

Banya Family Placement Agency Limited

# Banya Family Placement Agency Ltd

## 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

We completed an unannounced inspection of the service on 26 June 2016. Banya Family Placement Agency Ltd is also known as Banya Shared Lives Scheme. People live with carers who provided 24 hour personal care and support. Staff also provided care and support to people when required.

The service is registered to provide personal care to people in their own homes at the time of the inspection nine people were using the service. People had complex health care needs and learning difficulties, some of whom were unable to communicate verbally.

At the last inspection on January 2015, the service was meeting the regulations we inspected.

The service has a registered manager. 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 provider supported staff to protect people from harm and abuse. Staff had safeguarding processes in place to follow and assist them to safeguard and protecting people from the risk of abuse. Staff demonstrated their awareness of the signs of abuse and the actions they would take to manage an allegation of abuse. Risk management plans were in place to reduce the reoccurrence of those risks while encouraging safe, positive risk taking.

The registered provider ensured sufficient staff were available to meet people's care needs. People had regular staff available to them to support them as required. Staffing levels were flexible to respond to people's needs at short notice or in an emergency. The registered provider had a bank of staff that were able to provide staff cover when required.

Staff had the skills and relevant training to enable them to manage people's medicines safely. There were regular checks on people's medicine administration records to ensure people received their medicines as prescribed. Effective systems for the management, administration, ordering, storage, and disposal of medicines were in place.

Staff appraisal, training, and supervision supported them in their role. Staff training needs were tailored to support them to care for people effectively. Staff were provided with opportunities to discuss their training and professional development needs during supervision and appraisal meetings. Staff understood best practice guidance and training used and implemented them to meet the needs of people. Training attended supported staff so that they were effective in their role to care for people and deliver quality care. . The registered manager supported social workers to maintain their registration with the Health and Care Professions Council [HCPC].The HCPC maintained a registry for qualified social workers.

People gave consent to care and support provided by staff. People had information presented to them in a format that they understood so they were able to provide informed consent to receive care and support. The registered manager and staff had an understanding of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had an awareness of people's nutritional needs to maintain their health. Staff provided meals in order to meet people's preferences and supported people to prepare and make a meal of their choice.

People had access to health care services to meet their needs and professional guidance implemented to maintain their health. Staff ensured people's care needs were regularly monitored and addressed when they changed.

Staff knew people well, were aware of their personal histories, and understood their likes and dislikes. People, carers and their relatives were involved in making care and support decisions. Staff developed creative ways to involve people in planning their care. Care and support delivered were person centred which included people's preferences, and choices. Staff respected people's dignity and privacy.

People had regular reviews of their care needs. People were encouraged to contribute to reviews of their care and support to ensure the care provided was relevant and met their needs. People undertook activities of their choice, which helped increase their independence. Staff encouraged people to take part in activities they enjoyed and supported them to develop their education and develop new skills. People maintained relationships that mattered to them with support from staff if needed.

The registered provider had a system in place for people to make a complaint. People and their relatives were aware of how to raise a complaint and make a comment about the service if they were unhappy about any aspect of their care.

The registered manager demonstrated clear leadership and established with staff, a positive culture within the staff team. There were opportunities for staff to be involved in the development of the service to drive improvements. Staff completed regular reviews of the service to ensure people received good quality care.

## 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. The service kept people safe and from harm.

People were protected from harm and abuse because staff followed the registered provider's safeguarding processes in place.

Staff identified and managed risks to people while supporting and encouraging them to take positive risks.

There were sufficient staff employed and available to meet people's needs.

People's medicines were managed safely to help maintain their health.

### Is the service effective?

Good ●

The service was effective. The registered provider ensured staff had regular training, appraisal and supervision to support them in their caring roles.

People had access to healthcare support to maintain their health when their health conditions changed.

People had access to meals that met their preferences and requirements.

The registered manager and staff were aware of the principals of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring. Staff understood and knew people's needs, wishes, likes and dislikes and their care delivered in line with them.

People and their relatives were involved in making decisions about the care they received.

