Surrey Choices Ltd

Short Breaks Banstead

Inspection report

The Horseshoe
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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?	Requires Improvement

Summary of findings

Overall summary

This was an unannounced inspection that took place on 9 and 11 December 2015.

Short Breaks Banstead is a residential home which provides respite accommodation and personal care for up to six people, who have a learning disability and have complex needs. At the time of our inspection there were two people living there. The home consists of two floors; all bedrooms are situated on the ground floor with a separate flat which people can use on the first floor. The home has communal areas including a lounge, dining room, and kitchen.

At the time of our visit, Short Breaks Banstead did not have registered manager 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 and associated Regulations about how the service is run. The manager informed us they had begun the application process to become the registered manager.

People were safe at Short Breaks Banstead. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

There was sufficient numbers of staff deployed to meet people's needs. People were supported by staff that had the necessary skills and knowledge to meet their needs. Recruitment practices were safe and relevant checks had been completed before staff started work. Staff worked within best practice guidelines to ensure people's care and support promoted well-being and independence.

Medicines were managed safely. Any changes to people's medicines were prescribed by the person's GP and administered appropriately.

Staff were up to date with current guidance to support people to make decisions. Information about the home was given to people and consent was obtained prior to any care given. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The home worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. Relatives

and friends were able to visit. People's privacy and dignity were respected and promoted for example when personal care was undertaken.

People's needs were assessed when they entered the home and on a continuous basis to reflect changes in their needs. People's care and welfare was monitored regularly to ensure their needs were met within a safe environment. The provider had systems in place to regularly assess and monitor the quality of the service provided. Management liaised with external agencies to obtain guidance and best practice techniques.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voices to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the home.

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the home had in place. We found there were a range of activities available within the home and community.

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.

People were protected from abuse and avoidable harm by staff who had been trained in safeguarding people from abuse.

There were effective recruitment procedures in place and these were being followed.

People were cared for and supported by a consistent staff team. There were enough staff to meet people's individual needs.

People had risk assessments based on their individual care and support needs which were reviewed on a regular basis.

Medicines were administered stored and disposed of safely.

Is the service effective?

Good

The service was effective.

People's care and support promoted a good quality of life based on good practice guidance.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit when they wished.

People's privacy and dignity were respected and promoted.

Is the service responsive?

Good

The service was responsive.

The service met people's changing needs.

People's needs were assessed when they entered the home and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the home and community.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voices to be heard.

Is the service well-led?

Requires Improvement

The service was not consistently well- led.

The service did not have a registered manager in place.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People told us the staff were friendly, supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the home and staff would report any concerns to their manager. The management and leadership of the home were described as good and very supportive.

The provider had systems in place to regularly assess and

monitor the quality of the home provided.

Short Breaks Banstead

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 home, and to provide a rating for the service under the Care Act 2014.

We visited the home on 9 and 11 December 2015. This inspection was unannounced. The inspection team consisted of two inspectors.

We reviewed records which included notifications, previous inspection reports, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We contacted the local authority and health authority, who had funding responsibility for people using the home.

We spoke with two people and observed how they interacted with staff. We observed how staff cared for people throughout the day to gain an understanding of the care provided. We also spoke with one relative, three staff, the manager and the senior management team. We observed care and support in communal areas. We looked at some of the bedrooms with people's agreement, reviewed two records about people's care and support, five staff files and the provider's quality assurance and monitoring systems. We also reviewed feedback provided by relatives about the care and support provided.

This was the first inspection of the home since the provider's registration with the Commission.

Good

Is the service safe?

Our findings

People were safe and were provided with guidance in a picture format about what to do if they suspected abuse was taking place. People told us they felt safe at the home and with the staff who provided care and support.

