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Balmoral Rest Home

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

The inspection visit at Balmoral took place on 25 September 2018 and was unannounced.

Balmoral provides personal care for a maximum of 32 older people. At the time of our inspection there were 30 people living at the home. It accommodates people in single bedrooms, some of which have ensuite facilities. There are communal areas for the use of people living at the home, including two lounges and a dining area. There is a lift to all floors and the service is fully wheelchair accessible. The Balmoral has onsite parking and is close to local amenities.

Balmoral 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, both of which we looked at during this inspection.

A registered manager was in place. 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.

At our last comprehensive inspection of Balmoral on 16 July 2017, we rated the service as requires improvement. This was because the home was in the process of making ongoing improvements, which required time to embed, in people's safety and staff responsiveness to care delivery. We further made recommendations about dependency models to assess staffing level requirements against people's ongoing needs. Also, that the provider enhanced and improved its activity provision to increase opportunities for people's stimulation.

During this inspection, people we spoke with told us they felt safe living at Balmoral. One person said, "The most important thing to me is my safety and, although I wish I could go back home, this is the next best thing because I feel safe." When we discussed principles relevant to safeguarding people from unsafe or inappropriate care with staff, we found they had a good level of awareness.

We observed staff administered medication with a skilled and secure approach, which the registered manager strengthened through training and competency checks. They had good oversight of relevant procedures through regular auditing to ensure they remained safe.

Care records included an assessment of the level of risk and actions to guide staff to manage people's safety. The registered manager retained an accident book and analysed patterns to assess control measures reduced the risk of incidents. One person commented, "I feel comfy here, do you know what I mean? I feel settled and at home."

People and their relatives stated they felt staffing levels met their requirements. The registered manager

measured levels against their needs and deployed staff well, such as one employee started at 7am to manage busy periods. We saw staff files contained important records obtained before staff employment. This ensured recruited staff were able to support vulnerable adults.

Those who lived at Balmoral and their relatives commented staff were skilled and experienced. One person told us, "The staff are well trained. I have [a medical condition] and they were able to give me a lot of advice and information about it."

We saw staff supported people with their meals discreetly, checked they had enough to eat and what condiments they desired. One person said, "The meals are really good and I like that you can have as much as you want."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. A staff member stated, "It's very important to give the residents choices before you do anything. They should be in control of what's going on."

We saw people were supported to develop their living space into their own style. One person said, "I prefer my own space and the staff respect that." The provider created new living spaces into flat style bedrooms, which included a kitchen and ensuite shower room.

We observed staff interacted respectfully with people in ways that demonstrated they knew how best to approach them. A staff member told us, "I don't really see myself as staff anymore. I mean I'm a professional of course, but we are like one big family here." Care plans developed between the person, relatives and staff detailed their individual needs and preferences about their support. A relative said, "Whenever I come in we talk about [my relative's] care and treatment plan."

Information provided to people on admission notified them of their choice, rights and security. Staff we spoke with demonstrated a good understanding of supporting each person's diverse needs. A staff member commented, "Each person is an individual, they have each got something different and unique about them and I do my best to help them keep their individuality."

A visiting professional told us they found staff were proactive and thought on their feet about responding to people's needs. A relative commented, "My [relative] has really adjusted well here." We noted care planning was developed with a person-centred approach.

People and their families said staff worked hard to create a community spirit and encouraged everyone to engage. One person commented, "[The registered manager] is lovely. She pops round to see how I am and if everything's ok. I like that she cares so much for us all." We noted all the feedback from the last survey was positive about people's enjoyment of living at Balmoral. The registered manager told us they would act to address identified issues to maintain a safe home.

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 ●

We found action had been taken to improve the safety of the home.

People told us staff managed their safety well and we found they had safeguarding training to enhance their skills and knowledge.

Staff completed relevant records to ensure a consistent and accurate approach to the safe management of people's medication.

Records we looked at included information to mitigate risks associated with receiving care.

Staffing levels at Balmoral were sufficient to meet people's needs with a timely approach.

Is the service effective?

Good ●

The service was effective.

The registered manager had a wide-ranging training programme to enhance staff skills.

We found people were offered meal choices and sufficient portion sizes.

