Mr Robert Lambert and Mrs Brenda Lambert

Balmoral Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection visit at Balmoral was undertaken on 06 and 07 April 2016 and was unannounced.

Balmoral provides care and support for a maximum of 24 older people. At the time of our inspection there were 23 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.

A registered manager was not 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. The previous registered manager had left and we found the provider was registering a new manager.

At the last inspection on 21 May 2014, we asked the provider to take action to make improvements to people's environmental safety. We requested they reviewed care planning to ensure people were fully involved and their support was updated, including nutritional assistance. We also asked the provider to enhance infection control procedures, other policies and quality assurance auditing. At the follow-up inspection on 28 July 2014, the provider completed improvements and had met the requirements of the regulations.

During this inspection, people told us they felt safe and comfortable whilst living at Balmoral. Staff were clear and confident about safeguarding people from abuse or harm. The management team had completed risk assessments documents. However, we found these did not always provide clear guidance and had missing information. Additionally, we noticed concerns with people's environmental safety. The provider had not ensured the electrical safety certification was up-to-date. Not all window restrictors were effective in protecting people from potential harm or injury. This is a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

You can see what action we told the provider to take at the back of the full version of the report.

During the management transition phase, we saw staff training had not been updated. The provider acknowledged training was not effective because staff had not received updated guidance to underpin their skills. We found the new manager was introducing a new training system.

We noted the provider had sufficient staffing levels and skill mixes to meet people's requirements in a timely manner. They had followed safe recruitment procedures to protect people from unsuitable personnel.

Staff used a caring and courteous approach when they engaged with people. A staff member said, "I want to go home knowing the residents are happy." The management team had guided staff about the importance

of maintaining people's privacy and confidentiality. We found they had involved people and their representatives in their care planning.

We observed people's medicines were managed in a safe and discrete manner and staff concentrated on one person at a time. The new manager had carried out checks to ensure staff completed related processes safely.

We observed staff assisted individuals with their nutritional needs with a caring approach. People said they liked their meals. One person said, "The food is fine. I do enjoy my meals." Staff monitored and documented people's diet to protect them from the risk of malnutrition.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Care files contained evidence of people's consent to care and we observed staff consistently checked their agreement prior to supporting them.

We noted staff regularly completed assessments of people's needs to check care met their ongoing requirements. Care records were personalised and staff had regularly updated them. The new manager had guided staff to be responsive to the needs of people who lived at the home.

The providers had oversight of the service and we noted they had a good awareness of people and their support requirements. The new manager told us, "The providers are fantastic. They visit regularly and are very supportive of me in my new role." They had completed a variety of audits to check quality assurance and maintain people's safety and welfare. The management team enabled people to comment upon the quality of their care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider had not consistently maintained people's environmental safety. The service electrical certification was out-of-date. Risk assessments did not always provide clear guidance and had missing information.

People told us they felt safe whilst living at Balmoral. Staff understood procedures to follow if they suspected abuse had taken place.

We found staffing levels were sufficient to meet people's needs. The provider had employed suitable staff because they followed safe recruitment procedures.

People's medicines were managed safely and we observed staff concentrated on one person at a time.

Is the service effective?

Requires Improvement

The service was not always effective.

We saw staff had not always received updated training to ensure they were effective in their roles. The new manager was introducing a new training system.

People said they enjoyed their meals. Staff had completed risk assessments to protect individuals from malnutrition.

Care files contained evidence of people's consent to their care. Staff had a good awareness of the MCA and DoLS.

Is the service caring?

Good

The service was caring.

Care records held details about people's life histories to assist staff to understand their requirements. We saw evidence of staff involving individuals and their representatives in their care planning.

The management team guided staff about the importance of maintaining people's privacy and confidentiality. People told us they felt staff were kind, caring and supported them with a dignified approach.

Is the service responsive?

Good

The service was responsive.

People said staff responded well to their needs and they were fully occupied at Balmoral. We found an activities programme was in place, which staff also provided on an ad hoc basis.

Care records were personalised and regularly updated. The new manager had guided staff to be responsive to the needs of people who lived at the home.

The provider had made information available to enable people to raise concerns about their care.

Is the service well-led?

Good

The service was well-led.

People told us they felt Balmoral was well-led and organised. We observed the management team were 'hands on' in their approach and supported staff in their duties.

The management team enabled people to comment upon the quality of their care. They told us they would act upon any identified issues.

