Ruddington Homes Limited

Balmore Country House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Balmore Country House is a care home providing nursing and personal care to 36 people at the time of the inspection. The service operated within an adapted building and specialised in supporting older people, people with physical disabilities, and people who are living with dementia. The care home could support up to 46 people and was undergoing building work at the time of the inspection.

People's experience of using this service and what we found
People were protected from acquiring health infections. Staff used appropriate personal protective equipment such as gloves and aprons. People's living environment was generally clean, however due to undergoing building work some areas of the home required better cleaning processes. The home ensured good staffing levels to meet people's needs. People received their medicines when they needed them from staff who were trained and had their competency regularly checked. People were safeguarded from the risk of abuse.

Pre-admission assessments were completed before people moved into the home to ensure staff could meet their needs. People's needs and choices were assessed and evaluated regularly. People were supported by staff who were skilled, experienced and knowledgeable. People's dietary needs were met, and healthy eating was promoted. People lived in an environment which had been adapted to meet their needs.

People were supported by staff who treated them with kindness and compassion. The staff provided care in ways which maintained people's privacy, dignity and supported them to maintain their independence where possible. People were offered choices of what to eat and drink; and expressed their wishes about how they wanted to receive care. People told us they enjoyed the food that was provided.

People had comprehensive care plans in place, detailing individual needs and preferences, however, end of life care required updating to ensure accurate and detailed information was recorded. Systems were in place to gain and record people's consent. People were supported to take part in activities that were socially and culturally relevant to them.

The registered manager understood their responsibilities for being open and honest when something went wrong; and ensured the necessary notifications were made to the CQC and other relevant authorities. The provider had systems in place to monitor the quality of care provided. Staff were happy working for the service and felt supported by the registered manager. Partnership with health and social care professionals and various community services ensured people received joined up care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update
The last rating for this service was good (published 13 September 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Balmore Country House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of two inspectors and a specialist nurse advisor.

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

The service had two managers 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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who lived at the care home about their experience of the care provided. We spoke with the registered managers, regional manager and nine staff members; including, clinical staff, activities coordinator, care staff, domestic, cook, and maintenance person. We also spoke with a visiting healthcare professional who had regular contact with the service. We observed staff interactions with people throughout the inspection.
We reviewed a range of records. This included five people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures, staff rotas and staff files.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The provider sent us information about improvement actions they had taken immediately following the inspection.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- People's food was prepared in a kitchen which was not clean in all areas. Dust, from the building work, was evident in some parts of the kitchen, and dining equipment was not always kept clean. This was discussed with the registered manager who immediately arranged for cleaning to take place and for new equipment to be purchased where necessary.
- People were protected from acquiring health infections. Staff used appropriate personal protective equipment such as gloves and aprons, and the provider had introduced enhanced infection control measures as a result of the potential corona virus infection risks.
- People's living environment was clean. Bedrooms and lounges were clean, and the registered manager told us they would replace worn corridor carpets once the building work had been completed.

Assessing risk, safety monitoring and management

- Records of care received by people were not always completed. For example, a person was repositioned at regular intervals to prevent the development of pressure wounds. Although we were assured that the repositioning had taken place, the provider's care records did not always demonstrate that. The registered managers told us they would discuss the need for more accurate record keeping with the individual staff member concerned.
- The registered managers assessed risks around the service and health and safety checks were regularly carried out. However, we found that an internal fire door did not fully close. We discussed that with the registered managers who told us they would have the door closing device repaired.
- People's individual risks were assessed. Nationally recognised assessment tools were used to identify people's risks and the information used to inform care plans. That meant staff had access to information about how to meet people's individual care needs.
- People were supported by staff who knew what to do in an emergency. Personal emergency evacuation plans were in place, which ensured there was guidance on how to safely support people out of the building in an emergency.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. Necessary background checks had been carried out, to ensure suitable people were employed to support people who may be vulnerable. However, employee's full employment histories had not always been recorded. This was raised with the registered manager who told us they would obtain the necessary information.
- People were supported by enough staff to meet their care needs. The registered managers determined the required number of staff, based on their observations of people's care needs, and discussions with the staff who supported them.

