

Banya Family Placement Agency Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Banya Family Placement Agency Ltd is also known as Banya Shared Lives Scheme. The service provides support to young people and adults who are living with a learning disability and have mental health needs. The service also recruits adult placement carers who offer care and support in their own homes. At the time of this inspection, nine people were using the service.

People's experience of using this service:

- People had their medicines as prescribed, however the medicine administration records contained gaps and were not audited for accuracy and completeness.
- Staff ensured people were protected from the risk of harm and abuse. Staff and carers understood the types of abuse and developed their knowledge through safeguarding training.
- Risks to people's wellbeing were identified and assessed, a detailed management plan was put in place to mitigate them.
- The recruitment of staff and carers was robust. Only staff and carers assessed as suitable to support people were employed and recruited and only after checks were returned.
- People were supported to have maximum choice and control of their lives and office based staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People and their carers were complimentary about the staff and in the leadership of the service. All commented that staff were kind, caring, compassionate and thoughtful in their approach with them.
- People had assessments of their care and support needs. Assessments captured the views and opinions of people's and their carers. People discussed their likes and dislikes, and these were recorded on their records and used to develop their individual care and support.
- People were supported by their carers and office based staff to continue to be involved in activities that met their cultural needs. Office based staff and carers supported people to explore their gender and sexual identities.
- People and their carers were involved in and contributed to care planning and in the review of their care.
- People received consistent care and support from staff. The registered manager reviewed and monitored the service to ensure it was of a good standard and implemented strategies to improve the quality of the service.

Rating at last inspection: At the previous inspection on 29 June 2016 we rated the service Good. (Report published 12 August 2016)

Why we inspected: This planned inspection was carried out on 11 February 2019 based on the previous rating. At this inspection we found some areas had maintained a Good rating. However, Safe and Well Led had deteriorated to Requires Improvement. This was because there were no processes in place to review medicine administration records for accuracy and no audits of medicines taking place.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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. Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective. Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring. Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive. Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led. Details are in our Well-Led findings below.

Requires Improvement ●

Banya Family Placement Agency Ltd

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This announced inspection took place on 11 February 2019 and carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Banya Family Placement Agency Ltd is also known as Banya Shared Lives Scheme. The service provides support to young people and adults who are living with a learning disability and have mental health needs. The service also recruits adult placement carers who offer care and support in their own homes. At the time of this inspection, nine people were using the service.

Not everyone using [service name] receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started and ended on 11 February 2019. We visited the office location on 11 February 2019 to see the registered manager and office staff; and to review care records, policies and procedures.

What we did:

Before the inspection, we looked at information about the service we held, including notifications. A notification is information about important events, which the service is required to send us by law. The provider 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.

During the inspection:

We spoke with eight carers who supported people who use the service. We were unable to speak to people using the service over the telephone.

We also spoke with the registered manager and two social workers.

We looked at nine care records and medicine administration records (MAR) for three people.

We also looked at four staff records and other documents relating to the management of the services.

After the inspection: We received feedback from one health and social care professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed as medicines were not always managed safely.

Using medicines safely.

- The system used for the management of people's medicines was not always robust and safe.
- Carers supported people with taking their prescribed medicines to help them to maintain and improve their health.
- The records used to record the administration of medicines were not always completed accurately. We found gaps in four medicines administration records (MAR) we looked at for one person.
- One person's MAR was not returned to the office for review and staff did not know whether the person received their medicines as prescribed because staff had not seen any of their MARs. The registered manager therefore could not be assured that the person received their medicines because they had not requested copies of the person's MAR to be checked. This increased the potential risk for the deterioration in the person's health and well-being.
- There were no systems in place for completing medicine audits to establish that people had their medicines as prescribed.
- Carers and staff had completed training in medicines management but this was not reflected in the quality of completed MARs.
- We shared our concerns about the management of medicines with the registered manager, who had identified the concerns we found. The service did not follow best practice guidance for managing medicines in social care settings from the NICE or the Royal Pharmaceutical Society.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse.

