

# Leonard Cheshire Disability Banstead Road - Care Home

## Inspection report

17 Banstead Road  
Ewell  
Surrey  
KT17 3EZ

Tel: 02087867718  
Website: [www.leonardcheshire.org](http://www.leonardcheshire.org)

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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We last carried out a comprehensive inspection of Banstead Road care in February 2016 where we found the registered provider was rated 'Good' in each of the five key questions that we ask.

This inspection took place on 11 September 2018 and was unannounced.

Banstead Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Banstead Road Care Home in 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 five people live here. The service is delivered from a two-story house in a residential area.

It is a requirement of the provider's registration that they have 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 registered manager was present during this inspection.

Banstead Road Care Home continues to provide an overall good level of care and support to people. The diligent work by the registered manager and his staff team had a very positive impact on how people were able to live their lives. As a result, the key question of 'Is the service Responsive' has been given an Outstanding rating.

The very responsive nature of the staff enabled people to take back control of their lives and experience activities that gave them a sense of purpose, self-worth and pride. People were supported by a dedicated staff team that went out of their way to enable them to take part in activities that had previously been unavailable to them. They found creative ways of supporting people to have an exceptional quality of life. They took time to understand people and their needs, then work with them to overcome barriers to their independence and life choices. People were supported at the end of their lives to complete goals and aspirations and live as full a life as possible.

People were supported to stay safe. Staff understood their responsibility in responding to any allegation of abuse to protect people, even if it involved senior people within the organisation. Risks to people's health

and safety were well managed, with a minimum impact to people's independence. Peoples medicines were managed in a safe way, and they received them when needed. A new electronic system had been introduced to further improve the safety of how people's medicines were managed.

There is a sufficient number of staff deployed to meet people's needs. A robust recruitment and selection process is in place. This ensures prospective new staff have the right skills and are suitable to work with people living in the home.

Accidents and incidents were reviewed to minimise the risk of them happening again.

Staff were well supported by the registered manager to ensure they had the skill and training to meet people's needs. People's needs were assessed prior to them moving into the home to ensure they could be met by the staff and the home environment.

People were supported to have enough to eat and drink. People were encouraged to be involved in their diet and prepare meals and drinks themselves wherever possible. People had access to health care professionals when the need arose, as well as for routine check-ups to keep them healthy. Where people lacked the capacity to make specific decisions, the staff understood and followed the requirements of the Mental Capacity Act 2005. This ensured that decisions made for people in their best interest and any restrictions put into place to keep them safe were done in a lawful way.

People were supported by kind and caring staff. People formed caring relationships with staff and enjoyed their company. People are very well supported to maintain relationships that are important to them. People are provided with the care, support and equipment they need to stay independent.

There was a robust complaints process in place, however this had not been needed as everyone we spoke with was happy with the service. People were confident that if they did raise a complaint it would be quickly dealt with.

The home and staff team continued to be well led. The ethos of continuous improvement was strong with the registered manager and his team. This was shown by the staff leading trials in new medicines management technology within Leonard Cheshire Disability, and the improvement of their rating from Good to Outstanding in the Responsive domain.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People received care that was personalised to their needs and made a positive impact to their quality of life.

People's goals and ambitions were responded to by staff who went out of their way to give people an outstanding level of support in their lives.

People were informed of how to raise a concern or complaint.

Staff had discussed end of life care with people and preferences in this area had been documented.

### Is the service well-led?

Good ●

The service remains Good

# 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 checked 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.

The inspection took place on 11 September 2018 and was conducted by one inspector. It was a comprehensive, unannounced inspection.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They did not share any information of concern about the service.

Before the inspection visit, the provider completed a Provider Information Collection (PIC). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to. This enabled us to ensure we were addressing potential areas of concern at our inspection. The PIC was very detailed and we were able to review the information in the PIC during our inspection visit. We found the information in the PIC was an accurate assessment of how the service operated.

During the inspection visit we spoke with two people who lived at the home and observed how care and support were delivered in the communal areas. We spoke with the registered manager and two care staff.

