Leonard Cheshire Disability

Banstead Road - Care Home

Inspection report

17 Banstead Road
Ewell
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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

Banstead Road Care Home at 17 Banstead Road, Ewell is registered to provide accommodation and personal care for up to six adults who have a learning disability. At the time of our inspection three people lived here.

There was a 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 2008 and associated Regulations about how the service is run.

The home was well decorated and adapted to meet people's needs. Flooring was smooth and uncluttered to aid with people's mobility needs. The home had a homely feel and reflected the interests and lives of the people who lived there.

The inspection took place on 03 February 2016 and was unannounced.

There was positive feedback about the home and caring nature of staff from people and relatives. A relative said, "It is wonderful here, everyone enjoys themselves." An advocate said, "The care is very good."

People were safe at Banstead Road. There were sufficient staff deployed to meet the needs and preferences of the people that lived there. A relative said, "Whenever I telephone I always get straight through, I am so impressed with the staff." An advocate said, "Yes, I think there are enough staff here." Feedback from staff was that they would benefit from having a larger number of staff employed, to make covering for holidays and illness easier. The registered manager and provider were currently trying to recruit more staff.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. An advocate said, "They manage risks well here, and they have made adaptations to meet my friends changing needs." Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency. An alternative location for people to stay was also identified in case the home could not be used for a time.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff were heard to ask people for their permission before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and received support from staff where a need had been identified. Staff had a good understanding of specialist diets that people were on to ensure people could eat and drink safely, and still enjoy their meals.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. When people's health deteriorated staff responded quickly to help people and made sure they received appropriate treatment. People's health was seen to improve due to the care and support staff gave.

The staff were kind and caring and treated people with dignity and respect. "It is wonderful here, everyone enjoys themselves." Good interactions were seen throughout the day of our inspection, such as staff talking with them and showing interest in what people were doing. People looked relaxed and happy with the staff. People could have visitors from family and friends whenever they wanted.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans. Details such as favourite foods in the care plans matched with what we saw on the day of our inspection.

People had access to activities that met their needs. A large proportion of the activities were based in the local community giving people access to friends and meeting new people. The staff knew the people they cared for as individuals, and had supported them for many years.

People knew how to make a complaint. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. No complaints had been received since our last inspection. Staff knew how to respond to a complaint should one be received.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. Records for checks on health and safety, infection control, and internal medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people. The senior management from the provider regularly visited the home to give people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people.

People had the opportunity to be involved in how the home was managed. Surveys were completed and the feedback was reviewed, and used to improve the service. A relative said, "They let my family member take charge and they refer to him for suggestions." A staff member said, "The best part of the job is supporting the people. We can make a difference to them."

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.

There were enough staff to meet the needs of the people. The total number of staff employed was low, but this did not impact the care people received.

Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported.

People could have visits from friends and family whenever they wanted.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had access to a range of activities that matched their interests. People had good access to the local community.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well- led.

Quality assurance records were up to date and used to improve the service.

Staff felt supported and able to discuss any issues with the manager. Senior managers regularly visited to speak to people and staff to make sure they were happy.

People and staff were involved in improving the service. Feedback was sought from people via an annual survey.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Banstead Road - Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 February 2016 and was unannounced.

Due to the very small size of this home the inspection team consisted of one inspector who was experienced in care and support for people with Learning Difficulties.

Before the inspection we reviewed records held by CQC which included notifications, 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.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

Due to people's communication needs during our inspection we were unable to get detailed responses from people about their experience of living here. We sat with people and engaged with them. We observed how staff cared for people, and worked together. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with one relative and an advocate (this is someone who helps a person make decisions where they may not have any family that can help them), and three staff which included the manager. We also reviewed care and other records within the home. These included two care plans and associated records, two medicine administration records, two staff recruitment files, and the records of quality

assurance checks carried out by the staff.

At our previous inspection in October 2013 we had not identified any concerns at the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Banstead Road Care home. One person nodded when we asked if they felt safe living here. A relative said, "Staff know how to deal with things, they understand the people that live here and keep them safe." An advocate said, "They manage risks to people well here."

There were sufficient staffing levels deployed to keep people safe and support the health and welfare needs of people living at the home. A relative said, "Whenever I telephone I always get straight through, I am so impressed with the staff." An advocate said, "Yes, I think there are enough staff here." Staff said that on a day to day basis there were enough staff to support people; however the total numbers of staff employed at the home was low. To ensure people had a good standard of care from staff that people knew, staff chose to come in on days off to cover sickness or annual leave of their colleagues. The registered manager explained that this issue was being addressed, and more staff were being made available at the home.

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Team or police should be made. Staff knew about whistleblowing and felt confident they would be supported by the provider. Information about abuse and what to do if it was suspected was also clearly displayed in the dining room for people and visitors to see, so they would know what to do if they had concerns.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the manager to look for patterns that may suggest a person's support needs had changed. Staff were also kept up to date with hazards identified at other services run by the provider, and what they would need to do to support people if it happened here. The local authority had issued guidelines around the risk to people from choking, this information was displayed in the office, and staff knew about the issues.

