

Balance (Support) CIC

17 Chamberlain Way, Respite Unit

Inspection report

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Date of inspection visit: 24 November & 6 December 2015
Date of publication: 07/01/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 24 November and 6 December 2015 and was unannounced. This was the first inspection of this service since it registered with us on 18 December 2014.

17 Chamberlain Way provides respite care for up to two people who require accommodation with personal care.

The service supports people with a range of learning disabilities, autistic spectrum disorders as well as physical disabilities. On the first day of our inspection there was one person using the service.

There was no registered manager in post. The registered manager had left in March 2015 and a new manager was recruited shortly after. However, they had left the service just over a week before our inspection. An acting

Summary of findings

manager was in post. 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.

Staff understood how to keep people safe as they knew the signs people may be being abused and how to report these.

The provider assessed risks to people appropriately and put suitable risk management plans in place for people. Accidents and incidents were recorded clearly in a way which allowed the provider to check people received the right support.

There were enough staff to meet people's needs and recruitment procedures were robust in making sure only suitable staff worked with people in the service.

The premises and equipment were safe as the right checks were in place.

Staff understood the requirements under the Mental Capacity Act 2005 including the need to obtain consent from people before providing care.

People received a choice of food and drink and received the right support to eat and drink. Staff understood people's health needs, including those related to diets, and how to support them appropriately.

Staff were well supported through a programme of supervision and training to ensure they were able to fulfil their roles and responsibilities appropriately.

Staff treated people with kindness, dignity and respect. They understood people's needs and backgrounds and how to support people to be as independent as they wanted to be.

There was a suitable complaints system in place which people were aware of.

People were involved in their care planning and were supported to take part in activities when this was part of their care plan.

The provider had a range of suitable audits in place to assess, monitor and improve the service. The provider also consulted with external organisations to help improve the service.

Staff were aware of their roles and responsibilities and were involved in developing the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff understood how to safeguard people from abuse. The provider assessed risks to people appropriately and put suitable management plans in place for staff to follow to reduce the risks. The premises and equipment were safe. There were enough staff deployed to meet people's needs and staff were recruited through safe processes.

Good



Is the service effective?

The service was effective. Staff received appropriate supervision and training to carry out their roles.

People received a choice of food and the right support to eat and drink. Staff understood the support people required to remain healthy.

The provider was meeting their responsibilities in relation to the Mental Capacity Act 2005 and staff understood the need to obtain consent from people.

Good



Is the service caring?

The service was caring. Staff treated people with kindness, dignity and respect in their daily interactions with them.

People were encouraged to be as independent as possible. Staff understood the people they worked with well, including their likes, dislikes and backgrounds.

Good



Is the service responsive?

The service was responsive. People were involved in their care planning and care plans reflected their preferences.

A suitable complaints procedure was in place and relatives had confidence in how the provider would respond to any complaints they made.

Good



Is the service well-led?

The service was well-led. A range of suitable audits were in place to assess, monitor and improve the service. The provider used consultants to help improve the service. Staff were involved in developing the service.

Good



17 Chamberlain Way, Respite Unit

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 24 November and 6 December 2015 and was unannounced. It was undertaken by a single inspector.

Before our inspection we reviewed information we held about the service and the provider. We also contacted the local authority to ask them about their views of the service provided to people.

During the inspection we observed how staff interacted with the people who used the service and spoke with one person. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the chief executive officer, the head of operations, the acting manager, the administrator, four members of care staff and two regular agency workers. We looked at three people's care records, medicines records, three staff recruitment files and records relating to the management of the service including quality audits. We also spoke with a visiting aromatherapist and a consultant from an organisation commissioned to help develop the service.

After the inspection we spoke with the relatives of two people who used the service.

Is the service safe?

Our findings

The person using the service told us they felt safe and relatives also confirmed this. A relative said, “They’re safe, I’m happy with the service.” Staff understood the signs to observe if people were being abused and how to respond to and report this as they had received training in this. The provider reported allegations of abuse or neglect to the local authority safeguarding team as per their policy to keep people safe.

The provider had assessed risks to people appropriately and people had risk assessments on risks specific to them. These risks included behaviour which challenged the service, risks when preparing food and risks when in the community. Risk management plans were in place to show staff how people should be supported. The provider kept people’s risk assessments and risk management plans up to date with current information so staff had access to reliable information to keep people safe.

Staff recorded accidents and incidents, including incidents of behaviour which challenged the service, clearly and comprehensively. The provider monitored and checked these accidents and incidents reports to see that people received the right support and to put measures in place to prevent a recurrence.

There were enough staff deployed to meet people’s needs. Staff told us staff levels were varied according to people’s

needs with most people requiring one staff member for support. We observed the staffing levels during our inspection were sufficient as the staff member was not rushed and spent time sitting and interacting with the person using the service.

The provider checked staff were suitable to work with people before they were employed. They carried out checks of criminal records, employment history, identification and right to work in the UK. Some documentation for some staff who had worked at the service for many years under the previous provider was not in place. However, the provider showed us evidence that they were aware of the gaps and was actively gathering the required information.

The premises and equipment were safe as the necessary checks were carried out by external contractors and internally by staff. These included checks of the water system, electrics, gas safety, portable electrical appliances and water temperatures to prevent scalding.

During this inspection we did not check medicines management because the person using the service was not receiving any medicines. However, a suitable medicines policy was in place which our discussions with staff showed they understood. Staff had also received training in safe medicines administration.

Is the service effective?

Our findings

People received a choice of food as meals were prepared based on their individual preferences and people were able to eat at the times they chose. Relatives told us their family members received the right support to eat and drink.

Where a person had a condition which meant they had a specific need in relation to eating, our discussions showed staff had a good understanding of their needs and the support they required in relation to manage this need and to stay healthy.

