

Karlyon Care Ltd

Balmain Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection of Balmain Care Home ("Balmain") took place on the 22 and 23 November 2018 and was unannounced. When we last inspected in 2017, we judged the service to be Requires improvement as there were safety concerns and décor issues in respect of the premises. We did not find breaches of the Regulations at the last inspection but highlighted where progress could be made in the service being safe, effective and well-led.

Balmain is registered with us to provide accommodation and care for up to 29 people. People have a mental health diagnosis or history of such a diagnosis. They may have other needs associated with their mental health and a high level of complexity.

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 care is provided across four homes that are linked together. There were communal places or/and quiet spaces where people could choose to spend their time. People had individual bedrooms that they could personalise.

A registered manager was employed to manage the service locally. 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. They were supported in their role by a deputy manager.

We found some improvements were needed with the management and auditing of people's medicines to ensure they were safe

Balmain works with people who are at varying stages of their journey with their mental health. Each person has some level of complexity and can have other issues such as alcohol dependency as part of why they need extra support. People had often exhausted support services and lost their tenancy or had been living homeless when they came to stay. Balmain does not give up on people easily and therefore worked in an atmosphere that could be challenging for other people, staff, the community and external agencies such as the police. They managed this well with staff that cared deeply about people and were always looking for new ways to meet their needs.

As a service they actively advocated for people living in the community with mental health issues. They acted as a safe house for vulnerable people to be referred to for emergency support and help. They used their place on various forums to support people to be better received into hospital, for example.

People living at Balmain were encouraged to set achievable goals and take steps to reducing the need for support. Staff knew people well and used this to support people to move on in their lives and manage dependencies, for example, to live a safer life. Goal setting was backed up by good risk assessments and management behaviour plans. We found some inconsistencies in people's records and the detail of what staff knew about people was not always in their records. We discussed this with the registered manager who was responsive to feedback.

Balmain was considered as part of the multi-disciplinary team; able to seek support from other agencies and professionals as well as actively take part in discussions about planning people's care.

The registered manager, the deputy manager and provider were highlighted as being approachable, responsive and willing to act on feedback, ideas and concerns. Staff, people and professionals linked with the service gave positive feedback on how the service is led. Everyone felt they could be supported if needed.

People received effective care from staff who had the skills and knowledge to meet their needs. Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs. People's food and drinks were monitored to ensure people were kept healthy.

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 supported this practice.

People said they would feel comfortable making a complaint and were confident action would be taken to address their concerns. The registered manager and provider treated complaints as an opportunity to learn and improve.

People felt safe at the home and with the staff who supported them. There were systems and processes in place to minimise risks to people. These included a clear recruitment process and making sure staff knew how to recognise and report abuse. There were adequate numbers of staff available to meet people's needs in a timely manner.

We have found two breaches of regulations. You can see the back of the full report to see what action we have asked the provider to take.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service remained requires improvement.

People's medicines were not always managed safely.

People had a range of risk assessments in place to keep them safe.

People were protected by staff able to identify where people were at risk of abuse.

People were supported by the right number of staff to keep them safe. Staff were recruited safely.

Staff followed safe infection control procedures.

Lessons were learnt from events to improve the service.

Is the service effective?

Good 

The service had improved to Good.

The environment had been addressed and adapted to people's needs as required.

People were supported to eat and drink well and be healthy.

People were supported by staff who were trained and supported to be effective.

People were supported to have control and consented to their care.

Balmain staff worked closely as part of a multi-disciplinary team.

Is the service caring?

Good 

The service remained caring.

Is the service responsive?

Good 

The service remained responsive.

Is the service well-led?

The service remained requires improvement.

This is due to the issues we found in safe not all being addressed by the current audits.

People, staff and relatives were involved in the running of the service.

People, staff and relatives told us the registered manager and provider were accessible and responsive.

The service worked closely with other agencies and the community locally.

The service aimed to make a difference to other similar services by sharing good practice and ensuring people with mental health were on local agendas.

Requires Improvement 

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 took place on the 22 and 23 November 2018 and was unannounced. The inspection was a comprehensive inspection completed in line with our methodology.

The inspection was completed by one inspector, one specialist nurse advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed the information available. This includes the Provider Information Return (PIR) and notifications. We require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Notifications are particular events registered people are required to tell us about as they occur.