The new manager had completed a variety of audits to check quality assurance. We saw where problems arose they addressed them in a timely way.

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 one adult social care inspector.

Prior to our unannounced inspection on 06 and 07 April 2016, we reviewed the information we held about Balmoral. This included notifications we had received from the provider, about incidents that affect people's health, safety and welfare. We checked safeguarding alerts, comments and concerns received about the home. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

We spoke with a range of people about this service. They included three management team members, three staff, four people who lived at the home and a visiting district nurse. We discussed the service with the commissioning department at the local authority who told us they had no ongoing concerns about Balmoral. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people and we looked at records. We checked documents in relation to four people who lived at Balmoral and four staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Requires Improvement

Is the service safe?

Our findings

We discussed with people how they felt about living at Balmoral. One person told us, "Yes, I'm safe here. I've never had to worry about that." Another person stated, "I'm happy and feel very safe, which is so important because I didn't feel safe at home." A visiting professional informed us they always found people to be safe and settled.

Incident and accident logs were retained in people's care files. Staff had documented details about the accident and immediate action taken, as well as any outcomes. The management team reviewed incidents and implemented improvements to reduce the risk of them reoccurring.

We observed the home was clean, tidy and smelt pleasant throughout. The new manager had introduced room audits for staff to complete on leaving bedrooms. The new system enabled the management team to have oversight of people's environmental needs. At our last inspection on 21 May 2014, we saw there was a step in one person's en suite facility. This posed a falls risk to anyone accessing the area. We noted this continued during our inspection on 06 April 2016. We saw a risk assessment was in place and the management team told us the facility was not in use. They assured us they would take action to even the flooring in order to remove any risk.

Care files we looked at contained risk assessments to guide staff to protect people from unsafe or inappropriate care. They covered risks related to, for example, personal care, communication, fire safety, health and safety, going outside, mobility and falls. We noted documents contained information to manage risks and were personalised to the individual's requirements. However, we saw not all risk assessments gave clear guidance about risk management and records had gaps and missing information. For example, the 'Personal Risk Assessments' we saw identified people were at risk from falls or had high personal care needs. Actions to manage the risk consisted of numbers of staff required and equipment to use. There was no further information to show how each individual's risk should be managed. We discussed this with the management team who assured us they were in the process of enhancing all care documentation.

We checked hot, running water was available throughout the home. The management team recorded temperatures to ensure water was delivered within health and safety guidelines. Window restrictors were in place on all windows. However, we noted not all were effective in protecting people from injury or harm. Additionally, we found the home's electrical and gas safety certification was out-of-date. This meant the provider could not confirm they had adequately maintained people's environmental safety. We discussed these concerns with the new manager, who took immediate action in relation to gas safety. This was certified as safe by an approved contractor, which the management team notified us about within 48 hours of our inspection. However, electrical safety certification remained out-of-date.

This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the management team had failed to maintain people's environmental safety consistently.

Staff demonstrated a good awareness of safeguarding principles and how to protect individuals from abuse

or harm. They were clear and confident about reporting procedures and understood whistleblowing processes. One staff member told us, "If I had any concerns I would report it straight away to CQC and social services." A visiting professional told us they have not had any safeguarding concerns, which gave them confidence in the service.

We reviewed staffing levels and skill mixes. We noted these were sufficient to meet people's requirements in a timely manner, such as quick response times to call bells. One person told us, "There's enough staff around. When I need assistance the girls are there straight away." A staff member stated, "I would say there is enough staff. There is always a manger available in an emergency." We observed staff were patient and unhurried in their duties. Another person said, "The girls are very caring. They help when I need it and I don't ever have to wait for anything." We reviewed how short-term circumstances, such as leave or sickness, were managed. A staff member told us, "We cover sickness between ourselves. That way staff on duty always know the residents and their needs." This showed the management team had safe staffing levels and skill mixes to maintain people's safety and continuity of care.

The management team had followed safe procedures to ensure suitable employees had been recruited. Staff files contained references and criminal record checks obtained from the Disclosure and Barring Service. These checks were completed prior to staff commencement in post. The provider had additionally checked gaps in staff employment history to assess they were appropriate to work with vulnerable people. A staff member confirmed, "My recruitment was good. I started after they got my references and DBS."

