Mr Robert Lambert and Mrs Brenda Lambert

Balmoral Rest Home

Inspection report

2 Conway Avenue
Thornton Cleveleys
Lancashire
FY5 3JH

Tel: 01253852319

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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?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection visit at Balmoral Rest Home was undertaken on 16 May 2017 and was unannounced.

Balmoral provides care and support for a maximum of 27 older people. At the time of our inspection there were 25 people living at the home. Balmoral is situated in a residential area of Thornton close to local amenities. All bedrooms offer single room accommodation and there are two lounges and a dining area. There are gardens available so people can choose where to relax.

At the last inspection on 06 and 07 April 2016, we asked the provider to take action to make improvements to people's environmental safety. We requested they ensured the home's electrical safety certification was up-to-date. We further requested all windows had restrictors and risk assessments processes were enhanced to protect people from potential harm or injury. We also noted staff training was out-of-date. At the follow-up inspection on 30 November 2016, the provider completed improvements and had met the requirements of the regulations.

During this inspection, people and relatives gave us mixed messages about staffing levels. For example, one person said, "There seems to be enough staff." A relative commented, "They are sometimes short staffed." When we discussed methods of measuring staffing levels against people's requirements, we found the provider did not have a model in place. There had been no assessment of whether current staffing levels were sufficient to meet each person's agreed needs.

We have made a recommendation about models to assess sufficient staffing levels.

We discussed safeguarding individuals from abuse or harm and found staff were knowledgeable about related principles. People told us they felt safe whilst living at Balmoral and the registered manager had risk assessments to maintain their safety and welfare.

The registered manager had a programme of training to underpin staff skills and knowledge. Staff confirmed training provision was sufficient. One staff member told us, "There is training given here." Additionally, they had followed safe recruitment and induction procedures to protect people from unsuitable personnel.

We observed staff administered medicines safely by concentrating on one person at a time. They recorded in each person's records afterwards to evidence they had taken their medication. The management team completed audits to assure safe procedures were maintained.

We observed staff supported people to eat their meals where they chose and provided condiments. They and their relatives told us they enjoyed their meals and were offered choice of what to eat and drink. One person said, "The food is good, we get a choice."

Staff received training in the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards

(DoLS). We found care records contained people or relatives' consent prior to care and support. Throughout our inspection, we observed staff did not limit people in any way and they were able to move about Balmoral freely.

People and their relatives told us staff were kind and courteous. One person commented, "I'm cared for very well. The staff are very nice. They are a nice crowd and they look after us." Care records we reviewed held evidence people were involved in their support and assisted to maintain their independence.

When we discussed the level of activities provided by the home with people and their relatives, we were given mixed comments. One person said, "We sometimes do dominos or throw a ball." However, another individual added, "There are no activities." Although we observed staff had short, meaningful conversations with individuals, people also sat for long periods asleep in communal areas.

We have made a recommendation about the provision of activities.

Staff updated care plans on a monthly basis to check support continued to meet people's changing needs. The registered manager completed detailed life histories of each person and checked their wishes in relation to, for example, name preference, activities and meals. This was good practice to guide staff to support people in line with their preferences.

People and their relatives were supported to comment about the quality of their care. They said the registered manager was caring and had a 'hands on' approach. Staff said they felt the management team was supportive to them and worked with them as part of the team.

The registered manager completed a range of audits to assess the home's quality assurance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The registered manager had not assessed if current staffing levels were sufficient to meet people's requirements.

Staff had a good understanding about protecting people against harm or abuse.

We found the provider followed safe procedures to protect people from the employment of unsuitable staff.

The registered manager had systems in place to protect people from unsafe management of their medicines.

Is the service effective?

Good

The service was effective.

Staff had training and formal support from the registered manager to underpin their skill and knowledge.

Those who lived at Balmoral or their representatives had signed consent to demonstrate their agreement to care. Staff described good practice in relation to the MCA and DoLS.

People's food preferences were displayed on the kitchen wall and the cook had a good awareness of what people liked and disliked.

Is the service caring?

Good

The service was caring.

We observed staff were kind and caring when they engaged with people. They assisted individuals to maintain their independence.