- Staff understood how to protect people from the risk of abuse. Office based staff and carers each completed training in safeguarding adults and children. This gave them knowledge about how to protect and support people and to report an allegation of abuse promptly.
- There was one safeguarding allegation that was being investigated.
- Records showed that the registered manager had taken appropriate actions to protect the person using the service from abuse while following the provider's safeguarding processes.

Assessing risk, safety monitoring and management.

- Staff identified risks associated with people's health and well-being needs.
- These were recorded and an appropriate risk management plan put in place to manage those risks. There

were examples of risks for people related to eating and drinking, mobility needs and road safety. Each management plan clearly described the support carers needed to provide to keep people safe and reduce those potential risks.

- Risk assessments were reviewed on a regular basis so they were relevant and continued to meet people's needs.
- When new risks were identified these were recorded and plans put in place to mitigate them.

Staffing and recruitment.

- There were sufficient staff and carers available to support people. Carers and office based staff were recruited by the service using safer recruitment procedures to ensure they were suitable to work with people.
- There was a robust recruitment process in place. An application form and job interview took place before people were employed and carers were assessed as suitable to care for people.
- Pre-employment checks took place. This included previous job references, right to work in the UK and proof of identity. Each newly employed member of staff including carers had a criminal record check completed with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. Staff files held all documents related to the staff recruitment process with the criminal record checks outcomes.

Preventing and controlling infection.

- There was an infection control policy in place at the service.
- Carers were familiar with the provider's infection control policy. They knew how to reduce the risk of the spread of infection through the knowledge learnt during infection control training.
- There was access to personal protective equipment such as gloves and aprons to be used to reduce the risk of infection.

Learning lessons when things go wrong.

- There were records of incidents that occurred at the service. These were shared with staff and discussions had taken place about each incident so that action could be taken to prevent a reoccurrence.
- Staff reviewed each incident and the actions that were taken and took steps to make improvements where required. For example, following a concern raised about one person's finances, staff now completed a financial review at each care service review.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Each person had an assessment of their needs and made choices and gave their opinions before they received a service.
- Staff completed a support plan with people's input. This provided staff and carers with sufficient information about people's needs. This helped to ensure people received appropriate care and support to meet their needs as required.
- Staff and carers we spoke with were familiar with local and national standards, best practice guidance and current legislation.

Staff support: induction, training, skills and experience.

- People were supported by staff who had completed an induction process and were familiar with the service. The induction helped them understand the organisation, policies and people they supported.
- Carers completed training to help them to support people they cared for effectively. Carers completed training in safeguarding adults and children, basic first aid, medicines management and infection control. Carers' comments included "Banya are so expert in giving training" and "They offer constantly updated training programmes online if we can't physically get to them."
- Some training was provided onsite in a classroom and other training via online E-Learning. All carers had been trained to use any equipment that people used including wheelchairs and hoists.
- Staff who were qualified social workers were supported to maintain their registration with the Health and Care Professions Council (HCPC). The HCPC is the regulator of health and care professions in the UK. Staff were supported to continue to develop their training and education. One member of staff said, "I was helped to continue my NVQ level five training and I was supported financially with this, that is a benefit of working here, you are supported to develop."
- Staff had regular supervision and an appraisal. This helped staff to reflect on their role, professional and personal development needs. Staff told us that their manager listened to their concerns and provided them with additional support when this was required.

Supporting people to eat and drink enough to maintain a balanced diet.

- People's nutrition and hydration needs were assessed and a plan in place to support them when required.
- People's meal preferences and specialist diets were recorded. People had enough to eat and drink throughout the day, whether they were at home or out socialising, at college or in the local community. Carers we spoke with had an understanding people's nutritional needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support.

- People received support from health care professionals when required.
- Staff referred people to social care services, occupational therapists, psychologists and their GP for advice and an assessment when required. People's records contained details of the referral, the outcome and any recommendations from the health care professional.
- Carers supported people to attend health care appointments. This included visits to the GP and hospital. All carers we spoke with said that they could access health care advice and support services to help maintain people's health and wellbeing.
- A health and social care professional working in partnership with staff and carers commented that staff and carers supported people to meet their health care needs.

Ensuring consent to care and treatment in line with law and guidance.