We observed staff gave people their medicines in a safe, discrete and appropriate manner. The staff member concentrated on one person at a time and signed their records afterwards to confirm they had taken them. One person told us, "The staff look after my medication. I get my tablets when I need them." The staff member we spoke with was very knowledgeable about medicines and related protocols. They told us the new manager had introduced a new auditing system to enhance people's safety. They said, "[A management team member] is on top of it all and makes sure we do things right."

We noted staff followed the National Institute for Health and Care Excellence (NICE) guidelines on medicines recordkeeping. For example, we observed instructions were clear and two staff signed confirmation of information recorded. Medicines were stored in a secure and clean environment. This showed the registered manager had systems in place to protect people from unsafe management of their medicines.

Requires Improvement

Is the service effective?

Our findings

We discussed staff expertise and effectiveness with people who lived at Balmoral. One person told us, "The staff are good. They are experienced and know how to look after me." A second person said, "I need help to have a wash and get out of bed. The girls are really helpful." On discussing freedom within the home, a third person stated, "It's very good here. I am free to come and go and do what I want."

We checked if the provider had trained staff to ensure their effectiveness in supporting people. We found staff had completed National Vocational Qualifications in health and social care. Staff files we looked held evidence training included medication, food hygiene, manual handling, continence management, safeguarding and infection control. However, we saw staff had undertaken this training four or more years ago. This meant staff had not received updated guidance to underpin their skill and knowledge.

The registered manager had left and there was a transitional period with changes in management. The provider acknowledged training was not effective. They assured us they were working with the new manager to introduce new and refresher training for all staff. Training was in place for the cook, for example, who was in the process of completing an updated food hygiene course. People who lived at Balmoral told us they felt staff were experienced and effective in their work.

The new manager showed us their new training system and courses provisionally planned. A staff member told us, "[The new manager] is a great manager. We're getting lots of training now." The management team had a good understanding of staff needs and reassured us action had been taken to enhance their training levels. For example, they looked at e-learning manual handling guidance, but considered this might result in a lack of practical skills development. The new manager said, "Now, I am introducing a combination of things. This includes the e-learning, practical in-home training and then discussions in team meetings and supervisions."

Staff files we reviewed included records of regular supervisions. Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. Supervision discussions included feedback between the supervisor and supervisee and looked at personal care, service improvement and training. A staff member told us, "It's useful to me because it helps me to learn and develop." This meant the registered manager had checked the abilities and capabilities of staff to carry out their duties effectively.

Care records contained evidence of people's consent to their care. This included, where necessary, space for their advocate or relative to sign agreement to the individual's support. One person said, "I can stay in my room if I want, I can go to bed when I want. I choose whatever I want to do." We observed staff consistently offered choice, such as what to eat or drink and checks of what people wanted to do. Staff also asked for each person's consent whenever they engaged with them. A staff member stated, "We ask them what they want to eat or drink and what do they want to wear. For those residents who don't communicate then we show a few options to help them make a decision."

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures, where someone may be deprived of their liberty, the least restrictive option is taken.

There were no current applications made to deprive a person of their liberty in order to safeguard them. We observed people were not restricted and staff enabled them to go out for activities, shopping or to access the library. Staff we spoke with demonstrated a good awareness of the principles related to the MCA. For example, one staff member who administered medicines said they tried to encourage people, but added, "If they still refuse, then we log it all. We can't force them." One person told us, "The staff work with me, they never take over."

We found the kitchen was clean and cleaning records were in place, which staff had signed on completion of tasks. They had maintained records of food and appliance checks to ensure the effective management of food safety. 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 observed lunch was an organised and social event. There were two sittings for staff to have the time to support people's nutritional needs in a patient, unhurried way. A member of the management team told us, "This gives those residents who require a little bit more support additional personal, one-to-one time. It makes their dining experience better." One person said, "The food is fine, it's all home-cooked." The meal was well presented and there were several alternative options if people did not want what was on the menu. Staff recorded their nutritional requirements and assessed risks to protect them from malnutrition. Care files contained documentation of their weights and care planned support to assist individuals who were at risk.

Staff worked closely with other healthcare services to maintain people's continuity of care. For example, we saw staff recorded visits or appointments with GPs, social workers, specialist hospital services, opticians and dentists. Staff documented the contact details of each person's preferred healthcare service, such as GP practice and dental surgery. This showed staff had tailored people's ongoing care to their individualised wishes. One staff member told us, "If someone is unwell we'll continue to monitor them and if need be we'll get the GP out straight away." We found care plans were updated to reflect the person's changing needs. One person said, "If I need the doctor, the staff sort out an appointment pretty quickly."