Staff treated people with kindness and compassion and

respected their privacy and dignity when providing care.

### **Is the service responsive?**

The service is responsive. The service was good at responding to peoples' needs. People had an assessment and review of their care and care plans regularly. A record was made when people's care need changed.

People were encouraged and supported to access services and activities in their local community.

People were able to make a complaint to the management team, and there was a system in place to manage and resolve any complaints.

**Good** ●

### **Is the service well-led?**

The service was well-led. Regular monitoring and review of the service took place and actions implemented to drive improvements.

The registered manager involved people and staff in the development of the service.

The manager sent appropriate notifications to the Care Quality Commission.

**Good** ●

# Banya Family Placement Agency Ltd

## **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 unannounced inspection took place on 29 June 2016 and carried out by one inspector.

Before the inspection, we reviewed information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoken, with the three staff, the business manager consultant and the independent chair of Banya Adult Shared Lives scheme. We reviewed five people's care records and medicine administration records (MARs), and other records regarding the management of the service.

After the inspection, we contacted three people who used the service and two representatives from the local authority for feedback on the service. The registered manager contacted us to give us an update on the strategic overview and management of the service.

# Is the service safe?

## Our findings

People and their carers told us they felt the service was safe. A person said, "Yes, I am safe." One carer told us "[Person's name] is very safe, the support workers and other staff know how to support [person] to be safe." A member of staff told us, "We make sure people we care for are kept very safe and we have individual plans in place to keep people as safe as we can."

People were protected from abuse because staff had guidance in place to safely manage an allegation of abuse. The registered provider had processes in place to reduce the risk of abuse and harm for people. Staff demonstrated their awareness of the types of abuse and management of an allegation of abuse or harm by informing the registered manager and the local authority safeguarding team. Staff told us, they would discuss any concern they had, firstly with their manager and the registered manager. One member of staff told us, "I have never had cause to raise a concern, but would if needed. I definitely would raise a safeguarding alert if I had to with the safeguarding team."

Staff had developed a system to monitor and review all safeguarding allegations. The management team of the service developed a safeguarding internal board [SIB]. Additionally a role for a safeguarding champion was developed within the service. The role of the SIB and the safeguarding champion was to monitor, review and learn from each safeguarding allegation made or investigated by the local authority. These roles also enabled the SIB and the safeguarding champion to disseminate their knowledge and experience in safeguarding adults and in child protection matters with other staff. This ensured that staff had current information to support them to protect people from abuse. Staff were aware of the whistle blowing policy and its use and told us, they were confident raising a concern about the quality of care.

People could be confident that the provider ensured they were cared for in suitable and safe environments. Staff carried out health and safety checks and prompt action taken to resolve any issues found appropriately. Records showed that regular checks were carried out at the home to make sure it was safe and well maintained. For example, portable appliance tests (PAT) checked that electrical equipment was well maintained and safe for people to use. Carers, staff and the registered manager had ensured that people lived in an environment, which was well maintained and safe to meet their needs.

People were protected from any risks associated with their health, well-being, and support. Staff identified risks to people and managed them appropriately. Risk management plans supported the person to take risks. For example, supporting a person to use public transport to increase their confidence and independence safely. This meant that people had continuity and consistency of care in the management of risks.

People had their care delivered by skilled workers on each shift. They were enough staff available to meet people's needs safely. People had a senior care worker and care staff to support them with their personal care needs and support needs. The staff rota was flexible to meet the needs of people. For example, if a member of staff was unable to visit the person as scheduled, another member of staff would be used to cover this gap in the service to ensure people continued to receive consistent care from the provider.

The registered provider had a robust recruitment process in place to ensure staff suitability to work at the service. Before staff began work at the service, they completed the registered provider's job application process. Staff records held an application form and had checks carried out before they worked with people including a criminal records check, personal identification, and employment references. This information was used by senior staff to assess staff suitability. There was a system in place to identify if staff and carers had the right to work in the UK. Staff undertook visa requirement checks before staff worked with the service and people went to live with carers as a part of Banya's Shared Lives Scheme. Staff we spoke with confirmed that they had followed this process when recruited to the service.