We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at other records related to people's care and how the service operated, including

medicine records and the provider's quality assurance audits.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

People told us they felt safe at Banstead Road Care Home. One person said, "I feel safe here, I find the staff are very good." Staff understood their role and responsibilities with regards to keeping people safe from abuse. Policies in relation to safeguarding and whistleblowing reflected the local authority's procedures and were clearly displayed in the house. Staff understood who to contact should they feel abuse had taken place. Peoples care plans contained detailed assessments of hazards to their health and clear guidelines in how these were managed.

People were kept safe because the risks of harm related to their health and support needs had been assessed. Staff understood people's needs and how to support people with behaviour that may challenge themselves or others. People's care plans included detailed risk assessments. These were individualised and provided staff with a clear description of any risks and the support people needed to manage these, without limiting their independence or freedom. One person demonstrated how they understood the risk to their health, and how this was managed. They said, "I'm not allowed to go out and cross the road alone. because I may get knocked over. But I can go out and post letters on my own, as the letter box is on this side of the road." They explained that staff were always available if they wanted to go out.

The registered manager had continued to review accidents and incidents with a view to prevent reoccurrence.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people living at the home. One person told us, "I have a lively life as there are enough staff." Another person said, "It's good because there are no agency staff here."

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, was clearly displayed around the home and people took part in fire drills. The home was kept clean to reduce the risk of spreading infection.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that potential staff 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, and people were involved in the process as much as they were able to be. Medicines were stored appropriately in a clean environment. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, such as to relieve pain, plans were in place to give them safely. A new medicine management system had been

introduced which further reduced the risk of people not getting their medicines when they needed them.



## Is the service effective?

### Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. Staff continued to offer people choices and supported them with their dietary and health needs. The rating continues to be Good.

The service continued to assess the needs of people before they moved into the home. This ensured that their needs could be met, and equipment or modifications to the home could be installed before they arrived. People were involved in this process. This involved meeting with people and those important to them. This also gave the opportunity to check if any special action was required to meet legal requirements. For example, when using specialist medicines, using equipment that lifts people, or meeting the requirements of the Equalities Act.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice. Staff had regular supervisions (one to one meetings with their manager) to discuss training needs, and give them the opportunity to discuss their role with their manager.

There remained a good emphasis on the importance of people eating and drinking well. People were involved in the food they wanted to eat and were observed preparing drinks and snacks (with staff support where needed) during the inspection. The staff were also effective at meeting individual needs, for example one person preferred 'British food,' and this was seen to be given. People's cultural or regional preferences were also explored, however at the time of our inspection, everyone had been based in the South East of England for their whole lives.

People continued to have good access to health care professionals to help keep them healthy. People could see the GP if they felt unwell, and were supported to attend appointments at hospitals and specialist consultants when needed. One person said, "I went to see the doctor recently, he said I was fighting fit." Each person had a health action plan to record when routine health checks had been attended, or were due. This included dentists, chiropodists, opticians and audiologists. Staff worked effectively with the health care professionals to ensure any guidance given was recorded and followed.

The home people lived in continued to meet their needs. It was decorated to give a homely feel, and people were able to be involved in the decoration and cleaning. Adaptations had been made to meet individual needs, for example one room had a walk-in shower room, for people whose mobility may be limited.

The 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.

Where people lacked capacity to make certain decisions , appropriate assessments had been completed to ensure the requirements of the Act were met. Staff had an 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. Staff asked for people's consent before giving care and support throughout the inspection.

# Is the service caring?

## Our findings

People received the same level of compassionate care and support as at our previous inspection. The rating continues to be Good.

We had positive feedback about the caring nature of the staff. One person said, "I like the staff and the people here." People and staff were seen to talk together and we could see that caring relationships had been formed. People enjoyed the company of the staff who supported them. Staff acted in a professional way, but also showed compassion to people, such as by holding their hands, or comforting them if they became upset.