People were supported to access external healthcare services to maintain the continuity of their care.

We observed staff enabled people to move about the home freely and supported them to make their day-to-day decisions.

Is the service caring?

Good ●

The service was caring.

Staff showed a good awareness of the importance of treating people with respect and maintaining their privacy.

The registered manager and staff supported people to maintain their lawful rights.

People and relatives confirmed they felt at the heart of their care planning and able to make decisions about their requirements.

Is the service responsive?

Good ●

We found action had been taken to improve the service's responsiveness.

We observed staff were responsive to people's needs in order to improve their lives.

To enhance people's stimulation the registered manager provided regular activities.

The management team implemented a personalised model of support to inform staff about meeting people's needs.

We found people and their relatives said they were provided with information about raising concerns if any issues arose.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had a variety of systems to obtain people and their relatives' feedback about the quality of service delivery.

We observed there was a strong, bonded workforce.

The registered manager had good oversight of the home's quality assurance.

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.

Before our unannounced inspection, we checked the information we held about Balmoral. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at Balmoral.

Additionally, we spoke with a range of individuals about this home. They included four people who lived at Balmoral, one relative, four staff, the registered manager and the providers. We further discussed the service with a visiting healthcare professional. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We examined care records of three people who lived at the home. This process is called pathway tracking and enables us to judge how well Balmoral understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We checked documents in relation to three staff members. We also looked at records about staff recruitment, training and support. We further reviewed information related to the management and safety of Balmoral.

Is the service safe?

Our findings

When we discussed safety with people and their relatives, they told us staff managed this very well. One person said they had come into Balmoral because they had multiple falls at home. They added, "They keep me safe. I have only had one fall in the years since I have been here." A relative stated, "I don't even have to think about my [relative's] safety. It was constantly on my mind when he was at home, but at the Balmoral he is in a safe, comfortable place." A visiting professional told us they felt people were safe because staff knew what they were doing.

We observed staff administered medication with a skilled and secure approach, which the registered manager strengthened through training and competency checks. Storage areas were locked when not in use and staff demonstrated a good knowledge about different medicines and their purpose. A relative said, "I can see the staff are very knowledgeable about medication. They explained to me what a new tablet was for, so that's reassuring." We saw staff wore a 'do not disturb' apron during medication rounds to ensure their concentration was not disrupted. They focused on one person at a time and explained the purpose of their medicines. Following this, the staff member completed relevant records to ensure a consistent and accurate approach to the safe management of people's medication. The registered manager had good oversight of relevant procedures through regular auditing to ensure they remained safe.

The management team had a safeguarding policy and provided training to ensure staff understood their responsibilities. This ensured staff had guidance about protecting individuals from potential abuse. When we discussed related principles with them, we found they had a good level of awareness. One staff member said, "If I have any concerns I must report that to my senior. If it was about my managers I would never cut corners, I would whistleblow to CQC."

Records we looked at included information to mitigate risks associated with receiving care. These monitored, for example, mobility, falls, fire safety, mental health, nutrition, personal care and use of equipment. Records included an assessment of the level of risk and actions to guide staff to manage people's safety. The registered manager retained an accident book and analysed patterns to assess control measures reduced the risk of incidents. We found they implemented systems to optimise opportunities for lessons learnt and introduce change. For example, one staff member told us about how supervision was used to improve care. They added, "It's a review of anything that's gone wrong and how we could do it better. It's done supportively. I like that."

The registered manager had a good system to monitor, manage and address maintenance issues within a timely way. They completed regular health and safety checks and we saw they took action against identified issues to ensure everyone's safety and welfare. For instance, we found they replaced carpets and floor boards on the upper floor to enhance people's mobility.

Hot running water at the home was delivered within safe temperatures. During our inspection visit we noted the home was clean and tidy. We saw sufficient stock of disposable gloves and aprons and records were completed to evidence when rooms had been cleaned. A staff member told us, "We've got a shedload of

gloves, aprons, wipes and everything else to make sure we do our jobs properly." Gas, electric, equipment and fire safety certification were in date to retain a safe home.