People received their medicines safely and as prescribed. One person told us, "I take my medicine." A carer told us, "I do training in the management of medicines and there are no problems with this." People's medicine administration recording sheets [MARS] records were completed correctly and detailed the name and dose of medicine the person was taking. Medicines administered followed the procedure for the person as outlined in their care plan and as per the prescriber's instructions. The management of people's medicines were safe. Staff administered and disposed of medicines safely. There were systems in place for people to have their medicines ordered, stored and expired or unused medicines were returned to the dispensing pharmacy. Staff knew to inform the senior manager on duty if a medicine error was detected. People had medicine risk assessments that recorded any allergies to medicine that ensured people had their medicines safely. Medicine audits took place to protect people from harm of medicines. These were reviewed by the manager where any concerns or errors could be identified and managed appropriately. Audits of medicines helped to reduce the number of errors and staff administered medicines safely to people.

## Is the service effective?

### Our findings

People were cared for by staff that were supported by the registered manager and registered provider. Staff had an appraisal, and supervision training supported them in their role. A member of staff said, "I have supervision on a regular basis which is agreed with me and the manager." Another member of staff said, "The appraisal system is very good, it is interesting having a carer attending the meeting as well. They are neutral because I am not working with them or have worked with them before."

Staff supervision and appraisals identified training, and professional development needs. Appraisal meetings were completed each year with contributions from the member of staff, their line manager and a carer for a person using the service. The line manager and the member of staff developed a well-defined plan with planned actions recorded. Staff told us they were able to identify their training needs. Records showed that staff and their manager agreed and developed goals with actions taken to achieve them. For example a member of staff wanted to develop their skills and development within the service. Records showed the process the person followed to achieve their goals. The appraisal system offered the opportunity for the member of staff and the line manager reviewed the progress made and staff reflected on their practice.

People were supported by trained and skilled staff. Carers we spoke with told us that staff were trained well to meet the needs of the person they cared for. Staff understood best practice guidance and applied their knowledge gained from training to meet the needs of people. Each member of staff had a training budget which they could use to purchase training that supported their specific interests. For example, some staff undertook training to develop their knowledge that was provided by external training organisations. Staff completed mandatory training such as first aid, safeguarding adults and safeguarding children, managing behaviour that challenged and the registered provider's induction programme for newly employed staff. Professional staff such as social workers were supported to maintain their registration with the Health and Care Professions Council [HCPC]. Training was flexible and tailored to meet carers specific needs. For example, if a carer was unable to attend training at the venue, staff arranged training in carers home with their agreement and consent. The registered manager supported staff so they were effective in their caring role and their level of competency following the training was monitored and assessed. Staff were knowledgeable and skilled to provide appropriate care.

People gave their consent to receive care and support from staff. Staff offered people an opportunity to make an informed decision using methods of communication they understood to aid their decision. People were able to use signs, symbols, pictures to do this. People and their carers with the support of relevant professionals made best interests' decisions for people. For example people signed their care records to demonstrate they were in agreement with the care and support they received. A member of staff told us "we get consent from people each time we provide care to them to ensure they were aware if the care we are providing." Staff involved people and their relatives in making important decisions regarding their care. People gave their views, and staff considered them when making decisions that affected their health and well-being.

People were cared for by staff that did not unlawfully deprive them of their liberty. The registered manager had an understanding of their role and responsibilities in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff made appropriate DoLS applications to the local authority to make an application for DoLS. The registered provider complied with the Mental Capacity Act in general, and (where relevant) the specific requirements of the DoLS. People could be confident that staff would protect them from risks from the unlawful deprivation of their liberty.

People had sufficient food and drink which met their preferences, nutrition and hydration needs. One person told us, "I like going out to eat sometimes." Staff had understanding of people's nutritional needs to manage their health conditions. Some people ate their meals out of their homes at the daycentre. Daycentre staff were made aware of people's nutritional needs and likes and dislikes to ensure people had a consistent approach to their nutritional needs. People were also able to choose meals they liked and enjoyed to eat.

