

Balance (Support) CIC

17 Chamberlain Way,
Respite Unit

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

17 Chamberlain Way is a two bed respite service for people who require accommodation and support with personal care. The service supports people with a range of learning disabilities, autistic spectrum disorders as well as physical disabilities. At the time of inspection there were two people using the service, one person had been on respite with the service for 14 months. The other person regularly used the service for three days respite a month.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People were supported to remain safe at the service. Appropriate safeguarding procedures were in place and risks to people were regularly assessed and reviewed. Staff were suitably recruited and met the needs of the people using the service.

Staff were trained to carry out their roles effectively and worked with partnership organisations to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff were caring and compassionate, whilst treating people with dignity and respect. People were supported to be involved in decision making in relation to their care.

People received care that was personalised to meet their needs and were supported to partake in activities and maintain social relationships. Complaints were managed and responded to appropriately.

The service was well led with a clear vision to drive the service forward and make improvements to the quality of care. The service met all relevant fundamental standards.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

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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.

This inspection took place on 14 March 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We also reviewed the information included in the 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 spoke with one person who lived at the service and three members of staff. We also spoke with the registered manager, the head of operations and the team leader.

We looked at two care records, three staff files and a range of other documents that related to the overall management of the service which included quality assurance audits and accident and incident reports.

Is the service safe?

Our findings

People were kept safe by the service. Any risks to people were comprehensively assessed and monitored in order to ensure people were safe at all times. Areas covered included medicines, eating and drinking, personal care, falls and any behaviour that challenges others. People had support plans in place that provided a range of guidance for staff on how best to manage people's risk areas and prevent future incidents occurring. Staff that we spoke with were clear on how to manage any incidents and were able to provide detailed examples of how they would attempt to de-escalate situations that people may find distressing.

The provider had a safeguarding policy in place which clearly defined the role of staff in reporting any safeguarding concerns. Staff that we spoke with were aware of the different types of abuse and were confident that they could seek support from their management team or external agencies if required. Staff were aware of the provider's whistleblowing policy and felt able to use it should the need arise.

The provider carried out checks to ensure that staff were suitable before commencing employment. This included Disclosure and Barring Service (DBS) checks, proof of address and residency as well as copies of photographic identification. The provider also sought two references for staff prior to them starting at the service to ensure that they were suitable for work.

There were sufficient numbers of staff to support people at the service. The provider's sister home was a short walk away and staff provided care to people across both sites. Both of the people using the service were supported on a one to one basis. The provider utilised a sleep in shift overnight to ensure that support was available to people should they need it.

People's medicines were managed safely. At the time of our inspection no one currently at the service was taking medicines, however a suitable medicines management policy was in place for one person who used the service regularly. Medicines storage cabinets were securely located in people's rooms should they arrive with medicines. People's files contained guidance on any PRN (as required) medicines that they had been prescribed with appropriate instructions for staff as to how to administer these medicines safely. Staff undertook medicines competency training to ensure that they were appropriately skilled to administer medicines.

The service appeared to be well maintained and hygienic throughout. Staff told us that people using the service were encouraged to take part in maintaining the cleanliness of their rooms and we saw this reflected in their care plans. Any substances that were hazardous to health were securely locked away and records we looked at showed that infection prevention and control was regularly reviewed.

The provider maintained the safety of the premises through the use of monthly checklists for trips and hazards, Control of Substances Hazardous to Health (COSHH) and premises cleanliness. Records showed that gas safety and electrical maintenance checks were in date and the environmental risk management plan was regularly reviewed. Fire equipment had been tested and the provider conducted regular fire drills

to ensure that staff and people were equipped to leave the premises promptly.

Investigations into any accidents or incidents were thorough. We reviewed the records kept and found that incidents were well managed and any learning recorded and shared with staff. All incidents were promptly debriefed and recorded on the provider's incident form. Checklists were in place to ensure that staff had taken appropriate action and concise handovers provided across the staff team.

Is the service effective?

Our findings

People were cared for by staff that were supported to develop their knowledge and skills. A range of training was completed by staff including data protection, safeguarding, recording and reporting, moving and handling, learning disability and behaviours that challenge others and communication. One staff member said "I would say most of the training is face to face. When I started they gave me lots of training". Records showed that most staff were up to date with the providers training refresher requirements. Following our inspection, where a gap had been identified the provider confirmed to us that further training had been booked.

Another staff member told us of the robust induction process, "Induction has increased to five days learning and five days shadowing until you are allowed to do your first shift". Records that we looked at showed that staff competency was checked prior to them commencing solo working at the service.

Staff were fully supported through a regular supervision and appraisal process. One staff member said "I have supervision monthly, I discuss my role, what I need to improve, any difficulties with staff or residents and my learning or training needs". Supervision records that we looked at were up to date and any action points were clearly noted. Staff were suitably equipped to carry out their roles.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). Records showed that people's capacity had been assessed in relation to their decision making, and people currently using the service were assessed as having capacity.

We observed that people were able to decorate their rooms in line with their preferences. People's rooms contained personal artefacts and photographs of activities they had undertaken. Each room we looked at provided ample space for people to be comfortable and they were supported to keep their rooms clean and well maintained.

People were supported to keep a healthy and balanced lifestyle with a nutritional diet. Meal planners reflected people's personal menu choices and included options for home cooked takeaway alternatives. One staff member said of meal preparation, "We do it together" and "I offer choices from cereal, toasts, eggs and an English breakfast". Where one person had a health action plan in place to support maintenance of their weight we saw that there was guidance in place for staff in order to support the person with a healthy diet. Where another person required an easy chew diet we saw that appropriate guidance had been obtained from the SALT (speech and language therapist) to supervise the person effectively at meal times.