We reviewed the recruitment of staff since our last inspection to check the provider continued to employ suitably skilled personnel. We found staff files contained important documentation, such as references and criminal record checks, obtained before the staff member's employment. Other information included their qualifications and full employment history. This, along with documented evidence of induction, meant recruited staff were able to support vulnerable adults.

Staffing levels at Balmoral were sufficient to meet people's needs with a timely approach. For example, we saw staff were calm and unhurried and call bells were quickly responded to. One staff member said, "We have enough staff." The registered manager measured levels against people's needs and deployed staff well, such as one employee started at 7am to better manage busy periods. The availability of ancillary staff, including kitchen and housekeeping personnel, meant care staff could fully focus on their duties. The registered manager told us, "That's worked really well for those residents who want to get up early." People and their relatives stated they felt staffing levels met their requirements. One person commented, "There are lots of staff on duty." A relative added, "There are always lots of staff and when they pass through the lounge they always stop and chat." A visiting professional commented they found there were enough staff because they responded quickly and well to people's needs.

Is the service effective?

Our findings

Those who lived at Balmoral and their relatives commented staff were skilled and experienced. One person said, "Yes, I think the staff know what they are doing, they are experienced and really know how to help me." A relative told us, "All the staff are very experienced and well-trained. They really get what good care is all about and are skilled at providing that." A visiting professional stated they found staff were skilled at managing people's behaviours.

The registered manager had a wide-ranging training programme to enhance staff skills. Courses included food hygiene, safeguarding, fire and environmental safety, Mental Capacity Act, care planning, consent, confidentiality and infection control. A staff member said, "I like the refreshers as well because it keeps me up-to-date with any changes." The management team supported staff through regular supervision, which assisted them with their development. We found the registered manager was referencing current legislation, standards and evidence-based guidance to achieve effective outcomes. This included National Institute for Clinical Excellence (NICE) guidelines on various topics, such as safe medication administration.

We looked at arrangements the registered manager had taken to meet the communication needs of people with a disability, impairment or sensory loss. They told us they assessed each person on admission and would use, for example, someone trained in sign language, if this was required. A relative said their family member struggled to communicate their needs because of a medical condition. They added, "The staff really know how to work round that, they are very patient and help him to express himself as best he can." We saw the purpose of rooms was displayed on doors to help people who lived with dementia navigate about the home. A staff member stated, "It's a small, but good way of helping residents to keep their independence."

When we discussed nutrition at Balmoral, people and their relatives confirmed they had choice and sufficient meal portions. A relative said, "The meals are great and I hear the staff offering a choice if someone doesn't like what the meal for the day is." A person who lived at the home added, "I had been very poorly and not eating anything, but now I am much better. I eat really well." We saw staff supported people with their meals discreetly, checked they had enough to eat and what condiments they desired. Care records held nutritional assessments and relevant guidance to assist staff to reduce the risks of malnutrition. People were frequently weighed and we noted staff acted to continue to meet each person's requirements, such as referral to their GP. The kitchen was clean and tidy, with a good stock of fresh food and appropriate equipment. The cook kept up-to-date records to evidence various quality checks of food hygiene and safety.

People and their relatives said the management team assisted them to access external healthcare services to maintain the continuity of their care. One relative commented, "Any time when they have had to get his GP out, they give me a ring to let me know. That's so important to me because it keeps me up-to-date." Records we looked at evidenced staff took appropriate and timely action to enhance people's health. For instance, logs showed when one person deteriorated, the management team contacted the GP, who requested tests. This resulted in a prescription for and administration of a course of antibiotics. Documentation also demonstrated the individual quickly improved. A visiting professional said they worked

very well with the registered manager and the continuity of people's care was encouraged and supported by staff.

Records we reviewed contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Decision-specific consent was in place for areas including personal care, confidentiality and medication administration. When we discussed the principles of consent with staff, we found they had a good level of awareness. One staff member talked about a person who had refused their medication. They added, "I'll go back and try again a bit later to see if she's changed her mind, but otherwise we respect her decision to refuse."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

At the time of our inspection visit, the registered manager was in the process of applying to legally authorise a DoLS to safeguard one person. Records we reviewed included detailed assessments of each person's mental health requirements. We observed staff enabled people to move about Balmoral freely and supported them to make their day-to-day decisions. One person commented, "The staff always ask me first if they want to do something. They explain things and then ask me if it is ok, like whether I want a shower or a bath."