● People were supported by staff in an unrushed way, people's call bells were answered quickly and there was always a staff member available to support people in the lounge/dining areas.

Learning lessons when things go wrong

● Lessons were learned from accidents and incidents. The registered managers reviewed all falls and incidents to look for patterns, and themes, to minimise the risk of further incidents. Incident reviews had led to the provision of appropriate safety equipment, such as floor sensor mats etc.

Systems and processes to safeguard people from the risk of abuse

● People were safeguarded from the risk of abuse. Staff understood safeguarding procedures and were aware about their responsibilities in reporting any concerns to the relevant authorities.

● Registered managers followed multi-agency safeguarding procedures; any safeguarding concerns had been shared with appropriate professionals to help safeguard people from abuse.

Using medicines safely

● People received their prescribed medicines safely. The medicine system was well organised, and staff safely administered people's prescribed medicine. Medicine errors were identified, reported and resolved appropriately.

● People were informed about their prescribed medicine. Medicine administration was carried out in an unhurried way and explanations about the medicine were given to people where possible.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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
- People's needs were assessed prior to them moving into the care home. The assessment was completed in partnership with the person, involved relatives, and health care professionals where appropriate. This information was used to inform the people's care plans.
- People's care plans detailed the support they needed. Care plans were evaluated on a regular basis to ensure any changes in a person's care needs were recorded and the information shared with staff.

Staff support: induction, training, skills and experience
- People were supported by staff who were skilled, experienced and knowledgeable. Staff completed regular training relevant to their work.
- The registered managers monitored staff training to make sure staff were up to date. Staff told us they received annual refresher training and felt supported. The provider also enabled care staff to take additional training, on other aspects of care, if they wished.
- Staff were supported by the registered managers. Staff told us the manager was approachable, had an "open door policy", a "visible presence", was often "rolling up her sleeves" and included themselves in the care staff numbers if required.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to eat and drink enough. Meals appeared appetising and nutritious. People received help to eat where required, and kitchen staff understood people's dietary requirements and preferences.
- People enjoyed the meals. For example, one person told us "Like it here, the food is good."
- People's weight was monitored. Health care professionals were contacted for advice if there were any concerns identified about a person's weight, or diet. Additional food supplements were available if people had been assessed as needing them.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care
- People had regular access to health professionals. A visiting healthcare professional told us, "I do a weekly ward round in the home. They are great, one of the best nursing homes I have worked in. [Clinical lead] is amazing, they are on top of everything, their support staff are amazing."

Adapting service, design, decoration to meet people's needs
- People lived in an environment which had been adapted to meet their needs. For example, some areas of

the care home had dementia friendly décor. However, other areas of the care home appeared tired and in need of updating. The registered managers told us improvements to the care home appearance will be made once building work was finished.

● Communal bathrooms and toilets had adaptions which helped people use these more easily. That included call bells, disability hand-rails and specialised hoists for helping people to bathe.

● People were able to personalise their rooms to their preference. This enabled people to express their creativity and be surrounded by objects that had meaning for them.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People's consent was sought and recorded. Where people lacked capacity to consent, MCA assessments and best interest decisions were recorded.

● Restrictions placed on people were done so in line with the MCA. DoLS authorisations were appropriately sought and monitored.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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's equality and diversity needs were identified. For example, the registered managers understood the importance of supporting people to express their sexuality and to continue to live their lives how they wished. That was supported by the provider's sexuality and intimate relationships policy.
- People were treated with kindness by care staff who knew them well. One person told us "I have been here for a while now. The staff are all very good, very amiable." Care staff were aware of people's life histories and preferences.
- Care staff interacted well with people. A person told us "I am happy here and they always play my favourite music." A visiting healthcare professional told us, "All interactions between carers and service users are very good."