We found people and relatives told us they were involved in care planning processes. They said staff encouraged families to visit at any time.

Is the service responsive?

Requires Improvement

The service was not always responsive.

We observed people sat for long periods asleep in communal areas, with minimal stimulation.

People said they were involved in their care. Support planning was personalised to the individual's requirements.

The home's complaints procedures outlined to people and their relatives how they could comment about the service.

Is the service well-led?

Good

The service was well-led.

The registered manager undertook a variety of audits to check quality assurance. People were supported to give feedback to the registered manager on a regular basis.

The registered manager was caring towards people who lived at Balmoral and supported staff to complete their duties.

Balmoral Rest 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.

The inspection team consisted of an adult social care 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. The expert by experience for the inspection at Balmoral had experience of caring for older people who lived with dementia.

Prior to our unannounced inspection, we checked the information we held about Balmoral. This included notifications we had been sent by the provider, about incidents that affect the health, safety and welfare of people who accessed the service.

Additionally, we spoke with a range of individuals about this service. They included fourteen people who lived at Balmoral and one relative. We further discussed care with the registered manager and four staff members.

We looked around the building to check environmental safety and cleanliness. We also spent time looking at records. We checked documents in relation to four people who lived at the home and four staff. We reviewed records about staff training and support, as well as those related to the management and safety of Balmoral.

Requires Improvement

Is the service safe?

Our findings

People and their relatives gave us mixed comments about staffing levels. For example, one person told us they did not always feel there were enough staff on duty at the weekend, but added, "When I ring the buzzer they come straight away." Another person said, "There are not always enough staff. They try, it's fine." When asked if there were sufficient staffing levels, a third person commented, "I think so." A fourth person added, "There appears to be enough staff."

At the time of our inspection, there were three care staff and the registered manager on duty, as well as a cook and cleaner. During our inspection, we observed staff were patient and responded to call bells quickly. When we reviewed rotas, we noted not all shifts had the normal staffing levels where sickness or leave took place. There were two people at the home who required two staff to support them and a third demonstrated complex behaviour that challenged the service. When we discussed methods of measuring staffing levels against people's requirements, we found the provider did not have a model in place. This showed the provider had not assessed if current staffing levels were sufficient to meet each person's agreed needs. We were told this was going to be increased as the registered occupancy level was raised. When we discussed staffing levels with staff, one staff member said they were good and added, "But it gets harder if someone calls in sick." A relative added, "There are sometimes not enough staff when someone hasn't turned in."

We recommend the provider seeks a model from a reputable source to assess staffing level requirements against people's ongoing needs.

We reviewed the systems the registered manager had to manage accidents and incidents to ensure people lived in a safe environment. We found although older logs were completed correctly, there had not been any accidents in the past 12 months. Incident forms required staff to record information about accidents and actions undertaken. The registered manager told us they had reduced the risk of incidents from reoccurring by training staff in health and safety. They additionally carried out regular environmental checks to assess people's ongoing safety.

We observed the home was clean and tidy throughout. The management team recorded water temperatures to ensure this was delivered within health and safety guidelines to protect people from the risk of scalding. Window restrictors in place limited their opening to protect people from potential harm or injury. We noted two windows had masking tape around them to prevent drafts. The registered manager showed us evidence new window frames were on order to replace this. The service's electrical, gas and legionella safety certification was up-to-date. The registered manager had these processes in place to assist people to live in a safe environment. To underpin their responsibilities staff received first aid and health and safety training.

The registered manager completed risk assessments to protect people from potential harm or injury. Assessments covered, for example, fire evacuation safety, physical and mental health, personal care, behaviour that challenges and skincare. We noted documents included a measurement of the individual and overall level of risk and actions to manage them in conjunction with care planning. The registered

manager further guided staff with information about how to identify risk and develop good working practices to safeguard people.

Staff were able to describe good practice in relation to protecting people from potential abuse, harm or poor practice. Staff were clear about reporting procedures should they identify possible abuse. One staff member told us, "I would report to the manager, CQC and safeguarding, which I wouldn't hesitate to do." We saw an up-to-date safeguarding policy was in place to outline the various steps to take.