Staff knew what to do if they suspected any abuse. A member of staff told us, "We know them, so if there was anything wrong we would know by the sounds they make or their body language. I would report it to the manager. They went onto say "I would record the incident for evidence. There are contact numbers for the head office and outside agencies are in the office." The service had the most recent local authority multi-agency safeguarding policy as well as current company policies on safeguarding adults. This provided staff with guidance about what to do in the event of suspected abuse. Staff confirmed that they had received safeguarding training within the last year. Information on identifying abuse and the action that should be taken was also freely available for people.

Risk assessments and any healthcare issues that arose were discussed with the involvement of relatives, social or health care professionals such as psychologists, the GP or speech and language therapists. Staff were knowledgeable about people's needs, and what techniques to use to when people were distressed or at risk of harm. Risk assessments clearly detailed the support needs, views, wishes, likes, dislikes and routines of people. Risk assessments and protocols identified the level of concern, risks and how to manage the risks. For example, staff had put measures in place to keep one person safe from items that could cause them harm when used such as razors.

There was information which identified where people were at risk of injuries due to epilepsy, mobility issues or exhibited behaviour that challenged. This was detailed and provided information and guidelines for to staff to follow when people were at risk. Action plans were put in place in accordance with people's care and support needs.

Fire safety arrangements and risk assessments for the environment were in place to keep people safe. Each person had an individual personal evacuation plan (PEEP) in place and staff carried out regular fire drills and evacuations so they knew what to do in the event of a fire. There was a business contingency plan in place; staff had a clear understanding of what to do in the event of an emergency such as fire, adverse weather conditions, power cuts and flooding. The provider had identified alternative locations which would be used if the home was unable to be used. This would minimise the impact to people if emergencies occurred.

Entry to the home was through a bell system managed by staff. We saw a book that recorded all visitors to the home. The entrance to the garden was secure through a locked gate. There were arrangements in place for the security of the home and people who lived there.

There were sufficient numbers of staff to keep people safe. A relative told us, "The numbers are covered, it's a new business, getting permanent staff takes time." The consistent staff team were able to build up a rapport with people who lived at the home. This enabled staff to acquire an understanding of people's care

and support needs. We saw people were supported in line with their risk assessments and what was in their care plan. We noted on the day of our visit, that people's needs were met promptly and they were given one to one support when required. Staff told us the rota was planned in a way that ensured there were sufficient staff deployed which enabled people to take part in their planned activities or attend hospital or healthcare appointments.

There was a staff recruitment and selection policy in place and this had been followed, to ensure that people were supported by staff who were suitable. Staff confirmed that they were asked to complete an application form which recorded their employment and training history, provide proof of identity and contact details for references. Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. They included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk. Staff confirmed they were not allowed to commence employment until satisfactory criminal record checks and references had been obtained.

There were appropriate arrangements in place for the storage and recording of medicines. Medicines were stored securely. All medicines coming into the home and medicines returned for disposal were recorded in a register. Medicines were checked at each handover and these checks were recorded. A medicines profile had been completed for each person, and any allergies to medicines were recorded so that staff would know which medicines people should receive. The medicines administration records we checked were accurate and contained no gaps or errors. There were PRN [as needed] medicines protocols in place. Records indicated the amount of prescribed PRN medicine people were given and the reason why. Any changes to people's medicines were prescribed by the person's GP.

Only staff who had attended training in the safe management of medicines were authorised to give medicines. Staff attended regular refresher training in this area. Once they had attended this training, managers observed staff administering medicines to assess their competency before they were authorised to do this without supervision. We saw staff administer medicines to one person; they explained the medicine and waited patiently until the person had taken the medicine.

Good

Is the service effective?

Our findings

People were supported by competent staff who provided individualised care and support to promote a good quality of life. A relative told us, "Life at Short Breaks matches my family member's home life as closely as possible to help with their behavioural support needs." A person told us, "It is gorgeous here."

There were sufficient qualified, skilled and experienced staff to meet people's needs. The manager ensured staff had the skills and experience which were necessary to carry out their responsibilities through regular training and supervision. Staff confirmed that they attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. To ensure consistency and minimise disruption to the home, the manager ensured that the same agency staff were used to cover vacancies, sickness or requests for additional support.

