Kapil Care Homes Limited

Balmoral 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

Overall summary

We undertook this unannounced inspection over two days on 26 and 27 November 2015. The service was last inspected on 14 April 2014 when it was found to be compliant with the regulations inspected.

Balmoral House is situated close to the centre of Scunthorpe. It is registered to provide care and accommodation for up to 60 people. The service predominately provides care for older people, some of whom may be living with dementia. The service was purpose built and opened in August 2012. At the time of our inspection there were 50 people using the service.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service also had an acting manager who had been recently appointed and was due to take over the direct management of the home. We saw evidence they had

Summary of findings

submitted an application to the Care Quality Commission for this post and were currently awaiting an interview to enable their skills and competencies for this post to be formally assessed.

We saw that staff had received training to ensure they could recognise and report potential abuse and had been recruited safely, to ensure they did not pose a risk to the people who used the service. Staffing levels had been assessed to ensure suitable numbers of staff were available to meet the needs of people who used the service. People's needs had been assessed and staff knew how to manage known risks which enabled them to keep people safe from harm. People's medicines were administered safely and checks of the building were regularly carried out to ensure it was well maintained.

Staff were provided with a range of training to enable to them to effectively carry out their roles. Regular supervision and appraisals of staff skills were carried out to ensure individual staff performance was monitored and they were able to develop their careers. Staff engaged with people in a kind and courteous way to ensure they were in agreement with decisions made about their support. Best interest meetings were held when people lacked the capacity to make important decisions for themselves.

A range of healthy and nutritious meals were provided for people and their intake was monitored with the involvement of relevant community health care professionals when required. People and their relatives were involved in the planning of their support which was reviewed on a regular and ongoing basis.

A variety of opportunities were provided to people to enable them to participate in meaningful activities. Staff demonstrated a positive understanding for the promotion of people's personal dignity, whilst protecting their privacy. People's records and information were maintained in a confidential manner.

A complaints policy was in place to ensure people could raise concerns about the service. Regular management checks were carried out to ensure the quality of the service was assured and enabled the identification of changes when this was required.

Summary of findings

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.

Staff had received training regarding the protection of vulnerable adults and were familiar with their responsibility to safeguard people from potential harm.

Staff had been safely recruited to ensure they did not pose a potential risk to people who used the service.

Staffing levels were assessed according to the individual dependencies of the people who used the service to ensure there were sufficient numbers of them available to meet people's needs.

People's medication was administered and handled safely; their care plans contained information and risk assessments to help staff protect them from harm.

Is the service effective?

Good

The service was effective.

Staff had received training which helped them support the people who used the service which was updated regularly.

People were provided with a variety of wholesome meals and their nutritional needs were monitored to ensure they were not placed at risk of malnourishment.

People's medical needs were supported by a range of healthcare professionals.

Staff understood the need to gain consent from people before carrying out care interventions to ensure their legal rights were protected and they were supported to make informed decisions about their lives.

Is the service caring?

Good

The service was caring.

Staff demonstrated kindness and compassion and engaged with people sensitively to ensure their privacy and personal dignity was respected.

Detailed information about people's needs was available to help staff support and promote their health and wellbeing. People's right to make choices about their lives was respected.

Staff had positive relationships with people who used the service and understood their needs

Is the service responsive?

Good

The service was responsive.

A variety of opportunities were available for people to engage in meaningful social activities.

Health care professionals were involved in people's care and treatment; their care plans contained information to help staff support their individual preferences and needs.

Summary of findings

People who used the service were able to make complaints and have these investigated and resolved.

Is the service well-led?

Good

The service was well led.

People and their relatives were consulted about how the service was run.

Regular management checks were carried out to assess the quality of the service that was delivered and enable changes to be identified when this was needed.

Balmoral House

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 registered 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 unannounced inspection was carried out by an adult social care inspector and took place on 26 and 27 November 2015.

As part of our inspection we asked the local authority quality performance and safeguarding teams for their views and whether they had any concerns about the service They told us the service worked with them to resolve any issues. We also looked at the information we hold about the registered provider.

During our inspection we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with four people who used the service; three visiting relatives, four members of care staff, an activity coordinator, catering and cleaning staff, the acting manager, the registered manager and three community based health care professionals who were visiting the service at the time of our inspection.

We looked at four care files belonging to people who used the service, three staff records and a selection of documentation relating to the management and running of the service. This included staff training files, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits that were carried out. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living in the home and felt comfortable speaking with staff if they had any concerns. One person said, "Yes I feel safe here, the ladies are nice, although I do wish the shops were nearer." Another person told us, "I have my medicines at regular times and the staff always see that I take them." Visiting relatives said that overall they were happy with the service provided and that staff were caring and helpful.