We found the provider had safe systems in place to protect people from the employment of unsuitable staff. Staff files contained references and criminal record checks obtained from the Disclosure and Barring Service. In addition, the registered manager reviewed gaps in staff employment history as part of their background checks. We also noted personnel files contained documented evidence staff had completed induction training to support them in their new roles. A newly recruited staff member told us, "They asked me for my references and got my DBS beforehand. I shadowed for a few shifts and they made me feel comfortable before I started."

We observed staff administered medicines safely by concentrating on one person at a time. The staff explained what the medication was for and provided a drink for people to take their tablets. Staff recorded in each person's records afterwards to evidence they had taken their medication. Records we reviewed were fully completed, which included separate variable dosage and 'when required' medicines documentation. For example, there were no missing signatures. The registered manager provided information for staff that outlined different medication and what they were for in order to enhance their awareness.

Medicines were stored in a clean and secure cupboard. We saw all bottles were dated on opening to reduce the risk of them passing their expiry date. Training records we reviewed contained evidence staff completed medication administration training. The registered manager and senior care staff completed separate audits to maintain a robust check of medicines procedures. We noted identified issues, such as two missing signatures, had been picked up by past audits. They also highlighted action taken to address the oversights. This showed the registered manager had systems in place to protect people from unsafe management of their medicines.

Good

Is the service effective?

Our findings

When we discussed staff training and experience, people and relatives said they found staff to be effective in their approach. One person told us, "The staff are very good. They help me if I need it." Another person added, "The staff are very good."

The registered manager told us they had extensive training in place through an external company to ensure staff were fully updated and up-skilled. This included recognised health and social care qualifications and ten additional blocks of training. The registered manager told us, "They're very good, hard workers and I am very keen to get all staff up to level three qualification." The trainers attended a full working day on a regular basis to explain the process of the qualifications and how to complete them. The additional ten training blocks covered, for example, Mental Capacity Act 2005, dementia care, dignity and respect, movement and handling, personal care and medication. We found the registered manager followed this up with competency testing and question and answer sessions. For instance, they checked staff practice in effective hand washing and fire safety. One staff member stated, "I'm doing my medication training at the moment and had some face-to-face training. I'm also learning about the auditing."

Staff files included supervision records and we noted this was provided to staff on a regular basis. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. These were two-way processes that consisted of discussion about, for example, keyworker roles, recordkeeping, medication and personal care. We saw identified issues were addressed through further guidance or training provision. This showed the registered manager had supported staff to carry out their duties effectively.

Those who lived at Balmoral or their representatives had signed consent to demonstrate their agreement to care. Care records included information about people's wishes and preferred approaches to support. For example, one person requested they had their own bedroom key, which was documented in their care file. We observed staff checked for people's consent whenever they engaged with them and demonstrated an awareness of related principles. A staff member commented, "I always give the residents an option and then give them time to respond."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us they were in the process of completing their first DoLS application. This related to depriving a person of their liberty in order to safeguard them. Throughout our inspection, we observed staff did not limit people in any way and they were able to move about Balmoral freely. When we discussed the principles of the MCA and DoLS with staff, they demonstrated a good understanding. This was underpinned by relevant training.

The Food Standards Agency had awarded Balmoral a rating of five following their last inspection. This

graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. We found kitchen cleaning records in place and noted the kitchen and food storage areas were clean and tidy. The cook was very passionate about their role, was well trained and demonstrated a good understanding of safe processes and her responsibilities. They had maintained records of food and appliance checks to ensure the effective management of food safety.

The cook told us they had full control of the home budget and regularly reviewed the four-week menu programme with those who lived at Balmoral. They added, "We change it regularly, especially if a meal hasn't gone down well or the residents say they don't like something." This showed people had a variety of meal choices and were consulted about the menus. We saw options were available on day-to-day basis for those who changed their minds. People's food preferences were displayed on the kitchen wall and the cook had a good awareness of what people liked and disliked. Information was available about special diets, such as diabetic meals, and avoiding grapefruit where this potentially interacted with medication. Staff completed fluid, food and weight monitoring charts and screened each person for any nutritional risks. Although we found associated risk assessment was limited, staff supported people well. The registered manager assured us she would develop nutritional risk assessment further.