The staff continued to be caring and attentive with people. All the staff were seen to talk to people whilst carrying out their duties, or taking time away from their duties to talk with them. Staff were focussed on being there for people. One staff member said, "We do all we can to make people happy here." Another staff member said, "I love working with the clients, and the team of staff. It's such a positive place." This caring attitude was seen from all the staff at the home on the day of the inspection, including the registered manager.

Staff continued to be knowledgeable about people they supported. Staff were able to tell us a lot about the people they supported without access to the care notes, including their hobbies and interests, as well as medical support needs. Care records recorded personal histories, likes and dislikes, and matched with what staff had told us.

Information about people's care and support continued to be given in a manner they could understand. Information was available to people around the home, such as the correct time and date to help people orientate themselves. Other information on notice boards covered topics such as upcoming events that people may be interested in, as well as photographs of past events that people had enjoyed.

People were involved in decision making about their care, and their independence was supported. Observations of people being involved in their care were seen when staff asked people if they needed help to get ready to go out, or checking if people needed assistance when preparing drinks or snacks in the kitchen. One person said, "I sometimes cook for myself but have help as I could burn my hand." Staff encouraged people to be independent by celebrating when they completed something for themselves. Whilst one person made a cup of tea, the staff member gave them constant praise. They used phrases such as, "That looks like a good one," and "That's a good cuppa that is, that's how I make it as well." The person smiled at each compliment and recognition of their achievement. Staff used language appropriate to the person so they could understand when they were prompted on the task, and when feedback was given.

## Is the service responsive?

### Our findings

People benefited from personalised care and support so they could live as full a life as possible. One person was acutely autistic and based their life, routine, and events around strict regimentation. Prior to the person moving into Banstead Road the staff team were told by the previous provider that the person had to have their day planned out, and written down. In addition, the person also had to record this information on a Dictaphone. This also applied to any outdoor activities, social events and visitors to the home. There could be no deviating from this process, as it could cause the person to become distressed.

Through the excellent support given by the staff team at Banstead Road the person no longer required their plan for the day recorded in multiple ways. Staff had supported this positive change by building trust with the person and helping them become more relaxed about how their day would progress. Now, the person discussed with staff what was happening in their day and where they would be going. The person was now able to accommodate flexibility within their social pursuits and could go out at any given time of the day or evening, without becoming distressed. Additionally, the person was now comfortable receiving visitors to the home anytime of the day without issue. This was demonstrated when they were happy to meet and talk with us on the day of our inspection. The person's life has changed dramatically because they were able to take control of their life and manage this aspect of their autism.

People had overcome difficulties in their life due to the holistic and inventive care and support given by staff. Two people had very little in the way of savings, or understanding of money prior to living at Banstead Road. Staff supported these people to understand where their money came from, and how it was spent. Through this positive and inclusive work these two people had now been able to build up savings. This resulted in both people taking back control of this aspect of their lives. The positive impact to the people was clear. One of the people, due to their limited finances had been unable to see a loved one as regularly as they wanted (while living at their previous home). At Banstead Road they had control of their finances, and they now spent every weekend with the person they loved, bringing joy to both. This had had a positive impact on the persons mental health and self-esteem. The other person was able to take a holiday abroad, which they had not been able to do for many years prior to moving into Banstead Road . This was achieved through careful financial planning with the person, and staff working with the person to manage behaviours. The person was then supported on the holiday by staff that understood the individual needs, which enabled the person to enjoy their holiday with their peers.

Staff routinely went the extra mile to support people to enable people to take part in activities they enjoyed, and helped people achieve life goals and independence. Staff understood people's preferences and gave additional ideas for them to be achieved, that had not been thought of before. Prior to moving into Banstead Road one person had a keen interest in music, and was part of a band. Due to the distances involved between their previous home and Banstead Road there was a risk that this could be lost. To enable this person to continue with this passion in their life, staff purchased a keyboard and drum kit . They also arranged for a music teacher to visit the home to continue to provide the person with weekly music lessons. Staff also sought out the persons previous band leader and the other band members. They negotiated with them, and now the band came from a long way away and practiced with the person every month. This not

only provided the individual with great pleasure but also all the people who lived in the home as they were all welcome to join in.

The arrangements for work met people's individual needs. One person, a long time prior to living at Banstead Road, used to have a job in a supermarket. Due to their learning disability and behavioural support needs the person was not able to carry on working there. When the staff team at Banstead Road discovered this, they worked with the person to understand and manage their behaviours. As a result, the person now had gainful employment and worked part time in a local café. This had enabled the person to fund all their day to day activities and social engagements without having to use their savings. This had given the person a sense of purpose, independence and pride in their work and life.

The service had been very responsive in enabling a person to engage with their preferences at the end of their life. The positive approach to end of life taken by staff enabled a person to have one last holiday abroad before they passed away. The person's condition caused the quality and condition of their life to deteriorate very rapidly. A holiday in Malta had been booked for the person prior to this deterioration. Rather than cancel it, staff went out of their way to overcome the person's changing needs and gave them this one last holiday. End of life care was discussed sensitively and openly with people. Care plans contained easy read end of life information which people had completed with staff to express their wishes for that stage of their lives. Records contained person-centred information such as people's religious preferences and relatives they'd like to be present. Where people did not wish to discuss this, this was recorded.

Care plans continued to be based on what people wanted from their care and support. Reviews of the care plans were completed regularly by care staff so they reflected the person's current support needs. People's choices and preferences were documented and were seen to be met. The files gave an overview of the person, their life, and support needs such as, health and physical well-being, personal care, spiritual and religious belief.

Care plans addressed areas such as how people communicated and how their conditions may appear and affect their behaviour. They went into detail on how staff should respond, such as reassuring and talking to the person. Care given to people on the day of the inspection matched with the guidance in the care plans.

People continued to be supported by staff that listened to and would respond to complaints or comments. One person said, "I'd talk to [registered manager's name]. He would put a lot of things right." There was a complaints policy in place that was clearly displayed around the home. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government Ombudsman. There had been no complaints since the last inspection.

## Is the service well-led?

### Our findings

At our last inspection we rated the leadership of the home as 'Good'. At this inspection we found that the registered manager and provider continued to provide a well led service for people and staff.

There was a positive, person focussed culture within the home, which was reflected in our findings across all the five key questions that we asked. People told us they were happy with the registered manager and his staff team, and loved living here. Staff were also positive about their roles and were proud of the achievements people had made with their help. One staff member said, "It's the best place I have ever worked." Staff were confident in their roles and had a clear understanding of the values and visions of the service. This was demonstrated at the start of the inspection. The registered manager was not on site and staff were confident to begin the inspection without him. During the inspection the values of respect and promoting people's independence were routinely demonstrated by staff when they interacted with people. Staff felt supported by the management and had a clear understanding of their roles within the organisation.

The provider's quality assurance system continued to ensure people received an overall good standard of care. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. 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 those important to them continued to be involved in how the service was run. Regular resident meetings took place to ensure people had a say in what was done at the home. These were used to share information, as well as seek feedback and ideas from people. People talked about activities and food choices and their suggestions were actioned by the registered manager. Staff were also involved in how the service was run and improving it. The registered manager had regular meetings in addition to handover meetings.

An ethos of continuous improvement continued to be displayed by this service and the staff. Accidents and incidents were reviewed to ensure lessons were learned to reduce the risk of a repeat occurrence. This also included reviewing information from external sources, such as safety alerts and best practice guidance. The staff team had been selected to trial a new medicines management system which would then be rolled out across the provider's services. This involved staff learning to use new technology and procedures to support people with their medicines.

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. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.

Partnership working with other agencies was key for the registered manager. They used these partnerships to improve the service and home for people who lived there. This included liaising with service commissioners and health care professionals to ensure people's needs could be met. For example, one

person with a high level of needs had not originally been identified by service commissioners as being suitable for Banstead Road Care Home. The registered manager worked with the commissioners to put into place a care package to enable the person to live here. The registered manager also attended conferences and meetings to keep up to date with current best practice and to share information and learning with peers from other organisations.