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

- Staff and carers completed training in the Mental Capacity Act and understood their responsibilities to protect people's rights and support them to make their own decisions wherever possible.
- Staff completed assessments to identify people's abilities and capacity to make specific decisions.
- Assessments were carried out with the person, carer and health and social care professionals involved in their care. This was to ensure that decisions were made in their best interests where people were unable to make particular decisions for themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People, carers and staff had developed relationships with each other. People and staff had known each other for a number of years and staff understood people's needs well.
- Carers told us about the support they received from staff. Carers all described positive relationships with them. Comments included, "We feel so supported all the time", "We get any extra support from staff" and "We feel we have a brilliant support network at Banya."
- Carers ensured people maintained relationships, where able, with their birth families. One carer said, "They will arrange for the birth mum occasionally to meet [the person] at their office." This also helped carers gain an understanding of people's cultural needs. People also attended events and activities that celebrated their cultural and religious needs.

Supporting people to express their views and be involved in making decisions about their care.

- People were supported to make decisions for themselves because information was presented in a format that they could understand and use to share their views. People had clear communication plans that were kept in their care records.
- Staff communicated with people using basic sign language, pictures and symbols which helped them to understand and respond to service questionnaires.
- Care records detailed people's likes and dislikes. These were also available in picture format using signs and symbols and also recorded activities enjoyed, including swimming, attending horse riding events and cooking.

Respecting and promoting people's privacy, dignity and independence.

- Carers of people using the service told us staff at Banya respected people's privacy and dignity.
- A person using the service had discussed issues with their carer about their sexual and gender identity. The person and carer discussed this issue with office based staff. In response to the person's needs, office based staff had provided information, advice and practical support in a format the person could understand which helped them to explore how they were feeling. Peer support was also offered to the person so they could talk through any issues or questions they had. This helped the person gain a greater insight into their needs which increased their confidence.
- Carers supported people with their personal care needs. One carer told us "I always make sure the door is kept shut and I make sure all care is done in private. It's better for [person]."
- Each person had an activity plan. People were encouraged to develop and maintain their independence.
- People were involved in activities that interested them and they enjoyed. This included painting, drawing and furthering their education.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Each person had an assessment of their care, support and treatment needs. Staff had sufficient information to decide whether people's needs could be met at the service from the outcome of the assessment.
- People attended activities they enjoyed. Carers and staff supported people to go away on holiday. One example showed a carer supported a person to go to their birth country twice, once for a relative's wedding. Staff worked together with the local authority to assess risks and put a plan in place so that the person enjoyed their holiday and had a memorable experience.
- People, relatives and health and social care professionals contributed to needs assessments. This ensured relevant information was collected and included people's opinions of their care and support needs as well as their likes and dislikes. People had varied interests that they were encouraged to continue taking part in. Some people chose to attend a day centre for social activities, another went to college to further their education and another person had a passion for horses and other animals so enjoyed those visits.
- People's care assessments captured information in addition to their care and support needs. Records clearly described how people enjoyed spending their time. This included information gathered about people's hobbies, interests, family history, health conditions, positive aspects of their life and things that were more challenging for them.
- Staff visited people at home on a regular basis. People and carers were actively involved in the development and review of the care and support. All carers confirmed that they reviewed the care plans with staff and they could also easily adapt them as people's needs changed. Carers commented, "They are as supportive as they could possibly be", "They are available 24/7, and one of the heads of the company will call round immediately and will follow up by telephoning daily if necessary" and "Banya help me 24/7."
- A review of individual care plans occurred during home visits with people and their carer to ensure care needs were recorded and the service continued meeting them.

Improving care quality in response to complaints or concerns.

- People and carers were provided with information on how to make a complaint about the service.
- Office based staff were familiar with the provider's complaints policy. They encouraged people and carers to raise concerns or make a complaint about an aspect of the service if they were dissatisfied.
- Records showed that complaints were managed appropriately and in line with the complaints guidance. The registered manager provided a response including actions taken to resolve the concern to the complainant following an investigation into their complaint.

End of life care and support.

- People had plans in place for end of life care. People, carers and staff discussed end of life care and any decisions were recorded appropriately.