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

- People were supported to access advocacy services where needed. Advocates help ensure that people's views and preferences are heard.
- People's relatives were invited to express their views on the service. The registered managers told us they organised regular coffee mornings for family members, and relatives, in order to obtain their opinions, views about menu's and entertainment etc.
- People were offered choices. People chose what to eat and drink and expressed their wishes about how they wanted to receive care and how they wanted to spend their time.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff protected people's privacy when supporting people with personal care. For example, staff knocked on people's doors and waited for an answer before entering. One person told us "Yes, [staff] keep me covered up and private alright. They are very good, they provide a very good service."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

● People's wishes and preferences about end of life care were not always identified. Discussions about people's end of life preferences, including spiritual and cultural needs, were not always recorded. That meant care staff may not always understand a person's preferences for their end of life care. The registered managers told us they will review and update this.

● People were supported by care staff who had received training in how to support people sensitively, and effectively, in the final stages of their lives.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People had comprehensive care plans in place, detailing individual needs and preferences. Care plans detailed information about things which were important to the person; such as daily routines and contact with family members.

● People's care plans were well structured and easy to follow. Care plans were reviewed and updated as required to ensure they continued to reflect people's care needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's individual methods of communicating were understood. Staff gave people time to answer questions and used short sentences to help people understand what was being asked.

● Written information was provided in alternative formats if needed, such as large print, to help people make informed choices. This helped ensure people were provided with information they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to avoid social isolation. For example, one person told us "I don't go downstairs to do the activities much. I'm a bit of a loner. Unless there is something special on that I like, like the singing." The provider ensured different activities were available within the care home; including singers and dancers, arts and crafts, massage therapist, and comedy acts. People also accessed activities in the local community such as, local parks and cafés.

● People's cultural needs were supported. For example, people were enabled to celebrate religious and cultural occasions if that was important to them; such as Christmas or St. Patrick's Day. This meant people

were enabled to take part in culturally appropriate activities if they wished to.

● People were also supported to maintain important relationships to avoid social isolation. Staff supported people to maintain contact with their family. People's relatives were welcomed at the service at any time and, where relatives were unable to visit, people were supported to maintain contact via telephones or internet video calls.

Improving care quality in response to complaints or concerns

● People knew how to raise concerns with the provider. The complaints procedure was displayed in the service.

● Complaints were responded to appropriately. The provider investigated and responded to complaints within the time frames set out in complaint's procedure. No formal complaints had been received since the last inspection.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The provider regularly checked the quality of care provided. However, the quality audits had not identified the minor environmental issues we found during the inspection. This was discussed with the registered managers who took immediate action to rectify the issues; and told us they would enhance their quality audits to take account of the potential impact of the current building work on cleanliness at the service.
- The registered manager used information from incidents to improve care. For example, additional safety equipment was installed in rooms were people had been identified as being of increased risk of falls.

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

- People's equality and diversity support needs were identified during people's assessments and included within their care plans. Staff were trained to understand how to support people's rights, and this was demonstrated in the way staff supported people.
- People were involved in shaping the care they received, where they had the capacity to do so. People's relatives were also encouraged to get involved in the home as well, and were invited to attend review meetings and coffee afternoons at the home to share ideas.
- Staff were enabled to shape the service provided. Staff told us they could contribute to the way the service was run through team meetings and supervisions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People achieved good outcomes from the support they received. The culture of the service was positive and the staff turnover at the service was low. A staff member told us, "I am very happy with my working life" and that they, "loved the residents, I brought daughter in to visit the residents and [person] helped them with Spanish homework."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers, and provider, were aware of their responsibility to be open and transparent with people who use service.
- People, and staff, had no concerns about communication. Communication was maintained through meetings, ongoing discussion during visits and the registered managers' open-door policy.

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

● The service was led by two experienced registered managers. The regional manager had oversight of the service and told us they received regular updates and audit results. The regional manager also completed spot checks and additional audits when needed.

● The registered managers were clear about their roles and responsibilities. The necessary notifications were made to CQC, and other statutory agencies, when incidents had occurred.

● Staff understood their roles and responsibilities. There was a clear staffing structure in place.

Working in partnership with others

● The registered manager, and staff, liaised with the local authority and with relevant external health care professional to maintain people's health and wellbeing. These included GPs, district nurses, and specialist health professionals.