Good

Is the service caring?

Our findings

People we spoke with said they were very happy about living at the home. One person stated, "The girls are very good. I can be rather naughty and they let me be naughty." Another person stated, "Look around you. These are all my pictures, my furniture and my bits and bobs. They have let me bring all this in." A visiting district nurse told us they felt it was a good home because they found staff were caring.

We observed staff were kind, friendly and sensitive with people they supported. For example, we saw one person was assisted to a chair in the main lounge. Staff were patient and encouraging, giving the individual appropriate praise. They explained what was happening throughout and checked they were in agreement with each step. Staff never took over and we found they consistently supported the person's independence as much as possible. One person told us, "The staff are really kind, you can have a right laugh with them." Staff demonstrated good skills when they interacted with people, such as kneeling down, using eye contact and speaking in soft tones. One staff member told us, "My responsibility is to make sure I provide good care and engage with residents in ways that show they matter. It's about putting people at the heart of their care."

The management team had documented people's requirements in relation to their spiritual needs. These were discussed with each person and staff supported them to attend religious centres where this was requested. Additional documentation included preferred activities, family contact and personal care. Care files also contained information to guide staff about the importance of maintaining people's privacy, confidentiality and disclosure of personal information. This showed respect for a private and social life to individuals who lived at the home.

Care records we looked at held evidence of staff involving people and their representatives in care planning processes. The management team had provided information to guide staff about good practice related to assisting individuals to retain their independence. People told us they were in control of their day-to-day lives. One person said, "They discuss what I need and we have talked about and agreed this." Another person added, "Yes, they do involve me in my care. They always ask how I would like things done."

The management team had completed detailed life histories of each person who lived at Balmoral. This gave staff a full picture of the individual to help them understand people and their requirements. This was good practice related to involving people and guiding staff to meet their wishes and care needs. We observed individuals who lived at the home were enabled to decorate and personalise their rooms to their own tastes. For example, one person was interested in model cars, art and watching films. We found examples of these were on display throughout their bedroom. They told us, "The staff have been really good and let me put up all my pictures." The new manager told us, "We strongly encourage residents to decorate their rooms in whatever style they want."

Staff had recorded people's preferences and requirements in relation to family contact. This included their wishes about maintaining their important relationships. We observed relatives and friends attended Balmoral throughout our inspection. Staff welcomed all visitors in a friendly manner and offered hot drinks.

This demonstrated good practice in helping people to retain their relationships and develop their social skills.

Good

Is the service responsive?

Our findings

People we spoke with said staff responded well to their needs and they were fully occupied whilst living at the home. One person said, "I have plenty to do. I watch my programmes, read and chat with the other residents." A visiting professional told us they never received referrals for major wounds or skin tears that required dressings. They said this reassured them people received good care from staff who monitored them appropriately.

People's care files held a variety of assessments to measure their support levels and actions to meet their care requirements. Staff regularly reviewed their social behaviour, memory loss, moods, mobility, communication and personal care. The management team had provided this in simple, concise information to support staff in the sensible approach to care. All records we looked at were signed and dated. The management team regularly updated these documents to ensure staff continued to be responsive to people's requirements. A visiting professional told us staff referred to them appropriately and followed instructions to meet the individual's continuity of care.

Staff monitored each person's falls history and checked how their lives could be improved. Details included personalised actions to guide staff to assist individuals who lived at the home. Consequently, the management team had informed staff about reactive approaches to reduce risks to people and enhance their lives.

Care records we looked at contained people's preferences and how they wished to be supported. Staff had recorded their personal requirements such as what they wanted to be called, spiritual needs and activities. Additionally, we found staff documented people's requests about their preferred medical and personal support. This included GPs, dentists, chiropodist and hairdressers. We observed staff consistently offered individuals choice throughout our inspection. This meant people received a person-centred approach in response to their preferred daily routines. A staff member told us, "For example, if someone is fast asleep, I am never going to drag them out of bed. I'll come back later and ask if they're ready and wanting to get up."