- Arrangements were available to provide people with additional care and specialist support if they required palliative care.
- Staff and carers knew which health and social care professionals could provide specialist care and support. They also had an awareness of how to support people to ensure they had a comfortable, dignified and pain free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The quality of the service was monitored to ensure it was of a good standard. There were regular reviews of the systems in place to ensure staff had completed all required training, regular supervision and appraisals. The quality of care and staff records was reviewed to ensure they were accurate and contained relevant information. However, systems for monitoring the quality and safety of the service did not cover safe medicines management. This posed a potential risk to people using the service as we found gaps in medicines recording and therefore we could not be assured that the quality monitoring systems were always effective.
- The registered manager and all the staff we spoke with showed a commitment to the service and to ensure people's care and support needs were met. People were at the centre of the service and their views and opinions were sought.
- Each member of staff we spoke with said they enjoyed working for the service. Staff talked positively about the people and carers they supported which showed that they knew them well. Staff comments included, "I just enjoy working here and the people I support" and "I love my job."
- The registered manager ensured relevant information was sent to the Care Quality Commission (CQC). The notifications sent were related to a safeguarding incident that occurred. This provided CQC with information of significant concern so we could take action promptly.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Carers we spoke with said the service was well-led. Comments included "I can talk to them about anything at all, it means such a lot" "We [carer and person being looked after] feel they [management] really look after us" and "They are really good during upsetting times."
- The service had a strong leadership which focussed on improvements and development of the service. There was a strong presence of the registered manager and the nominated individual within the service. Staff members told us "The [registered manager] is really supportive", "The senior managers listen to me and have helped me when needed" and "I think the managers do their best and they are all very supportive."
- The registered manager operated a 24 hour on-call service which people and carers could use to speak with a person. The on-call service was available outside office hours including the weekends. A carer said, "They [staff] are available to the family 24/7, a major plus."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People, carers and office based staff were supported to provide their feedback and views about the

service. People and carers feedback showed that they were satisfied with the level of support and happy with the care and support received.

- Meetings for people and carers were organised for them. This enabled people and staff to share ideas, learn from each other and be kept updated with developments in the organisation.
- Staff attended regular staff team meetings. The meetings occurred on a regular weekly and monthly basis. These meetings enabled staff to share their knowledge and learn from colleagues, so they were more effective in their role.
- Meetings were used to discuss any issues related to the service and news from the provider was also shared with staff. Meetings were recorded and staff who were unable to attend were able to read the minutes to gain an understanding of the discussions held.
- The registered manager arranged staff team-building events. These events were used to assess the whole organisation and to develop new ideas for improving the service. One member of staff said "I enjoy the away day because we get a better understanding of the service as a whole. It helps us to focus of the business of the service, and we also make this a fun day for us all as well."
- Staff were committed to improving communication and teamwork which underpinned the values of the service. This helped staff to continue their focus on the needs of people using the service.

Continuous learning and improving care.

- The registered manager was a member of the Shared Lives Plus network. This provided a forum for the registered manager to discuss their service and share ideas with others. The network allows shared lives carers and staff from shared lives schemes to keep up to date with best practice across the network.
- The service helped staff with their professional development. Staff were supported to complete training external to the service. Staff were supported to complete training as a social worker that was paid for by the provider. This helped staff with their development and increased staff knowledge and skills.
- The registered manager had a system in place to review the complaints and safeguarding incidents that occurred at the service. This helped staff to analyse incidents and identify what actions they could take in the future to reduce the likelihood of reoccurrence.

Working in partnership with others.

- The provider had worked closely with staff from the local authority in order to improve the service through regular monitoring. The service worked with a number of local authorities in England. This relationship helped staff and local authority staff to discuss the service and share ideas for improvement to the service.
- Carers told us that they felt supported by the staff at Banya. They said that they felt part of the service and felt they were kept informed of changes in the service promptly.
- The staff team worked in partnership with key health and social care organisations. This approach ensured people received consistent care and support which helped to improve people's health and well-being.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager did not ensure the proper and safe management of medicines for service users. 12(1)(g)