People had access to health care services to maintain their health. Staff were aware of people's health care needs and supported them to attend health appointments. People had regular reviews and monitoring of their health and the care plans updated to ensure their accuracy. People had a hospital passport in place. These detailed a person's health condition, allergies, and health care needs. The passport was a tool used to inform healthcare professionals of people's needs to enable them to provide appropriate and consistent care. Staff ensured people received access to care and treatment, which met their needs.

## Is the service caring?

### Our findings

People told us they liked all the staff that cared for them. People lived with carers and they told us they enjoyed being a part of their family. People and their relative provided information on the person and there was a record of their interests, likes and dislikes. For example, we saw one person enjoyed taking part in creative arts. People received support with their care needs, and how they wished to receive care by staff and accurately recorded people's needs. People had the privacy that they needed. For example, each person had a bedroom where they were able to have their privacy as required. People were treated with dignity and respect. We did not observe staff caring for people however, staff spoke about people in a kind and compassionate way.

People were supported to contribute to their care and support. People made choices and decisions about the care they received and what people were able to do for themselves. For example, people had an assessment of their abilities to manage their personal care needs and the level and type of support required were documented in their care records. Care records we looked at demonstrated that people were encouraged to be independent. One person who told us, "[Staff name] are very helpful." A member of staff told us they took people out for a walk or did things they liked. Staff supported people to complete tasks independently so they maintained control of their care.

People's care was planned to meet their assessed needs and to maintain their independence. People were interested in their hobbies. We saw art work from a person that used the service. This was an interest that staff supported them to pursue. The person was interested in making jewellery and had support to attend a social activity that provided this activity. There was another example where a person who uses the service enjoyed horse riding. Staff supported them to continue with this activity and we saw that the person enjoyed this activity and won a number of awards whilst taking part in horse riding events.

People had regular contact with people that mattered to them. People maintained relationships with people outside of the home. Relatives and friends were encouraged to visit people at the home if they chose. People developed relationships with people from services they attended and were encouraged to invite people to visit as they wished. There were systems in place to request the support from an independent advocate if required. An advocate supports a person to make their opinions known and heard.

People's care records were stored securely in a locked cupboard and staff had access to them when needed. People's personal private information was safe and kept confidential. When we spoke with staff they were aware of the importance of ensuring people's records are kept confidential and system used to record people's personal details were kept securely.

## Is the service responsive?

### Our findings

People received care and support from staff that were responsive and met their needs. The registered provider initially received a referral from the commissioning local authority. The referral held details about the person including details of their assessed needs. From this information staff completed further assessments with the person before they began using the service. Assessments were completed with the person, their relative and a health or social care professional. This ensured the service received comprehensive information about the person in order to know their assessed needs. After an initial assessment, a care plan was developed. People's care was planned that clearly described their individual needs and level of staff support to have them met. People had regular assessments of their needs to ensure the service reflect any changes.

People's assessments reflected the way they wanted to receive their care. The registered manager created an environment where staff respected and valued each individual person. The provider ensured that the needs of the person were central to the assessment process. For example, people's strengths were identified and central to their care and support needs plans. People received person-centred care. The service operated a red, amber and green coded system. This system monitored and tracks people's progress and assesses the stability of the person's care and placement stability. The outcome tracker reviews people's health, education social relationships, hobbies and interests, emotional and physical care needs. Depending on the outcomes or any changes identified these were rated red requiring urgent action, amber requiring action and short-term plans and green that required no immediate actions. If the rating was red or amber then actions were put in place to improve the outcomes for the person. Services had continual monitoring when rated green. This system helped to monitor and review people's care and allow prompt action to resolve any issues. This meant people received a care service that routinely monitors their care and support needs to ensure they were accurate, safe and actions implemented to ensure stability of a placement with carers and their family.

People had care plans that were person centred. Staff recognised that people's needs required regular reviews when using the service. This was particularly pertinent when young people left foster care and transitioned into adulthood and into a shared lived living arrangement.