We found that people were safeguarded from the risk of abuse and policies and procedures were available to guide staff when reporting issues about the protection of vulnerable adults, which were aligned with the local authority's guidance. There was evidence staff were provided with regular training on safeguarding people from potential harm, to ensure they could recognise signs of potential abuse and were familiar with their roles and responsibilities for reporting abuse or raising whistleblowing concerns about the service. We saw the registered provider had notified both the Care Quality Commission (CQC) and the Local Authority when required, to enable potential safeguarding issues to be investigated. We found the registered provider had acted promptly following allegations of potential abuse and co-operated with the local authority to resolve matters and ensure people who used the service were protected from avoidable harm.

We saw evidence in staff files that new employees were checked before being allowed to commence work in the home, to ensure they did not pose a risk to people who used the service. We found that recruitment checks included obtaining clearance from the Disclosure and Barring Service (DBS) about potential criminal convictions and to ensure the applicant was not included on an official list that barred them from working with vulnerable adults. We saw evidence that references had been appropriately followed up before offers of employment were made, together with checks of the applicant's personal identity and past employment experience, to highlight unexplained gaps in their work history.

There was evidence in people's care files of assessments about known risks to them, together with guidance for staff on how these were managed to ensure people were kept safe from harm. We saw these included risks relating to issues such as falls, nutrition, mobility, pressure area care, personal safety and behaviours that may challenge the service or put the person or others at risk of harm. We found evidence that people's risk assessments were regularly reviewed and that staff had a good understanding of people's individual needs and how to keep them safe from potential harm. We observed staff monitoring the behaviours of people who may challenge the service and saw sensitive support and reassurance was provided to ensure people's wellbeing was safety managed. Accidents and incidents were recorded and investigated on an on-going basis to ensure action could be taken to prevent them from reoccurring where possible.

We found that staffing levels were monitored and assessed on an on-going basis according to the individual dependencies of people who used the service. This ensured there were sufficient numbers of staff available to meet people's needs. We were told there had been some concerns raised since our last inspection, about shortages of staff following a number of staff deciding to leave. We spoke with the acting manager and the nominated individual for the service about this and were told they had stopped further admissions of people, whilst new staff were recruited. We saw evidence this process had been implemented with staff interviews being held during our inspection.

People who used the service and their relatives told us they felt medication was appropriately managed. We observed medicines were administered by staff with sensitivity and patience. Staff provided people with explanations and encouragement before moving on. We were told staff responsible for administering medicines were given training on this, to ensure they were competent to safely carry out this role. We saw regular audits of medication and staff skills were carried out, to enable potential errors to be promptly recognised and acted on to minimise future mistakes. We observed medication was stored securely and that accurate records were maintained which corresponded with a random check of the medication stocks we made.

We observed the building was well maintained and that regularly checks were made of equipment to ensure it was safe for people to use. We found a contingency plan was available for use in emergency situations and that fire training and fire drills took place.

Good

Is the service effective?

Our findings

People who used the service and their relatives were positive about that care and attention that was delivered. People told us staff involved them in making choices about their support. One person said, "Staff treat me very well, I am very happy with the help I get." We observed that people were provided with a choice of a variety of home cooked meals to ensure their nutritional and hydrational needs were supported appropriately. One person told us, "The ladies are very nice, I get my meals at regular times, they are very good."

People's dining experience was provided in a bright and airy dining room that was clean and had tables that were well laid. We observed a light-hearted, inclusive and friendly atmosphere throughout people's mealtimes and we saw they were asked where they wanted to sit and encouraged to have drinks with support respectfully provided in a kind and friendly manner. We saw that staff worked well as a team and took time to engage with people and got down to their level whilst providing assistance at their own pace. There was evidence in people's care files their nutritional needs were carefully monitored, with assessments about this and regular recording of people's weight and involvement from community professionals, such as dieticians when required.

Information in people's care files contained details about their individual medical needs, together with evidence of on-going monitoring and involvement from a range of health care professionals, such as GPs, district nurses and other specialists to ensure people's wellbeing was promoted. We saw that people's needs were monitored on an on-going basis together with regular evaluations of support that was provided. A community nurse told us, "I visit regularly for the wound care of diabetics and take bloods; the staff have a lovely approach and are really helpful. We have a close relationship with the service, the staff will ring us about any concerns they have and they do act on our advice."

We found that people had been consulted about their support to ensure they and their relatives were in agreement with how this was delivered. People's care files contained information about a range of their needs, together with assessments, care plans and daily notes that gave details about the support that had been delivered.