There was a programme of activities in place and we observed people were relaxed and occupied throughout our inspection. Activities included external entertainers, dominoes, film afternoons, ball games, exercise and dancing, sing-a-longs and special event parties such as Christmas. Activities were also ad hoc and in response to people's requests. For example, we heard one person ask a staff member, "Can you go through the paper with me?" The staff member stopped what they were doing and spent over 15 minutes discussing news items. This demonstrated staff valued people and took action so they could lead meaningful lives. Additionally, we saw individuals were supported to participate in activities that maintained their independence. For instance, one person preferred to clean and tidy their room, which they said was an important activity for them.

We further noted staff had recorded people's preferences in relation to their social needs and required support. Documentation included a record of their hobbies and interests, as well as their external activities. Information guided staff as to whether individuals wished to join in the activity programme events in place

at Balmoral. One person told us, "I have plenty to do – I go out shopping and to the library. The staff just let me get on with it." Another person added, "I go out and have coffee regularly with my friend."

We checked the service's complaints policy and found it was current. This was made available to people who lived at Balmoral. The procedure contained information about the various stages of a complaint and how individuals could expect their concerns to be addressed. At the time of our inspection, the management team had not received any complaints in the previous 12 months. We discussed the management of complaints with staff, who demonstrated a good understanding of the various processes. One staff member told us, "If someone made a complaint I would record it and inform my senior manager."

Good

Is the service well-led?

Our findings

People who lived at the home and visitors stated they felt Balmoral was well-led and organised. One person said, "The manager is very good. The change hasn't affected me. [The new manager] is really nice and I love that she'll come and chat with me every day." A visiting professional told us the new manager was good and found they were always pleasant.

The registered manager had recently resigned and we found the provider was in the process of registering a new manager. The new manager had worked at Balmoral for a long time. This meant they had a good understanding of people's needs and systems in place to maintain their welfare and safety. The new manager said they were becoming familiar with their new responsibilities and felt confident and well supported by the providers. They told us, "It's been a big learning curve, but I was already aware of those things that needed to change to get the home fully up to scratch."

We observed the management team were 'hands on' in their approach to the management of the home. The providers and new manager were very knowledgeable about people's care needs and backgrounds. They were caring towards individuals who lived at Balmoral and we observed they approached the management team in a relaxed manner. The new manager had promoted a calm, friendly and welcoming atmosphere. Staff said they felt the management team was supportive and led them well. One staff member told us, "[The new manager] is a good manager. She's really nice and will sort a day off if you're feeling tired. She's very supportive."

The management team held twice-daily handovers, which were also utilised as team meetings and updates to new processes. We saw minutes included discussions about new audits, training, infection control, medication, care planning and involving people in care. The new manager and staff worked closely together, which offered further opportunities to discuss improvement ideas or any concerns. The new manager stated, "I've started making improvements and I'm working with the staff to get them on board and to get their ideas."

The management team was in the process of sending out their annual satisfaction survey. We saw this covered, for example, people's experiences of dignity, respect, nutrition, safety, activities, decision-making and involvement in care. The questionnaires also checked what they thought about the management of the service and the quality of care. The management team said they would act on any identified issues to improve people's experiences of living at Balmoral.

The new manager showed us 'thank you' cards and letters that provided further feedback about the service. One relative had commented, "Thank you all for caring for [my relative] during the last three years. [My relative] has been very happy in your care." Another person had written, "We are thankful for all the care you gave to [our relative] it would have been difficult for us all without your expertise and guidance." This showed the provider had sought people's feedback about the quality of care and their experiences of living at the home.

The provider had a range of audits to assess the quality of people's care. These included checks of environmental safety, infection control, hand hygiene, medication and fire safety. We checked the previous audits and found the management team had taken action to address identified issues. For example, a staff member had recorded a new fly screen was required. We found this had been addressed when the next audit was completed. This meant the provider monitored and maintained the service to protect people's safety and wellbeing.

The new manager had also introduced room audits for staff to complete on leaving bedrooms. Staff completed these after checking bedroom cleanliness, maintenance and any other identified concerns. The new manager told us, "The role of the carer is complex and busy. Although completely unintentional, it is easy to forget things. The audit gives staff a minute to check and think if everything's ok." They added the document also enabled them to monitor environmental safety more efficiently and to address identified issues promptly.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not consistently maintained people's environmental safety. The provider had failed to ensure the home's electrical safety certification was up-to-date. Not all window restrictors were effective in protecting people from potential harm or injury. 12 (1)(2)(e) Staff had not always fully completed risk assessments to maintain people's safety and welfare. 12 (1)(2)(b)