

# Balance (Support) CIC

# Woodbury

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

- Woodbury is a residential care home that provides accommodation, respite, care and support for up to 15 people with a learning disability and/or autism. At the time of our inspection 11 people were using the service.

### People's experience of using this service:

- The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.
- Premises were adapted to meet the needs of people living there and ensured that they were safe. Some improvements to the cosmetic environment had been identified and the management were working to address these.
- Staff knew how to safeguard people from the potential risk of abuse, and ensured that they followed risk assessments to mitigate potential risks to people.
- The home was responsive to people's healthcare needs and ensured that people received appropriate support to meet their healthcare and nutritional needs.
- People were supported by attentive and supportive staff that understood their conditions and were sensitive to people's communication preferences.
- People were supported to access a variety of activities both inside and outside of the home. These were personalised to meet their preferences and supported their independence.
- Staff knew how to treat people with dignity and respect, as well as supporting them with any cultural or religious requirements.
- Management were effective in ensuring the home was well-led and that staff received the right support to carry out their roles. Quality assurance checks were maintained to review the quality of care delivery.

### Rating at last inspection:

- At our last inspection of 31 January 2016 the service was rated 'Good'. (Published 04 March 2016)

### Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

### Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Woodbury

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- This inspection was carried out by one inspector.

Service and service type:

- Woodbury 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.
- Woodbury accommodates up to 15 people in one adapted building.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- This inspection was unannounced.

What we did:

- We used information the provider sent us in the Provider Information Return. (PIR) This is information 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. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.
- On the day of inspection we spoke with a relative visiting the home. We spoke with two senior support workers, one support worker, the registered manager and the head of operations. Following the inspection we contacted three more relatives.
- We reviewed two people's care records, three staff files and a range of other documents in relation to

people's care and the home.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family members were safe at the home. Comments included, "Yes. Is extremely well looked after, has alarms to let staff know if she [person] goes out" and "I don't think there's a problem there at all with people's safety."
- Staff were clear on the potential signs of abuse and how to raise any concerns they might have. They told us, "It's the safety of vulnerable people, for example if something happens to [person] that isn't done in the proper way" and "Guarding service users from harm or danger, any danger of abuse, physically, financially. We have our head office or we can go further [to report]."
- Records showed that any potential safeguarding allegations had been reported, recorded and investigated in a timely manner.

Assessing risk, safety monitoring and management

- At the time of inspection we saw that four people did not have a personal emergency evacuation plan (PEEP) in place. The registered manager told us these people were able to leave the premises independently upon hearing the fire alarm. Following the inspection the registered manager implemented a PEEP for these four individuals.
- Risks to people were effectively assessed and records reflected suitable action that staff should take to mitigate potential risks to people.
- Records assessed areas such as mobility, safe moving and handling practice, eating and drinking and any behaviour that could be considered challenging.
- Staff were clear on people's needs and were able to tell us about the specific ways people needed support with repositioning and mobilising around the home.

Staffing and recruitment

- We saw that there were enough staff to meet the needs of people at the home, including the ability to support people with community activities.
- A relative said, "Yes, there seem to be enough staff around when I visit. I think the staffing is pretty good."
- Staff were safely recruited to ensure that they were suitable to work with people. Records showed that they were subject to suitable references, an interview, full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- On the day of inspection people living at the home carried out preliminary interviews of potential office administrators so that managers could seek people's views on their suitability to work in the home.

Using medicines safely

- People received their medicines in a safe way, with the provider recognising the challenges of a new dispensing system from their local pharmacy.
- A relative said, "The staff are very good and alert us to any changes with medicines or if [person] needs PRN medicines."
- Staff were supported through regular competency assessments to review their abilities in administering medicines safely. Staff received regular medicines training and support through supervision and team meetings.
- We reviewed the Medicines Administration Records (MAR) for three people and found that medicines administration had been appropriately recorded.
- Stock balance checks were taken at each point of administration and accurate records reflected that these balances were correct.
- Some people's MAR required updating of potential side effects in relation to their medicines, following our inspection the senior support worker in charge of medicines took action to further improve these records.