There was evidence that reviews of people's support were held, involving people and their relatives, to enable them to contribute and participate in decisions about their support. Visiting relatives told us staff communicated with them well to ensure they were kept aware of any changes in their family members conditions. We saw evidence that people were supported with making anticipatory decisions about the end of their lives together with consent to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documentation when agreed, clearly recorded in peoples files.

Throughout our inspection we observed staff communicating with people in a sensitive and friendly way to ensure they were in agreement and consented to care interventions that were carried out. We found that capacity assessments for people were completed as part of their care planning process to ensure their legal rights were protected. Where it was clear people lacked capacity to make informed decisions a best interest meeting was held involving healthcare professionals and people with an interest in their care. An occupational therapist who was visiting to carry out a best interest meeting for someone whose condition had changed; they told us, "Staff work proactively with us and are good at identifying potential risks. Staff are really knowledgeable and accommodating."

There was evidence that training about the Mental Capacity Act 2005 (MCA) had been provided to ensure staff were aware of their professional responsibilities in this regard. 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. The application procedures for this in care homes and hospitals are 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 were being met. The acting

Good

Is the service effective?

manager understood their responsibilities in relation to DoLS and had made applications to ensure people were only deprived of the liberties lawfully, in line with current legislation.

A range of training was provided to ensure staff were able to carry out their work and equipped with the skills needed to perform their roles. A training and development plan was in place that included a variety of courses on topics considered mandatory by the registered provider, such as moving and transferring**,** first aid**,** infection control, safeguarding vulnerable adults**,** food and fire safety and issues relating to the specialist needs of people who used the service. We saw evidence staff uptake of courses was monitored by the acting manager to ensure their skills were updated and refreshed when required. There was a programme in place to encourage staff to undertake accredited qualifications such as, The Qualifications and Credit Framework(QCF) and we saw evidence in staff files of meetings with senior staff, to help them develop their careers and enable their performance to be monitored.

We observed the use of environmental tools and equipment, such as signage and pictures to help people living with dementia or memory related impairments to orientate themselves around the building and maximise their independence. We found evidence the registered provider had a refurbishment plan in place to ensure equipment and fittings were replaced when required.

Good

Is the service caring?

Our findings

People who used the service told us that staff involved them in making decisions about their support and helped to be as independent as possible. One person told us, "The staff are really nice, the girls work and try hard." A visiting health care professional commented staff were welcoming and always made time for people and showed a true interest in people's wellbeing.

We observed staff treated people with kindness and compassion and demonstrated a positive regard for what was important to them. We saw that care staff were attentive to the differing needs of people who used the service and observed them providing sensitive support to ensure people's dignity was promoted and their wishes and feelings were met. We observed care staff engaging with people in a respectful manner and saw them getting down to people's eye level and using sensitive touch to ensure they were understood. We also observed care staff providing reassurance and encouragement to ensure people's independence was maximised. We saw that staff provided personal care to people in a discrete way and observed one person being supported to take their own medication, in preparation for them returning home.

People's care files contained details about their personal preferences and likes, together with information about their past histories in order to help staff understand and promote their individual needs. There was evidence of people's involvement in reviews and decisions about their support to ensure they were able to participate in decisions about their support. We found that staff had responsibilities for meeting people's needs and spent individual time with them to ensure their wishes and feelings were promoted.

We saw that people's wishes for privacy were upheld and observed information about them was securely stored in the office to ensure their confidentiality was maintained. We saw that people were able to spend time in their own rooms and observed their personal choices about their support were promoted, such as decisions about times for getting up or going to bed or which clothes they wanted to wear. People told us they were able to bring items of personal belongings and furniture with them to help them to personalise their rooms and feel at home. Information about the service was on display together with details about the use advocacy services to enable people to have access to independent sources of advice and support. There was evidence of regular meetings with people who used the service and their relatives, to enable their involvement in decisions about the home. Relatives told us they were encouraged and able to freely visit and participate in the life of the home. We saw that a fresh homemade cake was available in reception for people to eat when they visited.

Good

Is the service responsive?

Our findings

People who used the service told us that staff answered their call bells quickly and we saw that response times for this were monitored by the registered provider. People and their relatives told us that overall they were satisfied with the service that was provided. One person told us they had, "No complaints" and a visiting relative told us, "I am very satisfied; I know how to raise a concern and am confident it would be acted on." Another commented, "We have had some difficulties in the past but now they have a contingency plan and have responded well."

The acting manager told us they were passionate about delivering a service that was person centred and focussed on meeting people's individual needs. There was evidence in people's care files of details about their lives, individual preferences and needs, personal profiles and medical conditions. This helped care staff to get to know people and understand them, whilst delivering support in a way that had been agreed. We found that pre assessments of people were carried out before they were offered a place within the service to ensure their needs could be met. We saw regular monitoring and evaluation of people's support, together with assessments about known risks such as weight loss, pressure damage risks, falls and issues with moving and handling that were kept up to date. People and their relatives told us about their involvement in reviews of their support and we saw evidence of liaison with a range of community health professionals, to ensure their involvement and input when people's needs changed.