We observed staff supported people to eat their meals where they chose and provided condiments. They and their relatives told us they enjoyed their meals and were offered choice of what to eat and drink. One person said, "The food is lovely, we get a choice." Another person added, "The meals are superb. I keep asking what a Michelin star chef is doing in a place like this." A third person commented, "The food is very nice, you get a good selection."

Staff worked closely with other healthcare services in meeting people's changing healthcare needs. Care records held contact details of other professionals involved, such as GPs, social workers, wheelchair services, psychiatrists, opticians and chiropody. Staff documented the visits and appointments in the person's daily records and kept their relatives informed. A staff member told us, "Any health changes we'll ring the GP or district nurses to come and see them, which we record in the daily logs."

Good

Is the service caring?

Our findings

During our inspection, we observed people were relaxed, comfortable and smiling. They said they felt staff were caring and patient. One person told us, "It's good, the staff are smashing." Another person added, "The staff are very nice." A third person commented, "It's very nice, very good. The staff are good." A relative stated, "[My relative] seems happy enough. They see to all her needs." A staff member explained, "Good care is about getting to know the resident and reassurance is really important to my job."

The provider had developed the environment to enhance people's wellbeing. For example, a rebuilt and upgraded extension offered additional dining space and a quiet lounge. Bedrooms were well maintained and an old office had been converted into a new wet room and toilets. There was good use of space to aid mobility and improve people's independence. All rooms we looked at evidenced personalisation of the person's living space. For example, people had their own quilts and throws, furnishing, photographs, pictures, ornaments and soft toys. One person enjoyed painting and drawing and the registered manager displayed them inside their room as well as corridor walls.

We observed staff consistently maintained people's dignity and privacy. For example, they knocked on people's doors before entering their bedrooms. Staff had dignity and respect, as well as confidentiality, training to assist their understanding in related principles of good practice. We observed staff maintained people's dignity through their caring and kind attitude.

Throughout our inspection, we observed staff approached people with a calm and non-confrontational attitude. They engaged in a friendly way and made appropriate use of touch, eye contact and soft tones. We saw staff acted quickly to defuse situations before they escalated where people displayed behaviours that challenged the home. For example, one person became upset and wanted to speak to a relative. The registered manager stopped what they were doing and immediately contacted the family member. They calmly supported the person throughout and reassured the relative afterwards. This caring approach assisted the individual to settle quickly. One staff member told us, "I love my job. It's so rewarding when a resident remembers my name. I love helping people."

Balmoral had a set of procedures entitled 'Basic Human Rights Policy.' This referred to the Human Rights Act 1998 and outlined how staff should support people to maintain their legal rights. The policy also referred to the protected characteristics as described under the Equality Act 2010 and how to meet each person's diverse needs. For example, the policy stated the importance of, 'Involving people in decisions and giving them enough information to make informed choices.' An additional statement outlined the need of, 'Helping people achieve and sustain the maximum possible independence.' We found the provider made available guidance to staff related to how they should implement this in their practice. A staff member commented, "All residents have a right to choose. It's not taking their rights away, but safeguarding them at the same time."

We checked care records and discussed support with individuals who lived at Balmoral and their representatives. This showed us people and relatives were involved in their care. For example, staff had

documented their preferences and preferred methods of support. They explained procedures and checked people's wishes before supporting them. A relative told us, "[My relative] is involved in her care plan."

We observed staff welcomed and encouraged relatives and friends to visit Balmoral. For example, staff chatted with families in a friendly manner and provided refreshments. They supported people to maintain and enhance their important relationships. One person commented, "Friends and relatives can visit at any time they want. They get offered drinks." A relative confirmed, "I can visit whenever I want."

Requires Improvement

Is the service responsive?

Our findings

When we discussed the level of activities provided by the home with people and their relatives, we were given mixed comments. Three individuals said, "There are no activities." A third person told us, "That is what we are lacking." A relative added, "In April/May, they put the activities board up, but it doesn't happen." However, two people mentioned there were 'some' activities. A third said they enjoyed carrying out housework and staff supported them to do this. They stated, "I clean the dining room after lunch and I dust the hallways with my dusters."