People were kept safe because the risk of harm from their health and support needs had been assessed. People were not restricted from doing things they liked because it was too 'risky'. A staff member said, "We would talk to the person about the risks, and do an assessment of the potential dangers, but if they still wanted to do the activity, they could." Assessments had been carried out in areas such as nutrition and hydration, mobility, and behaviour management. Measures had been put in place to reduce these risks, such as specialist equipment to help prevent falls had been installed, and clear guidelines for staff to support people people's behaviour. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

People were cared for in a clean and safe environment. The home was well maintained. The risk of trips and falls was reduced as flooring was in good condition. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. Staff understood their responsibilities around keeping a safe environment for people. One said, "We

have to keep the environment safe for people, we look for and minimise hazards. We manage the risk by doing risk assessments." Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in fire evacuation plan. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely. Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. Medicine was given to people in a manner to meet their needs. One person had thickener added to their water to aid them swallowing (as per a Speech and Language Therapist assessment). For 'as required' medicine, such as paracetamol, there are guidelines in place which told staff when and how to administer the pain relief in a safe way.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use.

Good

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. A relative said, "The staff know how to deal with things, they understand my family member." An advocate said, "Staff all seem to be fairly competent."

Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. All the staff had been employed at the home for a number of years, so this had not been used recently. Ongoing training and refresher training was well managed. One staff member said, "They (LCD) are spot on with training, we are all kept up to date." Training was organised to meet people's changing needs. A staff member said, "We noticed a person was having trouble swallowing and the Speech and Language Therapist (SaLT) team come in to talk to us about choking."

Staff were effectively supported. Staff told us that they felt supported in their work. One staff member told us they had regular one to one meetings (sometimes called supervisions) with the manager, as well as annual appraisals. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. One staff member said, "We go through if we have any problems or issues, what training we may want to do, and if there is anything we want to improve about ourselves." Staff told us they could approach management anytime with concerns.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. An advocate said, "Staff know my friend's capacity quite well. They offer him choices and respect his decisions." The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. Where people did not have capacity, relatives with a Power of Attorney confirmed they were consulted by staff and involved in making decisions for their family member. People also had access to advocacy services. These offer help to people who may not have anyone else who can help them with decision making, and make sure they are supported and cared for in the persons best interest.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. They were able

to demonstrate how it had been used to ensure a person's human rights were not ignored. One staff member said, "MCA is about how much the person can make their own decisions about things. We have to assess their capacity and if they can't understand we have to follow a best practice process. We had to do this for someone when they needed medical treatment." Staff were seen to ask for people's consent before giving care throughout the inspection.

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. A relative said, "My family member likes the food. He gets to have his favourites." Lunch was observed to be a quiet and dignified event. People were able to choose where they would like to eat. Staff joined in and ate their lunch with people, which gave a 'family meal' feel to the activity. People were involved in laying out the table, choosing the food they would like, and supported by staff when needed. Staff had friendly interaction with people during the meal and made it an interactive and positive experience for everyone involved.

People's special dietary needs were met. People's preferences for food were identified in their support plans. Where a specific need had been identified, such as food presented in a particular way to aid swallowing this was done. Staff were able to tell us about people's diets and preferences. Menu plans, and food stored in the kitchen matched with people's preferences and dietary needs and showed they had the food they needed. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy. A relative said, "They get regular check-ups and staff keep us updated." Each person had a health action plan in place. This detailed when they had check-ups, and how often these should be done. Where people's health had changed appropriate referrals were made to specialists to help them get better. People's health was seen to improve due to the effective care given by staff. An advocate said, "My friend has had a difficult time health wise, and needs his confidence built up. They (staff) have done really well and I am amazed at how much he has improved."

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. A relative said, "It is wonderful here, everyone enjoys themselves." An advocate said, "The care is very good, I was very pleased with the effort they put in by visiting him when he was in hospital." A staff member said, "The best part of the job is supporting the people. We can make a difference to them."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. People looked well cared for, with clean clothes, tidy hair and appropriately dressed for the activities they were doing. Favourite items of jewellery were worn and people looked happy.

Staff were very caring and attentive with people. They knew the people they looked after. Throughout our inspection staff had positive, warm and professional interactions with people. All the care staff were seen to talk to people, asking their opinions and involving them in what was happening around the home. We pointed out to the registered manager that more time could be spent sitting with people, engaging with their activities (if the person wanted) which could further enhance their experience of living here. The registered manager agreed and said he would look into this. We did see some good interaction, such as when a staff member was folding the laundry in the lounge. They talked with people about the activities they had been on, what they were watching on television, and showed a real interest in what people said.

Staff were knowledgeable about people and their past histories. An advocate said, "They are caring, they know and treat my friend as an individual." Care records recorded personal histories, likes and dislikes. Throughout the inspection it was evident the staff knew the residents well. Staff were able to tell us about people's hobbies and interests, as well as their family life. Their knowledge covered people's past histories, and family life, down to a person's favourite colours they liked to use when colouring in books. A relative said, "My family member really gets on with the staff."

Staff communicated effectively with people. When providing support staff checked with the person to see what they wanted. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication.