Where input and support was required from other healthcare professionals, people were supported to access them. Where one person had been identified as at risk of falls the provider had liaised with physiotherapy to ensure the person received appropriate support. People's records contained a list of contact with healthcare professionals and included annual health checks and on one occasion liaison with a behavioural therapist.

Is the service caring?

Our findings

People were well cared for at the service. One person said "I find it fine". On the day of our inspection we observed positive and tactile interactions between staff and people when supporting them.

Staff knew the people they were supporting very well and were able to give us a detailed overview of people's preferences and how to care for them with compassion. All of the staff that we spoke with were able to talk with us in detail about people's behaviours, their family relationships and presenting needs. One staff member said "When [the person] is with us I know everything they need and want".

People were supported to be involved in decisions around their support. One staff member said "I will ask [the person] what they want to do" and "I will sit down and give [person] a few options, it's [person's] decision, I'll let them make the choice". Records that we looked at reflected consultation with people in relation to their needs and preferences. These contained pictorial prompts to support people to express their views including what makes them happy or sad, as well as what they liked doing for fun. These prompts supported people to respond to questions in ways that they understood.

Staff treated people with dignity and respect. One staff member said that when providing personal care, "I ask if the person wants to bath or shower. I lock the door on the bathroom, close the curtains, it's a habit to do it, I keep the door closed. I knock on the door before entry, just in case". Where people presented with any symptoms of distress staff were clear on the action to take with individuals and records showed that specific guidance was in place to support staff.

People's independence was promoted in their everyday living tasks and activity choices. One person had the support of a key worker from one of the provider's partnership organisations in preparing a meal of their choice each week. Where one person expressed a keen interest in cycling, the service had supported them to access a cycling scheme and the person had joined a weekly cycling group in a local park telling us, "I can go out when I want and do what I want".

Information pertaining to people's confidentiality was securely stored in a locked cabinet. Staff understood the importance of keeping people's personal information confidential. Training in data protection was also provided to staff.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs, and records showed that people and their families were involved in their care planning. Care plans covered areas such as social relationships, likes and dislikes and activity planning. People's care plans were kept up to date and reviewed regularly or when people's needs changed. Where a change in behaviour had been observed in one person a behavioural support plan had been put in place guiding staff with signs to look out for and how best to support the person. Records we looked at also reflected people's cultural preferences and we saw that one person regularly attended a local church service.

A range of activities were on offer and people were supported to exercise their choices. One person told us "I go on activities, I'm going to look to go on holiday" and "I play the keyboard, I go out and enjoy myself". We saw that one person had a rolling four week activity plan that had been completed with the support of their family member. Staff told us how they would discuss the proposed activities with the person and agree on any alternative activities the person may wish to undertake.

Daily records were kept of events that occurred during people's days and were communicated as part of the shift handover. Over the past weeks we saw that people had accessed bowling, Zumba classes, line dancing, shopping and keywork session with a partnership organisation. One person had a family friend that they regularly visited and records showed that staff were clear in setting return times and monitored the person's safe return.

The provider had a complaints policy in place and staff were clear on the action they would take if they were presented with a complaint. A pictorial guide was in place for people to inform them of how to raise any concerns they may have. At the time of inspection the provider had received one informal concern; records showed that prompt action had been taken to resolve the issue with the complainant.

Is the service well-led?

Our findings

Staff spoke highly of the support they received from management and the improvements that had been made across the service. One staff member told us "Since the new manager, everything has been in perfect order" and "I like working here, it's a really nice place to work". Another said "I can see improvement since [the manager] started, now most staff are trained to do medicines, most can shift lead, there's a lot less agency staff and more staff on shift. He has made improvements and implemented more paperwork".

The members of the management team that we spoke with were passionate about their focus on maintaining transparency across the staff team. The registered manager told us of the action they had taken to improve team building and records we looked at reflected that staff were encouraged to feedback during supervision and team meetings and prompted to share any issues identified through check ins and handovers. One staff member said "It's a great team right now. The staff and support workers do a really good job".

There was a registered manager in post at the time of our inspection. 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.

The registered manager was aware of their responsibilities to the CQC in notifying us of any important incidents. However, the registered manager had not informed us of three similar incidents for one person that had involved the police, as they had believed these incidents did not meet the threshold for formal notification. These notifications were promptly submitted to us following inspection. We checked the records for these incidents and saw that a comprehensive and thorough investigation had been completed on each occasion, including liaison with the local authority. Records clearly detailed action taken, any contributing factors, staff debrief and a clear conclusion following investigation. We were satisfied that prompt and appropriate action had been taken to learn from these incidents and improve the service.

The registered manager held an active presence in the service and records showed that they reviewed the shift handovers each morning to ensure full oversight of any issues and to identify and take action on any concerns.

The provider's operational director was responsible for completing internal quality audits covering staffing, medicines, fire risks, residents, care files, nutritional needs and any incidents or accidents. The results of the most recent audit had resulted in an improvement plan and records showed that the registered manager was following this. For example, where it had been identified that a person would benefit from more involvement in food preparation we could see that this had been addressed with their keyworker.

The provider had recently introduced a 'thank you' card that managers were encouraged to use to give specific praise to staff for tasks they had performed well or where they have gone over and above in their role. A recent staff consultation had recently taken place with a high rate of positive feedback; the provider

was also planning a 'Respect' workshop to focus on helping the team to work together effectively.

People's views were sought through regular resident's meetings. These covered issues as raised by the attendees and we could see that holidays had been a key point of discussion at the most recent meeting.