During the inspection we reviewed the care of five people in detail and, how the service managed people's medicines. We spoke with nine people, five staff and two health and social care professionals. We reviewed one personnel file, training records and how the registered persons ensure staff remain competent in their work. We also reviewed how the provider and registered manager ensured the quality of the service and safety of the premises and equipment.

The registered manager and providers were present during the inspection.

Following the inspection, we provided questionnaires that could be given to staff and professionals we had not been able to talk to during the inspection. We received two professional questionnaires back.

Is the service safe?

Our findings

When we inspected the service in 2017, we rated this domain as Requires improvement. This was due to concerns about the safety of the premises, chemicals being available in the laundry and, not all radiators were covered to prevent people from harm of being burned. Our findings during this inspection can be found below.

People's medicines were administered as prescribed. Medicines were ordered to ensure everyone had their medicines as required. Good stock levels were maintained. However, we identified some issues with the management of medicines. There was no evidence of temperatures being recorded for the fridge or of the rooms where the trolleys and stock were securely stored. A member of staff told us this was completed weekly but could not find the evidence.

In respect of protocols around people's 'as required medicines' (PRN) these were not clearly recorded. For example, details of what the medicine was for, symptoms, whether the person can ask for the medicine or if they needed prompting or observing for signs of need, when to review the medicine and how long the person should expect to take it were not available to staff. Staff were then not guided to check with the prescriber before administering it for a different concern or if the person was taking the medicines often or not at all. For example, one person was taking a pain relief medicine given on every occasion offered but staff had not informed the GP or pharmacist of this change to the person's needs.

Other medicine issues noted, included one person took their own medicines without staff support but there was no assessment of any risks to them doing this. For another person, there were several missing signatures for a salbutamol inhaler and a prescribed 'when required' cream but used sometimes and not others. It was not clear if a coding to say it was not needed was then required, for example. The link to the prescriber (GP) needed to be clearer in people's records. For example, a person had been on antibiotics for over four weeks without a review being recorded and, a person's medicine had been amended on their medicine administration record without ensuring GP written confirmation was then recorded.

This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed staff had worked with people to reduce their need for PRN medicines for mood and anxiety by creating an environment where staff firstly followed specific, personalised strategies to help them remain calm. These were linked to clear risk assessments and the staff having excellent knowledge of people, their triggers and the skills to interact with people to reduce the likelihood of medicines or other control measures being required.

People said they understood why they took their medication and had been given information about them. One person said that if they wanted to know about their medication then the staff would tell them. Another said that they saw their psychiatrist every three months and they understood their medication, "because the doctor explains it."

The service had a range of other risk assessments to monitor their time at Balmain. People were supported to take informed risks with their life and look at new ways to manage stress and pressures. Staff were available to support people to look at how they could do this as safely as possible. This meant people who had or continued to use alcohol, for example, did so in a managed way.

A social care professional said, "Balmain work with a number of complex clients and risky situations. From my involvement with them I feel that Balmain put in place creative risk assessments and always try to work in the least restrictive way, balancing this against keeping people safe."

We noted that the service did not always risk assess specific health needs such as diabetes for one person. We have advised the registered manager of the importance of this due to the need to have clear processes and strategies in place should people become unwell.

We found on this inspection that the inside of the premises had been improved and the outside was safer; however more action was needed regarding general maintenance and tidy. Chemicals were safely stored. Some radiators were observed to still need covering. The registered manager advised they were all covered by the 11 December 2018; in the meantime, a risk management plan was in place. Also, a new audit tool had been brought in to check each radiator and its cover.

When we reviewed how the registered manager and provider were ensuring people were not at risk of scalding (hot water to a maximum of 43 degrees centigrade) and/or falls from height (windows restricted to 100mm), we found they were not following their own policy and national guidance fully. This was all reviewed during the inspection and thorough checks put in place which would ensure the provider and registered manager could quickly see if any single water outlet or window needed attention.

Most people at Balmain smoked and found this important. There were some compliance issues reported in respect of people sticking to the agreement to not take ignition sources into the building. Staff were alert to those who did this. The fire risk assessment did not address the issues about smoking and individual risk assessments had not been put in place to demonstrate how the individual and whole home risk was being managed. Immediately following the inspection, we were shown individual risk assessments were in place (by 5 December 2018) and a whole home fire risk assessment was under way. We spoke with the registered manager and provider about including the risk of smoking and the 'home rules' at initial assessment stage to support their reinforcement later.

People had their finances managed safely often by/through appointees and guardians.

There were plenty of staff to meet people's needs and they were recruited safely. We however spoke with the registered manager about people feeling there were not enough staff at weekends. One staff member had been recruited since the last inspection; this staff member's record did not detail their full employment history. Also, requirements such as their character checks did not include important reference numbers, dates and signatures. We spoke with the registered manager and provider about signing off recruitment files to check the information they needed to evidence, was present.

People were supported by staff who understood how to keep people safe from harm. Staff felt every staff member, the registered manager and provider would ensure people were safe. Also, the provider and registered manager were aware that they need to keep their staff safe if people became unwell and an increased risk. There was good multi agency communication to ensure this.

People said that they felt safe. Reasons given for this were that staff were around 24 hours a day and that

they were approachable. One person felt that if they had a fall or were needing help in their room, then they wouldn't be left for long because the staff made regular checks. One person said that they felt safe because, "Staff are very observant and do checks" and another person said, "Staff go out with me when I need things."

The service had a review in place to ensure untoward events were reviewed to keep people, staff and the premises safe. These covered acts of behaviour that challenged and any event that they could learn from. The outcome was shared with all staff and across the provider's three services, as appropriate.

The staff followed safe infection control procedures. Cleaning schedules were in each room with tasks to be done regularly through the day. Everyone said the home was clean and one said, that the staff were "Very good. Cleans up any messes." Another said that, "For a place like this it is clean" and, that spills "Get cleaned up quickly."

Is the service effective?

Our findings

At the last inspection in 2017 we rated this domain as Requires improvement. This was due to concerns about the environment. We found the home needed some refurbishment. On this inspection we found this had been largely addressed. We have therefore, rated the service Good.

Three out of the four homes had been repainted and had new carpets. Work was underway on the fourth house. One person said that there had been "vast improvements" in the physical environment. Another person was to have their own self-contained accommodation in the fourth house. Plans had been accepted and they told us they had been to choose a bathroom and been involved in how it was going to be decorated. There continued to be a maintenance programme with plans to continue to refurbish the service fully. A new kitchen was being put in with the groundworks having been started when we inspected. This would allow the service to cater better for people and ensure the reduction of clutter due to lack of space in the current kitchen. The PIR stated, "We have undertaken specific upgrades to the environment for Age and Disability. A new stair lift has been installed in addition to new handrails throughout the home to aid in clients moving throughout the service."

Staff were trained to meet people's specific needs. Everyone felt that the staff were trained to meet their needs. For example, one person said staff were able to check one person's blood sugar levels and support them to eat well in relation to their diabetes. Another said, "The staff know what to do with physical problems and that they know enough; they're well trained."

Staff told us they were confident they had the right training to give them the skills to do their job fully. They could also ask for extra training or suggest new training to support them being effective in their role. One staff member said, "Last week we had first aid training; we are always looking at ways to do things better. We can ask anyway for any training and get a good response."

The PIR stated, "We will continue to implement and progress with all of our staff team's development and training needs to improve and benefit our residents and further improve the knowledge of our staff. This in turn effects the quality and standard of care our residents receive. It also empowers and builds confidence individually to our staff team and as a whole. We also have staff working on Level 4 CQF" and, "Certain staff have gone over and above in their CPD (continually professional development) in order to benefit the clients. One such instance is a member of staff doing a beauty and barbering course."

Staff confirmed they could approach the registered manager and deputy manager for support, advice and guidance at any time. The ability for staff to have protected one to one time to reflect on their practice and personal development was sporadic. We asked the registered manager to review this and they provided a supervision and appraisal plan for 2019 which should ensure time such time for staff was protected.

People were supported to eat well and drink often to remain hydrated. People were encouraged to take in a good level of nutrition to offset lifestyle choices that impacted on this. People were given regular snacks and drinks throughout the inspection. Staff worked closely with dieticians, speech and language assessors, GPs,

mental health and social care practitioners and, with people directly if there were any concerns. One person, told us they were supported to attend hospital appointments and saw the GP once a year for a check-up. This was the same for all people with specific health needs, to review their medicines or to ensure health screening was taking place as it would for all people in the country.

People said they made the decision about what they were going to eat that day or the night before. They said that there were always two choices on offer, but that they could ask for something else if they did not like or feel like eating what was available. There were two dining rooms available for people to use, one being quieter. There were staff available to assist people with cutting up their food and to give them drinks if they couldn't get them themselves. People said there was a summer and a winter menu. One person said that they liked roasts and chillies and another said that there were enough snacks. Menu choices were discussed at residents' meetings where people could make suggestions. We saw one person was denied a choice by the kitchen staff but this was sorted out by the registered manager.

People could see health professionals and have contact with professionals with a mental health and social care function as needed. This was to meet their emotional, social and health needs in recognition that all needed addressing in order to support people fully. Staff knew people very well and this process started on initial assessment. The service supported people who could be very challenging to the community, other people living at the service, external professionals and the staff at Balmain. The staff worked well as a team internally and externally with the multi-disciplinary team. The aim being to support people to be rehabilitated, stabilise and function without high level input from professionals. People were encouraged to set achievable goals and review these often. New ones could then be set and people were encouraged to enjoy their achievements and supported when things were not going quite right.

A social care professional said, "From my work with Balmain I have seen a number of clients achieve better outcomes than before and become more settled and independent. I have had clients in Balmain who used to never go out, and since Balmain staff have built positive relationships, they have been going out much more regularly and getting enjoyment out of daily life and events."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

The registered manager and staff understood the difference between the Mental Capacity Act 2005 and the Mental Health Act 1983 (MHA). The 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. The MHA is a law that tells people with a mental health disorder what their rights are and how they can be treated. People with a mental health disorder (learning disability, mental illness and/or personality disorder) do not necessarily lack capacity to consent to their care and treatment.

People at Balmain were respected as having the right to consent to their care and treatment and supported to make informed decisions. Extra support, time and information was provided to facilitate this for people. One person had a deprivation of liberty (DoLS) order in place from the Court of Protection but had six hours a week out in the community as a condition of this. Staff ensured this was met with staff support to keep them safe. Other people had the freedom to come and go from the service. People could access outside advocacy support services to support them in respect of their ability to consent.

All the staff told us it was important to treat people as individuals and be accepting of all regardless of their identity. One staff member said, "Everyone is different; I treat everyone to the same level but different; they have different needs. We meet the diverse needs of people. We know how to support people with different diagnosis." The PIR stated, "Currently we do not have any clients with any other protected characteristics however, should this change the service would respond appropriately. All staff are trained in equality and diversity so they have the knowledge regarding key characteristics."

Is the service caring?

Our findings

The service continued to be caring.

The home was calm throughout the inspection. People who could become stressed and anxious were responded to quickly. Staff were observed acting quickly and calmly to guide, support and reassure people. Staff worked well as a team to react to a person quickly who may become verbally and physically aggressive. They also supported others who were present. People were quick to tell us that people could be unwell but they felt cared for by the staff and supported to ensure they were safe.

Everyone said the staff were all kind, caring and treated them with respect. One person said, "The staff always have time to talk."

The atmosphere of the home was described as "very good" by one person. Other comments were, "I feel wanted here, safe, it's very caring" and, "I can have a laugh with people here".

People had visitors when they wanted and one person said they could see them either in the lounge or in the therapy room. The latter giving them a private place. One person was helped to stay in contact with their befriender whom they had a good relationship with.

A visiting professional said, "From my observations I am happy to say that I feel that staff address residents needs quickly and patiently." Another social care professional said, "Balmain speak directly with their clients about what they want and how they would prefer their care to be provided. I have witnessed Balmain staff give one to one time to clients and within this there is clear compassion and mutual respect between staff and clients."

Everyone said staff always knocked on their doors before entering and asked permission before helping them with anything. They said that they were always asked before staff went and cleaned their rooms. The residents all had keys to their rooms so they could lock them if they desired. We observed a staff member asking a person for their room key so that they could go and make their bed. One person said the staff helped them to shower, wash their hair and get them dressed and that they respected their dignity whilst doing this.

People were encouraged to be in control of their life and what they wanted to achieve. This included the setting of goals. For some this was about being able to make a cup of tea in the new café area. For others, it was about managing their overall health, weight and smoking. Others were supported to move back into the community better able to manage. We met one person who had done this but came for odd days to support them to maintain it. People could arrive in crisis and still have times of crisis but the staff did not easily give up on people. New ways forward or going back over well-trodden ground were all part of the goal of supporting people to become well and maintain control.