Staff treated people with dignity and respect. Staff were very caring and attentive throughout the inspection, and involved people in their support. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy.

People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events, newsletters from the provider and which staff would be on shift. Information was presented using pictures and easy to understand text, for example the staff on shift used staff pictures, so everyone could see who would be supporting them in their home. Information such as staff on shift, calendars, menus and activity planners were all current and up to date, so gave good and correct information to people.

People's rooms were personalised which made it individual to the person that lived there. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services in the community so they could practice their faith. Relatives told us they were free to visit when they chose to.

Useful information was available to people in a format they could understand. Examples included a date and weather calendar on display in the dining room. This gave the correct date, day and month, as well as the expected weather for the day. Pictures of people, including staff were also displayed along with their birthdays, so that people could plan and celebrate when the date came around.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they moved into the service to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People and relatives were involved in their care and support planning. A relative said, "They let my family member take charge and they refer to him for suggestions." Where people could not be involved themselves relatives, or advocates were involved. Care plans were based on what people wanted from their care and support. They were written with the person by the manager or key worker. Family members, health or social care professionals, and people involved in activities outside the home were also involved to ensure that the person's choices and support were covered for all aspects of their life. Relatives were very pleased with the care and support given. Reviews of the care plans were completed regularly with people so they reflected the person's current support needs. An advocate that supported a person said, "We have chats about how he is progressing and I check his routine to see that he has been doing the things he enjoys."

People's choices and preferences were documented and those needs were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Sections titled 'an introduction to me' and 'my gifts and qualities' gave good positive information about people and how they liked to live their life. Care plans were comprehensive and were person-centred, focused on the individual needs of people. People received support that matched with the preferences record in their care file.

Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. Guidance was given around what each individual's signs or particular ways of communicating meant (such as sounds or gestures they may make), and what staff would need to do to support them in response. Other areas covered included keeping safe in the environment, personal care, mobility support needs, behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people. Additional information for staff was also on display for important safety aspects of people's care. For example clear pictorial guidelines were on display that showed staff exactly how different textures of food should look like to ensure it was at the correct texture for people to eat.

People had access to a wide range of activities, many of them based in the community. An advocate said, "We run a social club in the evening that they can all come along to." Activities were based around people's interests and to promote their independence and confidence. People had access to day centres, social clubs and holidays abroad. During the inspection people were going out on activities throughout the day, and those that stayed home had activities such as colouring books and painting, listening to music and watching programmes on the television.

Independence was supported and encouraged by staff. People were involved in daily duties around the

home, such as cleaning, helping prepare meals, or helping with their laundry. One person enjoyed their task of laying out the table for lunch. Staff worked with them by telling them how many people would be sitting at the table, so the person would know how many places to set. They smiled throughout this activity and showed a sense of achievement when people and visitors sat at the table they had laid.

People were supported by staff that listened to and responded to complaints or comments. A relative said, "Everyone is very helpful when I speak to them. Any problems and they come up with a solution." There was a complaints policy in place. The policy included clear guidelines, in an easy to read format, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission.

There had been no complaints received at the home since our last visit. The manager and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone.

Good

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the manager. A relative said the registered manager "Is wonderful. They all enjoy themselves, people and staff." An advocate said, "It's like a family here." One staff member said, "It's good here, I'm very happy working here."

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard.

Senior managers were involved in the home because a representative from the provider carried out regular visits to check on the quality of service being provided to people. These visits included an inspection of the premises and reviewing care records. An action plan was generated, which detailed who was responsible for completing the action and by when. This was then reviewed at each visit to ensure actions had been completed. The visit in December 2015 reviewed record keeping at the home, and found them to be satisfactory.

Regular monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. In addition the registered manager also carried out unannounced spot checks to see that people received a good standard of care at all times. These checks could take place 'out of hours' with the last one being completed at 10 pm. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion.

People and relatives were included in how the service was managed. Due to the size of the service, the support needs of people and the fact that only two people had relatives, formal meetings were not held with relatives. However the relative and advocate we spoke with all felt involved in how the home was run, and felt they could request improvements for their family member or friend if they felt these were needed. The registered manager produced an annual newsletter which informed people and relatives of the year's events and highlights. Efforts were being made to produce a six monthly newsletter in order to keep people more regularly updated. Relatives told us they were happy with the level of communication from the staff. The registered manager also ensured that various groups of people were consulted for feedback to see if the service had met people's needs. This was done annually by the use of a questionnaire. All the responses from the last survey were positive about the home and staff.

Staff felt supported and able to raise any concerns with the manager, or senior management within the provider. One staff member said, "The senior management come and visit and chat with us and see if we are all right. Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so.

Staff were involved in how the service was run and improving it. Staff meetings discussed any issues or

updates that might have been received to improve care practice. One staff member said, "We get to complete a staff survey and we see the results, so know they listen to us."

The registered manager was visible around the home on the day of our inspection, supporting staff and talking with people to make sure they were happy. The registered manager was very 'hands on', and helped around the home. This made him accessible to people and staff, and enabled him to observe care and practice to ensure it met the home's high standards. The registered manager had a good rapport with the people that lived here and knew them as individuals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns.