

Karlyon Care Ltd

Balmain Care Home

Inspection report

1-4 Keppel Terrace
Stoke
Plymouth
Devon
PL2 1BT

Tel: 01752556546

Date of inspection visit:
21 September 2017
22 September 2017

Date of publication:
24 November 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 21 and 22 September 2017 and was unannounced on the first day.

Balmain Care Home (known as Balmain) is a residential home providing care, rehabilitation and support for up to 29 people with complex mental health needs. The home accommodates people across four joined houses. People have access to communal bathrooms, lounges, dining areas, a therapy room, a quiet area and an outside garden.

At this inspection there were 25 people living at the service.

At the last inspection in August 2015, the service was rated Good. At this inspection we had concerns about the internal and external environment which may put people at risk. The provider addressed these concerns promptly to ensure the service was safe, but the environmental concerns affected the rating.

The service had a new registered manager in post. They were one of the providers and had been appointed in March 2017. 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.

On the day of the inspection staff were relaxed, and there was a calm, quiet atmosphere. Everybody had a clear role within the service. Information we requested during and after the inspection was supplied promptly, records were organised, clear, easy to follow and comprehensive.

People were comfortable with staff supporting them and we observed positive interactions. Care records were personalised and gave people control over aspects of their lives. However, some care plans required updating and further detail about how staff supported people, for example people with diabetes. Staff responded quickly when they noted changes to people's mental or physical well-being by contacting the appropriate health professionals for example people's mental health nurses. People or where appropriate those who mattered to them, were involved in discussing people's care needs and how they would like to be supported. People's preferences for care and treatment were identified and respected.

Staff exhibited a kind and compassionate attitude towards people. Staff were mindful of equality and diversity and respected people. Positive, caring relationships had been developed and practice was person focused and not task led. Staff had appreciation of how to respect people's individual needs around their privacy and dignity and individual behaviours. Feedback we received from people, relatives and professionals were excellent.

People's risks due to their mental health needs were managed well and monitored. People were promoted and encouraged to live full and active lives. Positive risk taking was encouraged so people's human rights

and freedom of choice was respected. Staff were thoughtful in finding ways to overcome obstacles that restricted people's independence.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, mental health nurses, social workers, occupational therapists and physiotherapists.

People we observed were safe and they told us they felt secure at Balmain. During the inspection we raised concerns about aspects of the internal and external environment which could pose a risk to people at Balmain, these risks were addressed promptly and systems were put in place quickly to reduce the likelihood of a reoccurrence. An ongoing maintenance schedule was in place with planned work being undertaken.

Areas were uncluttered and clear for people to move freely around the home. Where people had behaviours which might put them and others at risk, staff liaised with external professionals such as the fire service in a timely way to address risk. All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge about how to report any concerns and described what action they would take to protect people against harm. Keeping people safe from harm within the service and local community was at the forefront of staffs minds.

People were supported by staff that confidently made use of their knowledge of the Mental Capacity Act (2005), to make sure people were involved in decisions about their care and their human and legal rights were respected. The service followed the processes which were in place which protected people's human rights and liberty.

People were supported by a staff team that had received a comprehensive induction programme, training for mental health conditions and ongoing support from the registered manager, deputy manager and assistant manager.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment. Volunteers from external agencies supporting people at the service were also appropriately checked.

The service had a policy and procedure in place for dealing with any concerns or complaints, however, no written complaints had been made to the service in the past twelve months.

People described the management team to be supportive and approachable. Staff talked positively about their jobs. The provider / registered manager were supported by a deputy manager and an assistant manager.

There were quality assurance systems in place but they had not identified the areas of concern we found with the environment. Following inspection feedback, audits and checks on the environment and cleanliness of the service were adapted and made more robust to reflect the needs of the people living at Balmain. Incidents were appropriately recorded and analysed for trends. Learning from incidents, concerns and feedback raised was used to help drive improvements. The staff team were reflective and listened to advice from professionals. Inspection feedback was also listened to which further enhanced the quality of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The external environment posed a hazard to people who used the service.

People's risks were identified and managed in ways that enabled people to make choices and be as independent as they could be.

There were sufficient numbers of suitable staff to help keep people safe and meet their individual needs.

People received their medicines when they needed them and these were managed and administered by staff that were competent to do so.

People were protected from abuse and avoidable harm.

Requires Improvement ●

Is the service effective?

The service was not always effective.

There was a regular, planned maintenance plan in place to ensure the design, décor and adaption of the service met people's needs but we found some areas of the home required refurbishment.

Staff received a comprehensive induction and on-going training to make sure they had the skills and knowledge to provide effective care to people.

People were supported by staff who knew how to ensure their legal and human rights were protected.

People received the support they needed to maintain their nutrition and hydration, and ensure their health needs were met.

Requires Improvement ●

Is the service caring?

The service remains Good and cared for people.

Good ●

Staff were kind, patient and professional and treated people with dignity and respect.

Staff were committed to promoting people's independence and supporting them to make choices.

There was an ethos of involving and listening to people who used the service.

Is the service responsive?

Good ●

The service remains Good and was responsive to people's needs.

People received care and support in accordance with their needs and preferences.

Care plans were reviewed with people to ensure they reflected their current needs.

The service had an effective and thorough process for managing complaints which people told us they would feel confident to use.

Is the service well-led?

Requires Improvement ●

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people. However, the risks we identified at the inspection had not been identified and actioned.

People were supported by a motivated and dedicated team of management and staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

Balmain 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 was a comprehensive inspection completed by one inspector from the adult social care directorate and an expert-by-experience on the 21 September 2017 and one inspector on 22 September 2017. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

Prior to the inspection, we asked the provider to complete a Provider Information Return. 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. We reviewed this information as part of the inspection.

During the inspection we spoke with the deputy manager, assistant manager and the cleaner. Following the inspection we spoke with the provider who was also the new registered manager. We spoke with eight people at the service. We spoke to the deputy manager about nine people's care.

We looked at three records related to people's individual care needs. These included support plans and risk assessments. We also looked at records which were related to the administration of medicine, training records and discussed staff recruitment processes with the deputy manager. We reviewed the quality assurance processes in place at the service and feedback people, relatives and professionals had provided.

Following the inspection we requested a service improvement plan, we requested this to check the provider had plans for ongoing improvement of the environment people lived in. This was received promptly. We also requested the quality assurance policy, minutes of two recent staff meetings and the training matrix. We

contacted five health and social care professionals following the inspection. Three professionals provided feedback.

Is the service safe?

Our findings

At the last inspection in August 2015 we found the service was safe. At this inspection we had concerns about the safety of people when accessing the external environment. Outside of House Four we found sharp nails, broken glass and other rubbish which had been left in the garden following work which had taken place three to four months prior to our inspection. Some people using the service had a history of self-harm and these items caused a potential risk. This was addressed promptly by the deputy manager and the registered manager following the inspection and the garden items cleared and new external audits put in place. As we toured the premises in the morning we also found broken crockery on a fire extinguisher landing which could pose a hazard to people. This was removed by the end of the first day of the inspection. In the external laundry area we found detergents in large amounts. This was an isolated room people were able to access independently and these could pose a risk if consumed. The deputy manager and provider addressed these concerns promptly during the inspection period to ensure the safety of people using these areas. Not all radiators were covered to protect people from burning. We fed this back to the deputy manager and provider who acknowledged this and planned to take prompt action.

Staff tried hard to maintain a safe environment, for example many people smoked. Staff told us this was one of their biggest challenges. The equipment in the service was well maintained. Regular, weekly fire alarm checks took place. People had personal evacuation plans in place in the event of an emergency. Furnishings were fire retardant and regular fire tests and checks were undertaken. The service also worked closely with local fire officers when required to manage people's risks. New fire equipment had been purchased to aid a safe evacuation in the event of a fire. We spoke to the deputy manager and provider about risk assessing potential ligature points within the home which might have the potential to harm. They agreed to action this following the inspection.

The service had a good knowledge of infection control processes, although we found not all areas of the home were clean. During the inspection we found cigarette ends in two sinks in people's bedrooms and a bathroom, one bathroom without paper towels, and rooms and bathroom bins without liners. Because of what we found, we spoke with the deputy manager about reviewing the frequency of the cleaning checks. We also spoke with the deputy manager about reviewing the cleaning hours to support people's hygiene needs and to ensure these were sufficient to meet the needs and behaviours of people who lived at the service. At the time of our inspection, more robust and frequent checks of bedrooms and bathrooms were implemented.

People were kept safe by staff who understood what keeping safe meant and how to support people to remain safe at Balmain and within the community. Staff we spoke with were aware of people's vulnerabilities, they told us they closely observed people and monitored for signs of financial exploitation and bullying and harassment within the service. Staff had completed safeguarding training and were clear on the internal and external reporting procedures. People we spoke with confirmed they were safe and well treated. One person told us, "I feel safe because I get on with everybody" and another said, "The staff make sure I have no worries." Professionals told us, "When I visit Balmain I am always asked to sign into the visitor book and the fire procedure is explained to me. The care staff inform me if there are any checks/testing of

this due to take place whilst I am there".

People had their own bank accounts or were supported with their finances through the Court of Protection. The service also helped people to manage their money if they wished. People told us this helped them manage money for tobacco and shopping. Safe procedures were in place to ensure incoming and outgoing money was recorded.

People were supported by suitable staff. Robust recruitment practices were in place and the deputy manager advised checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People were supported by sufficient numbers of staff to help keep them safe however, on the first day of the inspection due to staff sickness and a staff escort, only two staff were in the building to support 24 people. However, people advised, "There's always enough staff around." The deputy manager regularly reviewed the staffing levels, so that people received reliable and consistent care. This helped ensure staff could be flexible around people's needs, appointments and activities. In addition to support staff, there was a cook on duty, a maintenance man who worked four days a week and a cleaner who worked 25 hours a week.

People were supported by staff that understood and managed risk effectively. Risk management plans recorded concerns and noted actions required to address risk and maintain people's independence. Staff worked alongside people to reduce the risks they posed for example by helping people with road safety.

Risk assessments highlighted where people were at risk of behaviours due to their mental health needs. Staff knew the plans in place for each person to mitigate these risks and when to involve people's health and social care professionals. For example, staff were aware of those who might have verbal outbursts when unsettled, and who could become agitated. Staff knew potential triggers to people's behaviours and were skilled at de-escalation and distraction skills.

Tailored support was given to people to keep them safe. Staff had processes in place in the event a person did not return within a specified time frame. Risk management meetings were held with external professionals to share potential risk.

Medicines were administered consistently and safely. People told us, "The staff make sure I get my medication on time." No one was on medicine without their knowledge (covert). Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. We looked at medicines administration records (MARs) and, we noted all had been correctly completed. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. The management team and staff confirmed they had a good relationship with their local pharmacy for any advice or support they required. If people wished to be more independent with their medicines; they were prompted and supported by staff to achieve this in a safe way, at their pace. Risk assessments were in place to ensure those people who self-administered were safe to do so. Staff knew those people who were on medicines which required special monitoring and knew potential side effects to be aware of.

Is the service effective?

Our findings

At the last inspection in August 2015, the service was rated as good. At this inspection we had concerns about the upkeep and maintenance of the service. We requested further information on scheduled refurbishment which was supplied in a timely manner.

During the first day of the inspection as we toured the premises we found one area of the home remained under refurbishment. This was next to the quiet area. At the last inspection two years ago it had not been decided how this area of the home would be used and this remained the case. The garden which many people used to relax in, looked overgrown and contained rubbish, this included beer cans, bags of cigarette butts, unused hanging baskets, a broken gazebo, sharp nails and rusty gates. We found in the upstairs bathroom of House Three there was no hot water, the deputy manager requested the maintenance man investigate this. The carpet on the stair well of one area was torn. Following the inspection we were advised this was being replaced imminently. In House Four, the bath panel was cracked and coming away from the bath. Although we were told this area was in need of refurbishment, one person was using the bathroom at the time of the inspection.

However, other areas of the service had improved since the previous inspection and we saw from maintenance records work was ongoing to maintain and refurbish the property. Areas of the home had been painted, damp fixed; roof works undertaken and new flooring in areas of the service. Fire doors had been replaced and a new stair chair lift installed. We spoke with both the deputy manager and provider about the challenges they faced maintaining an old home in view of people's care and support needs and ensuring the environment in which they lived, supported them to feel cared for and respected. An annual maintenance schedule (December 2016 to December 2017) was sent to us to review and we will check the internal and external environment again at the next inspection.

People were supported by well trained staff who met their health and social care needs. The provider (Karylon Care Limited) had an essential training programme which staff were required to complete. Training included moving and transferring people, autism awareness, diabetes care, medicine management, and safeguarding. Additional training was provided for staff to obtain further health and social care qualifications and enable them to support people's complex mental health needs. For example staff received MAPA training, this is training to support staff with dealing with potential and actual aggression. The deputy and registered manager closely monitored staff training to ensure it remained in date.

Staff received a thorough induction programme, which included shadowing experienced staff when they were recruited. The registered manager monitored staff progress through regular supervision and one to one meetings to ensure they were confident in their role. Newly appointed staff where necessary, completed the new care certificate recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers received in social care settings.

Staff felt supported by the registered manager and provider. Formal and informal supervision took place to

support good practice and support staff. The deputy manager and registered manager observed care and interactions regularly and were quick to discuss any shortfalls with staff promptly.

Most people had capacity to make their own decisions at Balmain. Staff involved people in their care decisions. However, when people's mental health deteriorated and affected their capacity to make decisions, staff contacted health care professionals in order for an assessment under the Mental Capacity Act 2005 or Mental Health Act 1983 to be carried out.

The Mental Capacity Act (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. Staff displayed an understanding of the requirements of the act, which had been followed in practice.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The management team understood the processes they were required to follow if required. However, no one had a DoLS authorisation at Balmain.

People where appropriate, were supported to have sufficient amounts to eat and drink. People told us, the food was good and there were choices available if people didn't like the main meal. People's comments included, "The food is excellent"; "The food is very nice"; "We have a cracking chef"; "The food is absolutely fine" and "You can't say anything bad about the food." Food satisfaction surveys indicated the food was enjoyed by people at Balmain.

Although staff encouraged people to join in with cooking to develop their culinary skills if they wished, catering staff carried out the majority of the cooking. The medicine some people were prescribed could make them prone to weight gain. So staff educated and prompted people to follow healthy diets where this was needed, but also respected when people chose not to follow the advice given. Those at risk of weight loss had their weight monitored and staff liaised with dieticians to support people to maintain their weight.

Records showed how staff either made a referral or advised people to seek relevant healthcare services when changes to health or wellbeing had been identified. Care records evidenced where health and social care professionals had been contacted. People told us they had seen their doctor when they had been physically unwell and people told us they had contact with mental health nurses. The service supported people to attend appointments if this was required.

Is the service caring?

Our findings

The service remained caring.

People were well cared for by staff that had a caring attitude and treated them with kindness. Comments included, "I get on with all the staff, they are great"; "I have great respect for the staff, they saved my life"; "They let me move to a quieter room because my neighbour in my former room was loud and I couldn't sleep"; "Since I've moved here the staff have given me a lot of independence"; "There's just a good atmosphere around the home" and "Everybody, the staff and people that live here get on together."

The March 2017 resident feedback survey comments included, "Plenty of company and staff are friendly"; "Staff answer my questions and concerns"; "Staff are exceptional at what they do"; "Staff are very tactful and caring". Feedback we reviewed from relatives and professionals included, "[X] told me you were very supportive and helpful and he was impressed with Balmain's compassionate response during this urgent situation"; "[x] is well cared for, staff are caring and helpful"; "Brilliant staff, always caring and helpful"; "The home has a nice, warm feel to it" and "Balmain staff worked tirelessly with a great deal of professionalism – service provided was superb." Professional feedback we received confirmed staff were kind, caring and treated people with respect.

Equality and diversity was understood and people's strengths and abilities valued. People who lived at Balmain had a variety of different backgrounds, experiences and health needs. Staff worked with people in a non-judgmental manner, with respect and with great understanding of their complexities. Professional feedback included, "Clients support is always person-centred and focused on empowerment and promoting skills and confidence".

Staff had genuine concern for people's wellbeing, they worked together to ensure people received good outcomes and had the best quality of life possible. Staff commented that they cared about the support they gave, and explained the importance of adopting a caring approach and making people feel they mattered. Staff spoke of people with fondness wanting them to receive care like one of their family members. One person's feedback included, "I like the love, care and understanding offered 24 hours a day". Staff worked exceptionally hard to support people telling us, "We always keep going, endurance".

People's quality of life had improved under the care of Balmain staff. The deputy manager gave examples of how people's health had improved, how people had re engaged with family and how staffs approach changed as people's needs changed. Those who had health needs which affected their self-esteem and confidence were given encouragement and support to attend external activities which were important to them so they did not isolate themselves.

Staff took time to get to know people by reading their care records, talking to their family, health and social care professionals and discussing people with the team. Therapeutic relationships with people were fostered because staff invested time in people. One staff member commented, "I enjoy building relationships with everyone, they are all so different". They nurtured and paid attention to people so they

were cared for.

Staff supported people to do the things which mattered to them such as visiting their partners who were not local; supporting them with individual hobbies such as stamp collecting, wall art collecting and making people feel special on birthdays. Christmas gifts were bought and wrapped individually. These acts of kindness made people feel cared for.

People's privacy and dignity were respected; people were encouraged to be as independent as possible. People told us staff knocked on their doors and they were able to lock their rooms. People who had health needs which might impact on their dignity were supported by thoughtful staff. People's confidential information was kept securely.

People's independence was valued and encouraged. Staff encouraged people to develop and maintain skills to enhance their abilities to self-care. For example, some people did their own tidying of their bedroom; other people had house jobs which made them feel valued. Staff told us the effect this had on one person, "They take a lot of pride in their house job, it is therapeutic, makes them feel better." Examples were given of people gaining confidence walking to local places of interest and some had found non paid work. This helped people's confidence and self-esteem.

People were proactively supported to express their views as far as possible. Staff gave people time. Staff were skilled at giving people explanations and the information they needed to make decisions. Once decisions had been made, staff acted upon them to help ensure people's views were listened too and respected. People were involved in all aspects of their care and the running of the home to ensure Balmain offered an individualised approach. People choose their own keyworker and regular meetings were held with people to enable them to contribute to discussions and suggest ideas.

Advocacy support services were available for people if needed, for example when considering moving on to different services. Staff at the service also advocated for people, this helped ensure their views were known.

A few people attended the local church organisations. When people passed away, people who lived at Balmain were given the opportunity to attend the funeral and send flowers.

Is the service responsive?

Our findings

The service remained responsive.

People received consistent personalised care, treatment and support. Once the service agreed to support a person, an initial assessment took place. Professionals confirmed the assessment process was good, staff undertook home visits where required and acted responsively. Staff made every effort to empower the person to be actively involved in the whole process. Evidence was gathered about the person's medical history and life. People were supported to move to Balmain at a pace which was right for them.

People and health professionals where possible, were involved in planning their ongoing care and making regular daily decisions about how their needs were met. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and supported them to achieve their aims. For example, staff had noted when people needed more structure or activity in their lives and encouraged people to try new things.

Each person had individualised care plans that reflected their needs, choices and preferences, however we found greater detail was required in some of the care plans we reviewed, for example diabetes care plans and information about people's end of life wishes. Some care plans were also dated and although reviewed regularly did not reflect the in depth staff knowledge of people or the detailed support they gave people. We spoke with the deputy manager and assistant manager about developing care plans to reflect the support and care provided to people and showed them examples. They said they would take action.

People's changes in care needs were identified promptly and with the involvement of the individual, family and professionals as required. Review plans were then put into place by staff and regularly monitored. Regular staff handovers and staff discussions shared important changes to people's care. This meant staff knew what had changed and how to support people as they required.

People were protected from the risk of social isolation and staff recognised the importance of companionship and keeping relationships with those who mattered to them. People were supported to see their family and some had made friendships in the service. People were encouraged to maintain hobbies and interests but many people had symptoms which meant they lacked motivation to see plans through. Staff told us, engaging people was the greatest challenge and required constant perseverance, however they remained consistently motivated in their approaches. For example, people were encouraged to identify goals, and keyworkers and staff worked alongside people to achieve these where possible.

People's feedback was mixed about activities but overall most people were content, "There's nothing much to do all day except chill out"; "I just sit in my room most days and watch television"; "The staff have given me the encouragement to go swimming and go to church"; "I often go for a walk into the local village to buy personal items" and "I like to sit in the quiet area and play games on my laptop."

Staff told us they were constantly considering new ideas for people dependent upon their interests. Those

who were independent liked to go swimming, to the shops and attend church. Group activities were held, but staff told us they were not always a success and one to one time worked better for people. A model making group had been enjoyed by some the week of the inspection. Board games were enjoyed by people, as well as quizzes and pamper sessions. Staff encouraged people to engage in their interests such as music, and one person enjoyed staff supporting them with online dating. A therapy room held a variety of art and craft material, a darts board and other activity materials which people could freely access.

The service had a policy and procedure in place for dealing with concerns or complaints. For people who were unable to verbalise their concerns, staff were observant of changes in people's behaviour which might indicate they had a concern to share. People told us they would feel comfortable talking to staff about any complaints. No complaints had been received by the service in the past 12 months.

Is the service well-led?

Our findings

At the previous inspection in August 2015 we rated well-led as Good. At this inspection we found the systems and processes and the oversight of the service had not been sufficient to address the risks with the external environment and cleanliness of some parts of the service. Where we found concerns during this inspection, maintenance audits had not been completed in a thorough, careful way and closer monitoring of staff completing audits was required by the registered manager who is also the provider. We spoke with the deputy manager and provider about this to ensure there were robust processes in place. The provider advised staff completed checks, the deputy completed global audits and the provider signed these off following scrutiny.

People and staff, without exception, all described the deputy manager and provider of the service to be approachable. We observed the deputy manager and assistant manager knew people well and were happy to work alongside staff within the service. During the inspection the provider was absent, but following the inspection we spoke with them and were told due to sickness in another of the provider's services, they had not been as available as usual. However, the deputy manager supported the inspection in a capable and confident manner. They advised us they were well supported by the registered manager who was also one of the providers. Following the inspection we spoke with the provider who told us they had formal and informal arrangements in place with the deputy manager and assistant manager to consider areas for improvement, discuss staff requests and ensure they worked together as a team.

There was a positive culture within the service. Balmain was warm, welcoming and supportive whilst providing clear boundaries to ensure the service was safe for everyone. The deputy manager was visible, approachable and had an open door policy.

Feedback was sought from people where possible and those who mattered to them, and staff, in order to enhance the service. Questionnaires had been distributed that encouraged people to be involved and raise ideas that could be implemented into practice. The feedback we reviewed from people, relatives and professionals was positive. People's feedback about outings were actioned, for example people who had requested visits to pubs and fishing outings.

Management and staff meetings were held where staff were updated about information such as responsibilities, policies and areas of feedback which had been identified through feedback or checks.

The service worked in partnership with key organisations to support care provision particularly mental health services and people's funding authorities. Good working relationships had been fostered with local doctors, local fire and police officers, the local church and health and social workers. Feedback from professionals was excellent, "They are always available"; "Informed if there is anything I need to do"; "A lovely home to visit".

The provider created an open, honest culture. They were aware of what they could and could not do, where improvement was needed and learned from feedback and situations they had experienced. The deputy

manager and registered manager supplied information requested during and following the inspection quickly and were receptive to feedback and areas where improvement was required, implementing changes quickly. This reflected the Duty of Candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The deputy manager, assistant manager and registered manager / provider inspired staff to provide a quality, caring service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Professionals supporting staff with qualifications also confirmed staff were familiar with policies.

The management team attended local groups where best practice was discussed and shared to continue to improve the quality of care offered to people living at Balmain.