Staff spoke passionately about their role with people; they knew people well and smiled when they described

them and the small features of their personalities. A staff member said, "I love Balmain; I love working here. The difference you get to make. The challenges everyday are different. We get to make a huge difference to people." Another staff member said, "The characters of people and staff are all different. The staff are caring" and another, "The staff get to interact and are always polite and respectful". A third member of staff said, "It can be challenging; it can be good and bad especially if people are unwell but the challenging is really good; we are a good team and work well together."

Everyone had a keyworker to support them. Each had a member of staff in the days and at night that they could relate to. One member of staff explained this as, "We ensure their rooms are tidy, they attend their appointments, they have a great birthday and, basically anything, it evolves around them."

Is the service responsive?

Our findings

The service continued to be responsive.

People continued to have personalised care from staff that knew them extremely well. The registered manager, deputy manager and each staff member were able to describe people in detail. Every effort was made to support people with their goals in life. People had regular contact with staff, external professionals and community groups that could support them.

People's involvement in care planning was designed around their wishes. Some people were not interested in being involved in their care plans but others had helped write theirs. One person said that they had been asked what their interests were, another said that they didn't have any goals at the moment and, one said that they "Did one (goal) with [a member of staff] a couple of days ago". A different person commented that the staff, "Write down what you do each day then they know if anything's unusual." Another said, that their care plan supports their desire to go out every day and helps them to check if they have met their goals. A further person said one of their goals was to cut down on smoking adding, "which I'm doing very, very well."

People felt they were supported to maintain or regain their independence. There was a kitchen facility for them to use, the café and activities. One person had also been given a room near a toilet and had a commode in their bedroom at night because of their physical needs. The staff washed their clothes with different washing powder because of their allergies. They added they were assisted at night to put a mask on because of their sleep apnoea.

People on short stay had their needs met. The PIR stated, "We only take respite admissions with the minimum time of 8 weeks. This allows us to work with the client to achieve their goals and allow them to get back into the community. During this time the client will stay registered with their own GP surgery and we will liaise with them to ensure all of their health needs are met."

Records did not always reflect in detail how personal goals, in house activities and community activities were being achieved, for example, the logbook showed one person went out for social activities. The deputy manager gave a detailed account of where they went, for example, shopping but this was not recorded in the daily notes. The registered manager and deputy manager took note of our feedback and said the service needed to record about people in a more detailed account of how people's person-centred needs were being met.

A social care professional told us they felt Balmain was "Absolutely brilliant" adding, that one person can be challenging but the registered manager "had done lots for them. Staff have taken time to get to know them; Balmain have done really well and understand them." This has meant the person has been able to have a stable home and, "is in good hands. I feel confident I can always get hold of the registered manager and staff are always up to date. I feel Balmain are part of the MDT (Multi-disciplinary team)."

The service had signed up to the 'red bag scheme' locally. The red bag scheme helped to provide a better

care experience for care home residents by improving communication between care homes and hospitals. The registered manager advised, "We always try to implement good ideas from [local] forums as best practice. For example, at the launch of the red bag scheme last week it became apparent that the standard forms that accompany the bags were clearly designed for elderly person homes. We discussed in the forum adapting the forms to enable us to focus on mental health as there is not enough space provided and some things were just not relevant. This appears to be the same for some of the LD homes. We decided that any admissions to hospital would use the adapted forms along with our own emergency packs to ensure all the relevant information is passed along." This change of emphasis in the form can now be used by other similar services.

People went into the community quite a lot during the inspection. This could be on their own or with a staff member, if required. Sometimes staff were involved in tasks, but if not, were still seen to respond quickly to needs. Activities were available for people to utilise in the home. There were games, a stereo and books available in the lounge and some art activities in the therapy room, but there was no programme of activities and the only activity that we observed was a game of Ludo organised by one of the staff. We spoke with the registered manager about reviewing activities and staff tasks to ensure people had something constructive to do at certain times of the day should this be required.

A social care professional said, "I have witnessed Balmain staff offer a number of different activities to their clients and asking them directly and individually what they would like to have. Balmain often work creatively with their residents to ensure their needs are met. With one particular complex client Balmain will often go into the community to support them and overnight."

People at Balmain were generally younger adults. End of life planning had not been a significant need but the service was asking people about their end of life choices. For example, one person's records showed they did not wish to discuss this subject yet.