The planning and delivery of their care reflected their individuality to ensure consistency of care. For example care records placed people at the centre of each activity or action implemented. For example, people's needs were identified first then the associated systems, service or advice was sought in line with people's assessed needs. People told us they had a copy of their assessments and reviews for their records. Office based staff completed regular reviews of people's care needs with people, their carer, support staff and health or social care professional as required. A record was made of any changes and care was suggested and agreed. Records showed that where staff had identified concerns or a risk, they took action by seeking advice or guidance from a relevant health or social care professional. For example, during a care review staff identified that there was a change in the behaviour that challenged staff and other's. Staff made a referral to a health worker for discussion in response. The health professional was allocated to the person for a specialist health professional review.

People accessed community activities they enjoyed. People told us, staff were flexible and came to visit them at a time that better suited them. This allowed people to maintain relationships with people that mattered to them and enjoy social activities outside of their home reducing the risk from social isolation. People took part in activities provided in their local community. This included attending day centres, horse riding, visits to local museums or parks. People were able to choose what they wanted to do because they enjoyed them.

The registered provider had a complaint policy in place. This gave staff and people guidance in the complaint process including how they were able to make a complaint about the service. The registered manager investigated the complaint and informed the complainant and of the outcomes of the complaint. At the time of the inspection there were no outstanding complaints made about the service.

## Is the service well-led?

### Our findings

People received care and support by staff in a service that was well-led. People told us they got on well with the manager and could talk with them because she took time out to listen to them. Staff told us the registered manager was approachable and took time and action to resolve any concerns they had. One member of staff said, "[Registered manager] listened to me and took action when I needed it. She is very fair and supportive." Staff told us that the other managers at the service were also very helpful and provided advice or guidance when required.

People and their relatives were encouraged to feedback to staff, the registered manager, and the provider. The provider analysed the response people and their relatives made. Staff ensured people were able to provide feedback to the service formally. The analysis showed that the majority of people were satisfied with the quality of care provided to them.

There was a registered manager at the service. They were aware of their responsibilities as registered providers with the Care Quality Commission (CQC). They kept CQC informed of notifiable incidents that occurred at the service.

Staff contributed to the management of the service through taking part in the review of the service. From this a plan for improvement was developed and actions taken to resolve any outstanding issues. There were regular staff meetings relating to the service and their caring roles. Staff were able to make decisions on improvements to the service. For example, we saw records where staff had made a recommendation to ensure risk assessments for people were updated as the need arose instead of annually. This was implemented because records showed that risk assessment were updated when people's needs or risks to people's health and well-being were identified.

The provider organised team-building events for staff. Staff we spoke with told us that they enjoyed working with people using the service and were happy in their work with the service. The team away days were held four times per year. The provider's ethos of encouraging individuals using the service to be more independent was discussed at team-building events. Staff were encouraged to develop and shared ideas amongst colleagues. The registered manager told us the team building exercise improved communication, boosting morale, motivation, and to promote better teamwork in the workplace. The registered manager and staff focussed on the needs of people, whilst demonstrating their commitment to develop and improve their attitudes, values, behaviour, and the service.

Staff completed internal audits on the quality of service. Audits including the reviews of care records. These identified areas of concerns and a developed an action plan from this there was a change in the organisational structure. The registered manager reviewed staff roles in line with the changes and expansion of the service. Staff had the ability to apply for senior positions to strengthen their professional development and meet the needs of people using the service. Once the organisational changes were made these were shared with staff. This provided staff with clear arrangements for raising concerns with the appropriate staff. A review of the organisational structure was scheduled in six months to ensure the system was effective and working for staff.

The registered manager and staff had developed working relationships with health and social care professionals. People who used the shared lives scheme were referred from different local authorities. Staff told us they had developed joint working partnerships and joint working practice. We saw reports from local authorities who monitored and reported on the quality of care and on the service. These reports rated the service as good and providing good quality care to people. There was a recent inspection by the Office for Standards in Education, Children's Services and Skills [Ofsted]. Ofsted inspect and regulate services that care for children and young people, and services providing education and skills for learners of all ages. Ofsted rated Banya Family Placement Agency Ltd overall as good.