We found a board in the dining area displayed planned, daily activities for May 2017. These included dominoes, hairdresser, jigsaws, games, dexterity and physical exercises, sing-a-longs, reminiscence therapy and films with popcorn afternoons. We noted the planned activity for the day of our inspection was jigsaws. However, one staff member supported a person to do a jigsaw, whilst another staff member provided nail beauty therapy to another individual. We did not see any other activities or social stimulation offered to others who lived at Balmoral. Although we observed staff had short, meaningful conversations with individuals, people also sat for long periods asleep in communal areas.

We recommend the provider enhances and improves its activity provision in line with their review of staffing levels to increase opportunities for people's stimulation.

People's care records contained pre-assessment forms to check their support requirements. This information was then transferred to the individual's care plans. Care planning covered the person's goals and agreed actions. Staff had signed and dated records we reviewed to evidence who had completed them and when. The registered manager further guided staff with information about the principles of good care, such as how to identify people's health needs and preferences.

We noted staff updated care plans on a monthly basis to check support continued to meet people's changing needs. The registered manager completed detailed life histories of each person who lived at the home. These documents provided staff with a picture of the individual to assist them to understand them and their needs. Areas covered included personal relationships, family history, personality and hobbies. Additionally, staff checked people's wishes in relation to, for example, name preference, activities and meals. This was good practice to guide staff to support people in line with their preferences.

We observed staff consistently offered individuals choice throughout our inspection. For example, staff checked what individuals wanted to do, where they would like to go and what they wished to drink. This demonstrated the registered manager and staff used a person-centred approach in response to people's preferred daily routines.

The home's complaints procedures and related information provided for people and their relatives outlined how they could comment about the service. This included timescales to resolve the concerns and how this would be managed. The registered manager told us they had not received any complaints in the last 12 months. During our inspection, we overheard one person raise a complaint with a staff member. They

discussed and checked facts with the individual in a calm and respectful way. They then reassured the person they would raise the concerns with the registered manager who would deal with the matter. We saw the individual relaxed afterwards and the event was a very good example of how staff managed complaints in line with their policy.

Good

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People who lived at Balmoral and visitors stated they felt it was led and organised well. One person said, "The manager is very nice. We see her around a lot." Another person told us, "She seems to get on with everyone. You can ask her any questions." A third individual commented, "[The registered manager] is easy to speak to. 'Of course you can' is always her answer." A fourth person who lived at the home told us, "[The registered manager] is smashing and easy to talk to."

The registered manager completed a range of audits to assess quality assurance. These included checks of environmental and fire safety, infection control and medication. We checked a sample of audits over a period of time and found the registered manager had taken action to address identified issues. For example, one bedroom door was found to have a slack door closure and staff recorded when this was followed up and completed. This meant the provider monitored and maintained the service to protect people's safety and welfare.

We observed the registered manager had a 'hands on' approach to the management of the home. They were caring towards people who lived at Balmoral and were understanding of their support requirements. One person said, "If you have any worries you can go to her and she sorts it out." We found the registered manager had good knowledge of people's needs and staff confirmed the management team were kind and compassionate. One staff member told us, "[The registered manager] really gets involved with residents."

People and their representatives were supported to give feedback to the registered manager on a regular basis. They sent questionnaires out to individuals and families on a regular basis and we saw responses from the last survey were positive. Comments we saw from recent responses included, 'Love the food. Love my room.' Another person had written, 'Staff are caring and friendly.'

Staff said they felt the registered manager was supportive to them and worked with them as part of the team. They added this gave them confidence in their role and helped to develop strong working bonds between them. One staff member told us, "I think [the registered manager] is very good, she understands us and what the job is about." We observed this during our inspection and noted good lines of communication and service organisation.

The registered manager told us they did not have regular team meetings because the staff team was very small. However, we saw evidence information was shared in regular memos. Other important details were also entered into a designated communication book and all staff were required to sign both systems to show their understanding. Areas looked at included personal care, changes in care planning, medication, maintenance and visits from other healthcare professionals. Staff told us they felt listened to and were

encouraged to make suggestions about service development.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.