two service managers who each oversaw the outreach service and the supported living accommodation respectively.
- The service had a strong person-centred ethos. Staff promoted person centred practice and were all positive in their feedback regarding the support provided to people. One staff member commented, "I've seen first-hand how much care and compassion goes into our client's care. The team go above and beyond to make sure they are getting the most of this service but most importantly Balance looks after us as staff members so we can be the best support workers for our clients!"

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 understood the Duty of Candour and their responsibilities in informing people and relatives about concerns or when mistakes happened.

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

- There was a clear management structure in place. Three senior staff worked with the service managers in overseeing the outreach and supported living accommodation. The service managers reported to the registered manager who oversaw the overall quality and safety of the service.
- The service carried out regular audits of key aspects of people's support. This included audits of medicines records, care records and financial records. This helped them identify good practice or highlight any concerns.

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

- The provider had a strong commitment to engaging with all stakeholders to share and gain feedback about the quality of people's support through their engagement strategy. A recent re-organisation of the service structure with a renewed focus on ensuring people were at the centre of the service had been

communicated and discussed with all stakeholders.

- The service had strong links to the local community. Most people lived in areas close to family or where they had lived for an extended period of time. They had developed local networks of friends, clubs and local facilities that they accessed.

Continuous learning and improving care

- The registered manager and senior staff team completed regular checks to ensure the quality of support provided and make improvements where needed.
- Staff meetings were also held to share information, good practice and discuss where improvements could be made.
- Strategic plans were in place which identified changes that could help improve the quality of care. Actions were overseen by service managers, which helped ensure any improvements made were beneficial to people and sustainable. Ongoing developmental work within the service included building digital systems for support planning and embedding the new electronic human resources system.

Working in partnership with others

- The service worked in partnership with key stakeholders to help ensure people led a good quality of life in relation to their health, care and housing. Recent initiatives included establishing partnership working with the local Mencap Society for support and advocacy for people and their families.
- Positive working relationships had been established with health professionals including GP's, psychologists and the community learning disability team situated in the same building.