Conversations with staff and our observations confirmed that staff had received training and that they had sufficient knowledge to enable them to carry out their role safely and effectively. Staff provided us with guidelines of how to approach people during our visit to ensure we did not cause them anxiety.

People were supported by staff that had the necessary training to meet their needs. All staff had received mandatory training and in areas relevant to their role such as: boundaries and best practice; epilepsy awareness, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had received appropriate support that promoted their professional development. Staff told us, "We have monthly supervisions and we have staff meetings." The manager confirmed that monthly supervision and annual appraisals took place with staff to discuss issues and development needs. We reviewed the provider's records which reflected what staff had told us. Management observed staff in practice and any observations were discussed with staff, this was to review the quality of care delivered.

Staff obtained consent before carrying out any care and support for people. We heard staff ask people if they would like a drink, listen to some music or watch television. Staff had a clear understanding of the need to obtain consent and the protection the Mental Capacity Act (MCA) 2005 provides. 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).

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We

noted that no-one's freedom was being restricted.

People had their needs assessed and specific guidelines had been developed in relation to their individual needs. For example, where people had specific dietary needs relating to their condition or preferences, guidelines were in place to monitor and review their needs. Staff monitored people throughout the day to ensure that people's physical and mental health needs were supported.

People lived in an environment which was suitable for their needs. The home was free from obstructions, rooms and corridors were wide to ease manoeuvrability of people in wheelchairs. This enabled people to move freely around the home without restriction. People's bedrooms were personalised with pictures, photographs or items of personal interest. Communal areas of the home was painted in the same colour scheme, however people's rooms were painted in different pastel colours.

People received effective care in accordance with their needs. Guidance from the Speech and Language Therapy team (SaLT) was provided in regard to people's communication needs. This required staff to use pictures, use sign or body language or speak clearly and slowly so people could lip read. We saw this had been put into practice during the visit. For example, we saw staff use sign language and a picture board to communicate effectively with a person.

Staff prepared and cooked all of the meals in the home. People were involved in the consultation about the choice of menu for breakfast, lunch and tea. There was a choice of nutritious food and drink available throughout the day; an alternative option was available if people did not like what was on offer. There was information provided by a healthcare professional in regards to people who had special dietary requirements.

People were supported to have their nutrition and hydration needs met. A relative told us, "Staff monitor my [person]'s diet, looking at their physical and mental health – building a model for the future that they can follow." Guidance was provided to staff about how to approach people about their food likes, dislikes and how their food should be presented as this could trigger people's anxiety levels. Guidance was also provided that showed staff exactly how different textures of food should be to ensure it was the correct texture for people to eat

People had access to healthcare professionals such as GP, district nurse, occupational therapist, dietician, behavioural therapist, speech and language therapist and social care professionals. We saw from care records that if people's needs had changed, staff had obtained guidance or advice from the person's doctor or other healthcare professionals. People were supported by staff or relatives to attend their health appointments. Outcomes of people's visits to healthcare professionals were recorded in their care records. Staff were given clear guidance from healthcare professionals about people's care needs and what they needed to do to support them.

Good

Is the service caring?

Our findings

The atmosphere in the home was calm and relaxed during our inspection. Staff showed kindness to people and interacted with them in a positive and proactive way. People were happy and laughing whilst enjoying being with staff. A person told us, "They are lovely." One relative told us, "The purpose of this unit is to look after people. [Person] can mix with people here." They went on to say, "[Person] has come in here, and slept straight away, this has not happened at their other placements as they could not settle."

People were able to make choices about when to get up in the morning, what to eat, what to wear and activities they would like to participate in. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. We observed one person who preferred to spend their time in a lounge for the majority of the day. Staff remained close by to ensure they were providing consistent one to one support, but respected this person's privacy when they wanted to be alone.