#### Preventing and controlling infection

- We observed the premises to be clean, with people's rooms cleaned on a daily basis.
- Staff knew of the measures to take to ensure they controlled the spread of infection when supporting people. They told us, "We make sure our hands are washed before touching food, aprons are worn. We have our aprons, gloves and dispose of them in the correct way."
- Regular health and safety checks took place to ensure that the premises were hygienic, including deep cleans of communal areas.

#### Learning lessons when things go wrong

- Any accidents or incidents were promptly recorded and investigated as they occurred.
- Records showed that any reports were investigated, with sign off by management to ensure that any lessons learned were shared with staff.
- Staff were suitably debriefed when incidents occurred to mitigate the likelihood of their reoccurrence.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- On the day of inspection we found that two people required the use of bedrails, however they did not have assessments to assess their capacity to consent to these. We raised this with the registered manager who arranged for capacity assessments to be completed, and sent these to us the following day.
- The registered manager ensured that applications to deprive people of their liberty were submitted in a timely manner, and records kept of their expiration.
- Relatives said, "Oh yes, they always ask her [persons] permission to do things, they respect her decisions" and "Yes, they are respectful of what [person] wants to do, she is offered choices."
- Staff knew of their responsibilities in relation to the MCA, with one telling us, "It's the capacity to make decisions for themselves, without someone taking advantage of them."

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

- The provider had identified that some areas of the home required a cosmetic update and had made continuous efforts to liaise with the premises owner.
- People's rooms were personalised and reflected their interests and preferences.
- Where one person had a sensory impairment the room had been fitted with suitable lighting that they were positively stimulated by.

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

- People's needs were assessed in line with best practice, to ensure that people received personalised care.
- Prior to people moving into the home their needs were appropriately assessed to ensure that the home and staff working there were able to meet their needs.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction including training, reading of people's care files and shadowing prior to starting independent shifts at the home. A relative told us, "Yes, in my opinion the staff seem well trained."
- A staff member told us, "Support and training is very good, there's e-learning training every month online to refresh myself. We're enjoying it."
- We reviewed the provider's training records that showed that staff received a range of regular training. This included needs specific training where people at the home required support with specific conditions.

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

- People were well supported to eat meals that supported their nutritional requirements and met their preferences.
- A relative said, "My relative loves to be in the kitchen, preparing and tidying up. The staff are very good with the food. If [person] doesn't want what's on offer, they will make her something else." Records showed that this same person regularly supported the chef to prepare meals.
- Where people required support with their meals or refreshments clear guidelines were kept visible in the dining room for staff to access. Where one person had cultural preferences in relation to their meals, weekly meal planners highlighted whether suggested meals were in line with their requirements.
- The chef had recently met with all residents to discuss their menu preferences. This included the chef preparing tester meals for people at a team meeting so that they could taste new dishes before agreeing to their inclusion on the menu.

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

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

- Staff worked effectively to ensure that people received additional care at times that they needed it.
- Where any deterioration in health was noted staff took prompt action to seek appropriate support. A staff member said, "The first thing to do is let my manager know. From there, if medical I can book an appointment with the GP, let the district nurse know if there's a pressure sore, with mental health I'd ring the doctor or the psychiatrist."
- Relative comments included, "I'm told when relative goes to an appointment and kept updated", "They [staff members] will make appointments and take relative to the hospital or Drs. They let me know what has been said in the appointment" and "I can only say that the service has bent over backwards when [person] has been unwell"

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us their family members were well looked after. Comments included, "The majority of [staff members] are very pleasant. On the whole the staff are very pleasant. They would support [person] emotionally if she needed it", "I can't complain about the staff, they are great. The staff are polite, nice, have a joke and are caring. My relative is happy and always smiling" and "They are very caring; patient and I would recommend anyone looking for a relative to live in a residential setting to grab a place at Woodbury."
- We observed thoughtful and positive interactions between staff and people, that demonstrated they knew individual needs well.
- Staff were passionate about their work and were sensitive to people's needs telling us, "The way I communicate, I'll always use a soft tone and be polite, respect in the way I speak" and "I'm very approachable, I try to be calm." A relative said, "He's [person] always clean and cared for when he comes home."
- Staff were able to tell us about one person's cultural requirements and how they accommodated these. Both relatives and staff told us that people were supported to attend Church each week.