Staff received the right support to meet people's needs. Records showed a programme of supervision was in place and staff told us they were able to discuss topics related to people's care and welfare and their own development. A programme of training was also in place which included training on a range of topics staff required to carry out their roles. Staff received regular training in topics such as mental health awareness, communication, first aid and fire safety. Staff told us the training provided was comprehensive and useful to them in carrying out their roles. This meant the risks to people of receiving poor or inappropriate care were reduced as staff were well prepared to fulfil their roles.

Staff understood people's health needs and their role in supporting them to stay healthy. Most people stayed at the service for a short time, often one or two nights a week or less. Because of this the service did not usually support people to attend scheduled appointments with health services such as opticians, dentists and the GP. However, staff told us they made sure they had all the necessary

information about people's conditions and key contacts so they could support people with their healthcare needs as appropriate. They were also aware of the procedure in place should a person require urgent medical attention such as an ambulance.

Staff understood their responsibilities under the Mental Capacity Act 2005 including the need to ask for people's consent before carrying out personal care. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the need to hold best interests decision meetings when people were assessed to lack capacity to make certain decisions. Staff received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and discussed these topics during team meetings to keep their knowledge current. Staff understood what constituted a Deprivation of Liberty and that applications were required where people required their liberty to be deprived as part of keeping them safe.

Is the service caring?

Our findings

People and relatives told us staff were kind and caring. A relative told us, “Staff are really kind, I wouldn’t let [my family member] go there if they weren’t”. We observed staff treating a person using the service with kindness, sitting and engaging them in topics they were interested in.

A relative told us, “[Staff] know [my family member] well.” Our discussions with staff also showed they knew people using the service well as many had worked with them for several years. We observed staff had built up a good rapport with the person using the service during our inspection. Staff knew people’s backgrounds, their likes and dislikes and the people who were important to them. Relatives told us people were involved in planning their own care as far as possible and relatives were also consulted for their views.

We observed staff treated people with dignity and respect and our discussions with staff showed they understood the need to respect people’s dignity. Staff spoke with people

and wrote about them in their care plans and daily logs in respectful language. Staff understood the need to keep information about people confidentially and we observed sensitive documents were kept locked in the staff office.

Staff supported people to be as independent as they wanted to be. People’s care plans detailed people’s independent living skills and the support they required from staff to maintain and build on those skills. Staff told us about some people’s varying levels of independence and the ways in which they supported each person, including involving people in preparing their food and in daily tasks such as laying the table.

Staff had received training in different ways of communicating with people with learning disabilities. We observed staff understood the best ways to communicate with people, such as choosing simple words and using repetition where necessary. Staff were able to communicate in Makaton, a basic form of sign language useful to some people with learning disabilities.

Relatives told us they could visit the respite service any time they wished, although as this was a respite service most said they usually did not take up the opportunity of visiting.

Is the service responsive?

Our findings

The provider kept information in people's care plans up to date as they regularly reviewed this when people's needs changed or when they began using the service again after a period of absence. Staff were able to refer to people's care plans to guide them in supporting people as they contained detailed information about the best ways to support people including how people themselves wanted to be supported. Care plans also contained information about people's strengths and levels of independence and health to guide staff. People were involved in creating their care plans and these were centred on people as individuals. Relatives told us the staff always asked them questions as part of planning care and kept them informed of their family member's progress. One relative told us, "They involve me and tell me if anything is wrong or there's something they want to say."

The provider supported people to attend activities where this was part of their planned support for them. One relative told us, "The staff keep [my family member] busy."

These activities included taking people shopping and doing household tasks such as cooking together or playing board games. People were also supported to access activities taking place at the local care home run by the provider, such as interacting with a visiting entertainer. People and relatives told us there was enough to do when at the respite service to keep them active and stimulated.

Relatives told us they were aware of how to complain if they were dissatisfied with the service they received. The complaints policy was available in an accessible, pictorial format for people using the service and staff explained to people how to complain when they began using the service. Relatives told us they had confidence the management would respond in the right way if they chose to complain. One relative said, "I only have to tell them and they fix it."

The service made sure people had time they needed to receive care in a person-centred way. Staff often worked with people individually at the service providing tailored support in the best ways for them.

Is the service well-led?

Our findings

The provider had effective systems to monitor and improve the quality of the service to make sure people received safe and effective care. The provider had a range of audits in place to assess, monitor and improve the service. These included various regular checks of health and safety carried out by staff and checks of medicines management by the manager. The head of operations and CEO carried out various focused audits which had recently included care plans and recruitment. The administrator had also audited staff recruitment folders as well as staff training and supervision to identify gaps. Records were well maintained and the provider was able to provide promptly all documents we requested during our inspection.

There was no registered manager in post. Since the previous registered manager retired around April 2015 another manager had been recruited who had applied to register with CQC. However, they had left their post just over a week before our inspection. An acting manager was in post at the time of our inspection while the service recruited a permanent manager.

The provider had recently commissioned a company to support them strategically to ensure people's rights were

protected and their vision that all people should be given a fair chance in life and be guided to flourish themselves was promoted. During our inspection we met the organisation's representative who was carrying out their initial visit to the service. In addition the provider commissioned a consultant to advise on a range of topics including policies and procedures reviews. The acting manager recently visited a care home under an external provider as part of sharing learning and improving best practice.

The provider had strong links to the local community offering a range of support services for people with learning disabilities. These included employment support services, support and advice for people with Asperger's syndrome, independent travel training, workplace mediation, a catering kitchen and a community café, a gardening project and transport services.

Staff told us management were open and approachable. Staff were involved in developing the service through participation in a staff forum where issues affecting the whole organisation were discussed, as well as through regular team meetings. Staff told us they felt able to raise issues in these meetings and that they were listened to.