Staff knew about the people they supported. They were able to talk about people, their likes, dislikes and interests and the care and support they needed. There was detailed information in care records that highlighted people's personal preferences, and also what constituted as a good or bad day for people, so that staff would know what people needed from them. A member of staff told us, "We have people who have behaviour that is challenging, so we make sure that we use the right techniques to calm them down." Information was recorded in people's plans about the way people would like to be spoken to and how they would react to questions or situations. For example, 'If I like something I will give you the thumbs up, and thumbs down if I dislike or the answer is no.' During the inspection we observed this communication and how staff responded to help people calm down. Staff knew people's personal and social needs and preferences from reading their care records and getting to know them. Care records were reviewed on a regular basis or when care needs changed.

Information about people's care and support was also provided if a person require hospitalisation. This enabled hospital staff to know important things about people's medicines, allergies, medical history, mental and physical needs and how to keep them safe.

Staff approached people with kindness and compassion. A person told us, "They are kind to me." We saw that staff treated people with dignity and respect. Staff called people by their preferred names. Staff interacted with people throughout the day, for example when attending activities in the home, helping them eat and drink, listening to music and watching television, at each stage they checked that the person was happy with their support. Staff spoke to people in a respectful and friendly manner.

People were involved in making decisions about their care. We observed that when staff asked people questions, they were given time to respond. For example, when being offered food or drinks or asking what a person would like to do. Staff did not rush people for a response, nor did they make the choice for the person. Relatives, health and social care professionals were involved in individual's care planning. Staff were knowledgeable about how to support each person in ways that were right for them and how they were

involved in their care.

Relatives and friends were encouraged to visit and maintain relationships with people. Each person had a detailed relationship map recorded on their file, this identified people who were important in their lives. People were protected from social isolation with the activities, interests and hobbies they were involved with. Staff supported people with their interests in the local community. For example people were support to attend cafes in the local area.

People could be confident that their personal details were protected by staff. There was a confidentiality policy in place. Care records and other confidential information about people were kept in a secure office. This ensured that visitors and other people who were involved in people's care could not gain access to their private information.

Good

Is the service responsive?

Our findings

A relative told us, "Staff pay attention to things." We saw an example of this during our inspection: a person was anxious due to our presence, so staff made sure they were reassured and made them a drink, this alleviated their anxiety, as they knew this would help.

People who wanted to use the service are given the opportunity to visit the service, so they could meet others who lived at the home and get involved with activities to ascertain if the home met their needs and if they liked it. To ensure a smooth transition, staff visited the person's home and any other environment that is important to them such as college. This is so staff could get to know them and observe how they interacted with people, the environment and how care and support is provided. Information about the home was provided in pictorial format for those people who were unable to communicate verbally.

Where the service did not meet the needs of people, referrals were made to relevant health and social care professionals, which resulted in the person moving to a home that better suited their needs.

There were detailed care records which outlined people's individual care and support. These included personal hygiene, medicine, health, dietary needs, sleep patterns, safety and environmental issues, emotional and behavioural issues and mobility. Any changes to people's care was updated in their care record. This ensured that staff had up to date information about how to provide the support people needed.

Care given was based on individual's care and support needs. Pre-admission and admission assessments provided information about people's needs and support. Where people displayed behaviour that was challenging, guidelines were provided to staff to minimise risk, whilst ensuring the person was safe. Staff were quick to respond to people's needs. They told us by having a consistent staff team they were able to build up a rapport with people and staff knew people well and understood their needs.

Needs assessments recorded individual's personal details were reviewed on a regular basis. Details of health and social care professionals, information about any medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were documented. This information was reviewed before a care plan was developed and care and support given. Staff were able to build a picture of the person's support needs based on the information provided.

Staff told us that they completed a handover sheet after each shift which outlined changes to people's needs. We looked at these sheets and saw that the information related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and what did not and any action taken.

People could participate in activities when it suited them. One person chose to take part in activities at different intervals throughout the day. We saw staff interact with this person when they indicated they wanted support for example, to help them get paper and pens for colouring and drawing or watching the

television. At other times the person entertained themselves with staff keeping a watchful eye. Other activities included gardening, listening to music, cooking, going for walks with staff, going out in the local community with support from staff and the Royal Association for the Deaf.