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

- People and relatives were involved in the planning of their care. Relatives told us, "There is an annual review and I am invited. Sometimes it's very short notice and I can't go. I would say they do take my views on board" and "We are always kept up to date, I know exactly what's going on."
- Records showed that people were consulted in their care, through monthly reviews with their keyworkers. Discussions included any health developments as well as the opportunity to discuss any concerns or future goals they had. Pictures were used to support people to understand the questions being asked of them and respond accordingly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. A staff member said of delivering personal care, "I shut the curtains, close the doors and explain what we're going to do."
- People were supported to be as independent as they were able to. A staff member said, "Usually around personal care I ask [person] to wash his face, put toothpaste on the toothbrush. It's giving them [people] choices, at the same time giving them their independence."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service assessed people's information and communication needs. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and easily accessible to staff. Each person had a chat book and person centred plan kept in their rooms. These highlighted how people preferred to communicate, their likes and dislikes as well as a record of their regular activities. We saw that people also kept photographs of the range of trips they had attended whilst at the home.
- Records showed that activities were personalised to the needs of each individual, taking into account the level of staff support they required. Relatives told us, "They [staff members] do take relative out, for example, a walk, shopping, going on a boat ride, aromatherapy and Zumba. They give her recreational time", "He's doing lots and is rarely at home" and "They do try to take relative out, but my relative prefers to stay at Woodbury, but I know the staff do try to encourage her."
- People were supported to access a range of activities that met their individual preferences. These included regular exercise in the garden, swimming, arts and crafts, massage and events at a local social club. A relative said, "They take him [family member] to church, it's tailored to him."

Improving care quality in response to complaints or concerns

- People were supported to raise any concerns at their monthly keyworker sessions. A pictorial copy of the complaints policy was also available in communal areas.
- A relative told us, "If I had a complaint, I would go directly to the registered manager. I haven't had to raise a complaint and I don't think I would have to"
- We reviewed the provider's complaints records, which showed that no complaints had been raised since our previous inspection.

End of life care and support

- Where people were able to they were supported to express their end of life wishes. We reviewed the end of life support plan for one person that had been completed by their family member. This reflected important people in their life, their final wishes and any funeral preferences.
- The provider had identified that for some people it was not yet appropriate to discuss their end of life wishes. The registered manager told us they would update people's records to show that these matters were not to be discussed at this time.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives were positive about the registered manager telling us, "Things have changed so much. The [registered manager] is in post, but what I know of him he is good. He has come up with some good ideas. I think he would be approachable and contactable if needed" and "I think the service is well-led. The registered manager is very helpful and polite. If I was concerned about anything I would go straight to the [registered manager] and he would listen to what I have to say."
- One relative said, "Very good and very approachable. [Team leader] and [registered manager], you can contact them and get an answer."
- We observed that the registered manager interacted sensitively and positively with people on the day of inspection, with staff telling us the registered manager and team leader often supported people in the home.
- The registered manager was aware of their responsibilities to the Care Quality Commission, and sent us detailed notifications of important events in a timely manner.

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

- Quality assurance checks were regularly conducted to ensure that records were complete, that care was delivered in line with people's needs and that premises were safe.
- We reviewed the provider's monthly audits, that showed that any premises issues were identified and prompt action taken to remedy them.
- People's care files were subject to regular review for accuracy, as well as regular checks on the administration and recording of people's medicines.

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

- People and their relatives were regularly consulted to provided feedback on the care delivered at the home. A relative told us, "The home sends me questionnaires to complete. It asks for my views."
- We reviewed the homes compliments book and saw positive feedback such as, "This place has changed for the better over the last few years. You guys were always good and caring, now you have the structure and organisation [from a healthcare professional]."

Continuous learning and improving care

- Any incidents were regularly debriefed with staff to ensure that delivery of care improved. For example, the

registered manager had inputted additional monitoring to ensure that staff were supported to feel competent in administering medicines under the new system.

- A staff member told us, "I also go to management to see if we can improve and make it better for people. For example, with people's rooms I suggested that after personal care staff check the rooms and feedback to shift leaders (for cleanliness). It's working out."

Working in partnership with others

- The home worked closely with the local healthcare agency to ensure staff were responsive to people's healthcare needs. This included support to implement person centred plans, delivery of staff training and liaison with district nurses.
- People had individualised hospital passports that were regularly updated; to ensure that hospitals held up to date information on people's communication needs when people were admitted.