We found people were provided with range of opportunities to participate in meaningful social activities and enable their wellbeing to be promoted. The acting manager told us they had recently employed a dedicated activity worker and that prior to them commencing this role, they had started them working as a member of care staff to help them understand people's individual strengths and needs and maximise people's confidence and self-esteem. We observed a group of people engaged in making Christmas decorations and saw others involved in a game of bingo.

Ancillary staff told us some people helped them with folding linen and washing down trolleys and we saw a regular programme of activities was available, which had recently included trips out, visits to the local community hub, coffee mornings and one to one pampering and manicure sessions. We were told the service sponsored a local community wildlife garden scheme and on the first day of our inspection, a person went out with the activity worker to attend a local charity event. One person told us they had not seen their key worker much recently as the staff were very busy. They told their religious beliefs had been supported with visits to the local salvation army, but they missed going to the Pentecostal church. We spoke with the acting manager about this and they said they would look into this issue and find if there was anything more that could be done. We saw that people's bedroom doors had their name signs on them or were decorated with personal photos and pictures, together with signs to help direct people around the home. We observed a variety of notices on display detailing activities that were due to take place, together with newsletters giving details of past events and celebrations.

A complaints policy and procedure was displayed in the service to ensure the concerns of people who used the service were listened to and acted on. People and their relatives told us they knew how to raise a complaint, but were satisfied with the service they received and were confident any concerns would be addressed. We saw evidence the acting manager took action to investigate and resolve complaints and used these as an opportunity for learning and improving the service. There was evidence that concerns had been followed up with people, to ensure they were kept informed of the outcome of their investigation.

Good

Is the service well-led?

Our findings

People who used the service and their visiting relatives told us they had confidence in the management and were overall happy with the service provided. Staff told us the acting manager was "Very approachable" and listened to their views whilst supporting them to carry out their roles. One told us, "We work as a team, the manager is very supportive and their door is always open.

The service had an acting manager who had been recently appointed and was due to take over the direct management of the home and take on the responsibilities of the registered manager, who was currently still in post. We saw evidence the acting manager had submitted an application to the Care Quality Commission for this post and was currently awaiting an interview to enable their skills and competencies to be formally assessed.

There was evidence the acting manager took their role seriously and was clear about their responsibilities. We found the acting manager understood the need for involving people who used the service, their relatives and staff to enable the service to develop and learn from their experiences. We saw the acting manager had appropriately notified the Care Quality Commission of issues affecting the health and welfare of people who used the service.

Regular meetings with people who used the service and their relatives were held, together with newsletters that were circulated to ensure people were consulted and could participate in decisions about the service. We saw that surveys of people, their relatives and staff were used to enable feedback to be provided and to help people share ideas about the quality of the service. We were told about menu changes following requests from people who used the service. Information was available in the form of a statement of purpose and service user guide to enable people to make informed decisions about the service.

We found the acting manager had developed links with the local community and built up good working relationships with local health and social care professionals, such as district nurses and local authority staff. The acting manager told us about network meetings they attended to ensure best practice initiatives were followed to enable the service to develop and improve. They told us that people attended meetings at the local authority community hub and about how one person had renewed a friendship with an old neighbour they had not seen for many years.

There was evidence of regular meetings with staff to enable the acting manager to provide clear leadership and direction. Staff told us their moral had been low, following a number of staff deciding to leave. We saw evidence a programme of recruitment had been subsequently carried out and a decision made to limit new admissions to the service, to ensure people's welfare was promoted and staff were able to safely carry out their work. Staff files contained evidence of regular supervision meetings to enable their attitudes, behaviours and individual performance to be discussed and appraised. We found the service placed a high importance on values, such as kindness and compassion and put dignity and respect into practice. We saw the acting manager had appointed champions for key elements of the service, including dignity/dementia, safeguarding, and end of life care, for which they were responsible for promoting.

A variety of systems were in use to enable the quality of the service people received to be assessed. There was evidence of regular visits from senior staff from the registered provider's company, to provide support and enable the service to be monitored. We saw evidence of monthly reports on key performance indicators such as incidents and accidents, people's weights, staff training and complaints, together with audits of medicines, people's care records, the environment and safety issues. This helped trends and patterns to be analysed and enable improvements to be implemented and the service to be developed and improved. The acting manager told us about plans for the deputy manager to assist them with administrative tasks so they could be more directly involved with people and staff. They told us they carried out unannounced visits at night to enable them to monitor the service and ensure people's health and wellbeing was promoted.