The service had a complaints policy. Everyone knew who to talk to if they had a concern or a complaint. One person had complained about another person hitting them with their bag and had felt the issue had been dealt with effectively. They had been told to write it down if it happened again. Another person said staff, "Listen to complaints." The PIR states, "Complaints procedures are on display and there is a complaints box in the communal area for all to use."

A social care professional said, "From my work with Balmain when clients are unhappy they are able to discuss concerns with them in a sensitive manner and try to resolve these; they will also contact additional services where required such as social care." Staff also, used their knowledge of people to spot the signs something was not right for the person and would take time to explore this with them.

Is the service well-led?

Our findings

At our last inspection in 2017, we rated this domain as Requires improvement. This was due to the systems not identifying the concerns about the environment.

The provider's quality assurance systems had failed to ensure medicines were managed appropriately, health needs were recorded as needed and risks were identified and managed safely. We also found the quality assurance systems had not been effective in identifying and acting on health and safety issues as identified under the key question of safe.

The provider and registered manager had not ensured protocols were in place in regard to people's 'as required' (PRN) medicines. We advised the provider to review the latest guidance released by CQC in September 2018.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were a range of other audits in place and checks on the quality of the service by the provider. These had action plans attached and addressed needs as they arose.

The provider published their objectives. The provider's website stated, "The primary function at Balmain is to offer support to those who are suffering from Mental Health issues or illnesses. Our mental health services are unique to the needs of the locality ... Our aim is wherever possible to enable our residents to re-equip themselves to return to life within the community". For all their services the provider states, "Caring for and about people. It's at the heart of everything we do. That's what makes our service so exceptional."

All of the people we spoke with thought that the home was well run. Everyone knew who the manager and deputy were and said that they would always say hello when they were around. One person said that "[The manager] will always stop to speak even if busy. He's normally in the office doing paperwork."

Everyone spoke highly of the registered manager, deputy manager and providers. They described them as very accessible and easy to approach.

Staff told us they felt important to the registered manager and provider and felt comfortable raising work and personal issues with them. One staff member said, "I can raise issues; they will react. The management are approachable. You can ask them anything and not feel silly. They will explain if needed" and another, "I am definitely supported". A third staff member said, "I can get support from [the registered manager] and [deputy manager]. There is always someone on call. I have been supported personally. I feel important as a member of staff and safe in my job."

A social care professional told us, "I believe Balmain have a strong leadership team and manager. I have worked closely with [the registered manager] and he has often gone above and beyond for clients we have worked with. [The registered manager] will also work directly with clients on a very regularly basis and has a

strong and positive presence in the home. The deputy is also very supportive and knows the clients extremely well in Balmain. The leadership team within Balmain know their clients and their histories very well which is important for the clients."

The service actively worked with people, external professionals the local community to ensure they worked in partnership to meet need. Records and discussions with staff and external professionals confirmed this. The PIR said, "We have a very good relationship with our local community. Everyone knows who we are and what we do here. We have instances where the local community actively helps with our service users. They call us to tell us if they are in need of assistance whilst out in the local community and staff are deployed in these situations." A social care professional said, "The team also work directly with the local public as their clients often access the community. They have built a good relationship with the local area and local policing team which is vital for continued positive care and support." This meant people living at the service are accepted in the local community and have the opportunity to stabilise and successfully meet their goals at Balmain. Another social care professional stated, "Balmain staff naturally have the right skills; they learn new skills and are doing their very best for [the person]" adding, they use their skills and call for support if they need it. This means this person's potential crisis can be planned for and met whereas before it was placing them at risk of admission.

The registered manager and deputy manager attend the local dignity in care, outstanding managers and other local forums to share expertise and work with other providers to share ideas. They have used these forums to further advance how services can meet people's needs with complex needs such as mental health and a dependency on alcohol. The PIR states, "In addition we are part of the SAFE place scheme." Safe place helps vulnerable people if they feel scared or at risk while they are out and about in the community and need support right away.

People were given formal times to meet together in residents' meetings but also could influence the service they received during informal approaches to the registered manager and deputy manager. One person said that, "They had seen client's meetings advertised, but had never been to one" but others attended and we saw the action points that happened following people's feedback.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(1)(2)(g) The management of people's medicines was not always safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(1)(2)(b) Systems and processes did not identify and resolve the issues in safe.