Staff liaised with external agencies to provide support or equipment in accordance with people's needs. For example, assistance from Royal Association for the Deaf (RAD), communication sheets for people with sensory impairment. People had access to specialist baths and bathrooms adapted to people's needs. People had access to healthcare professionals who had specialist experience with people who had specific needs. Information regarding people's individual needs and treatment was recorded in their care records; and staff were knowledgeable about their needs.

Relatives told us they had no reason to make a complaint about the home. People's feedback was obtained in a variety of ways such as survey, discussions with people and their relatives. We looked at the provider's complaints policy and procedure to review their processes. Staff we spoke with had a clear understanding of what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously. The manager maintained a complaints log. We reviewed the complaints log and noted there were no complaints about the home. The manager told us that when people any concerns they tried to resolve the situation before it escalated. The manager told us what they would do if they received a formal complaint.

Requires Improvement

Is the service well-led?

Our findings

A relative told us, "This is an outstanding service. It's very well led. I have 30 years of working in this area and I know it when I see it. It's relaxed and we feel valued, what we say is valued."

At the time of our inspection, the service did not have a registered manager. It is a condition of registration for a service to have a registered manager in post. Since the inspection, an application to become the registered manager has been submitted to CQC.

Staff actively encouraged people to express themselves about the care and support provided. People and relatives provided feedback regarding the care and support throughout their stay through discussions with staff or the manager. People's feedback was positive and stated that they were well looked after and encouraged to form positive relationships. People were encouraged to be as independent as possible and participated in activities that were of interest to them.

Staff were involved in the running of the home. Staff told us regular staff meetings were held and they felt they could make suggestions and that these were listened to. One staff member told us how they had suggested that a member of the senior management team worked a shift at the home as a "day in the life of a carer." The Deputy Operations Director worked a shift and produced a report of his findings. One of the actions noted was investigating the possibility of higher toilets as the height of the toilet has an impact on the assistance provided to people in a wheelchair.

Staff had a clear vision and set of values and these were discussed with people when they moved into the home. For example, people were given information on what they could expect from staff at Short Breaks Banstead.

Staff understood their roles and were motivated and showed confidence throughout the inspection. The manager was consistent in their approach to staff and people and led by example in the way they interacted with people throughout the day. We found the manager was readily available for people, visitors and staff.

Staff had the opportunity to help the home improve and to ensure they were meeting people's needs. Staff told us, "We had a meeting with a person's care manager and tried a few things they suggested, we went through a catalogue for activities ideas and the manager has approved the things we suggested." Staff were able to contribute through a variety of methods such as staff meetings and supervisions. Staff told us that they were able to discuss the home and quality of care provided, best practices and people's care needs.

The manager told us that managers from the provider's other homes attended team management meetings so they could discuss issues about the homes or share best practice examples with colleagues.

The provider had a system to manage and report incidents, accidents and safeguarding. Members of staff told us they would report concerns to the manager. We saw incidents and safeguarding had been raised and dealt with where relevant notifications had been received by the Care Quality Commission. Incidents were

reviewed which enabled staff to take immediate action to minimise or prevent further incidents occurring in the future. We saw accident records were kept.

People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. There were a number of systems in place to make sure the home assessed and monitored its delivery of care. Various audits were carried out such as health and safety, room maintenance, housekeeping, care plans.

Staff told us they conducted a weekly spot check on rooms to check on the condition of the room in relation to health and safety needs. Fire, electrical, and safety equipment was inspected on a regular basis Equipment such as wheelchairs, baths and showers was checked on a weekly or monthly basis.

The manager had an open door policy, and actively encouraged people to voice any concerns. They engaged with people and had a vast amount of knowledge about the people living at the home. They were polite, caring towards them and encouraging them. People felt the manager was approachable and would discuss issues with them.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated their knowledge regarding these policies and procedures. This ensured that people continued to receive care and support safely.