Is the service caring?

Our findings

People and their relatives told us staff were patient and caring. One person said, "I like my privacy and staff are always courteous about that, like knocking on my door before they come in." A relative stated, "They all deserve medals." Another relative commented, "I cannot speak highly enough of the staff here. They care so much and are really respectful." A visiting professional told us they found staff had a good understanding of the principles of person-centred care.

We saw people were supported to develop their living space into their own style. For instance, they were encouraged to bring in their own photographs, ornaments and furniture. A staff member said, "We really push residents to bring in their own stuff from home to help them settle here. We want to help people feel like this is their home, because it is." Staff showed a good awareness of the importance of treating people with respect and maintaining their privacy. For example, they knocked on people's doors before entering and offered them private space when relatives arrived for visits. A visiting professional told us staff approached those who lived at Balmoral in ways that were respectful. Where applicable, the management team supported people to access advocacy services if they required support to have an independent voice.

The provider created new living spaces into flat style bedrooms, which included a kitchen and ensuite shower room. A staff member told us, "The residents love them because they can store food and use a microwave. We supervise them, but it helps them to keep their independence." A relative added, "It's like a little flat and he loves it. I'm really impressed with that."

We found staff were smiling as they went about their duties. A staff member commented, "I've been here for four years and I love my job. I would not want to go anywhere else because I love the residents here." Staff used soft tones when they engaged and maintained eye contact. They made appropriate use of humour and interacted in ways that demonstrated they knew the person. For example, we saw one staff member joking with and tickling an individual who clearly enjoyed the experience. A visiting professional commented they observed staff interacted with people in ways that demonstrated they knew them and how best to approach them. When we discussed staff attitude with people and their relatives, they told us staff were kind and patient. One relative stated, "The staff were brilliant at helping [my relative] to settle in."

The registered manager and staff supported people to maintain their lawful rights as set out in the Human Rights Act 1998. For example, they assisted those who lived at Balmoral to retain their 'Freedom of thought, conscience and religion', Article 9 of the act. They achieved this through recording each person's spiritual needs and helping them to access relevant services. A relative told us, "[My relative's] religion is very important to him and the staff make sure he is able to fully follow that." An information sheet provided to people on admission notified them of their choice, rights and security. This included such statements as 'recognising residents being worthy, regardless of circumstances, by respecting their uniqueness and their personal needs.'

People and relatives we spoke with confirmed they felt at the heart of their care planning and able to make decisions about their requirements. One relative told us, "The staff really considered my input in his care

planning. That's really valuable to me because I have always felt a part of his care." Care plans detailed each person's individual requirements and preferences about their support. The relative added, "The staff work hard to help him keep his independence and to get as best as he can health-wise." They confirmed staff worked with family members and those who lived at Balmoral to achieve goals and maximise their self-determination.

Is the service responsive?

Our findings

A visiting professional said they regularly reviewed people's progress at Balmoral. They added they found staff worked very well with them to improve the lives of those who lived there. People and their relatives confirmed staff were responsive to their needs in order to improve their lives. One person stated, "The staff have really helped me to get to the best I can be in my life now." A relative told us, "In the time [my relative] has been here he has already improved."

Care records we looked at included information from the referral agent and an assessment of the person's needs. A visiting professional told us how the registered manager had admitted someone following a failed placement at a previous service. They added staff worked very well with the individual, increasing support levels to respond to the person's fluctuating mental health and self-care abilities. Furthermore, the healthcare professional found staff gradually withdrew additional assistance to help people regain their usual level of independence.

We noted care planning was developed with a person-centred approach. Staff assessed the individual's needs in relation to, for instance, physical and mental health, mobility, nutrition and personal care. The management team implemented a personalised model of support to inform staff about meeting people's needs. They reviewed the responsiveness of care planning through a 'care assessment table.' This helped the management team check each person's continuity of care. The variety of documents included in people's care files also referred to their preferences in relation to their support. This included the person's wishes in relation to spirituality, activities, meals, name and sleeping times. Information was enhanced with the completion of a personal profile that identified people's life history and backgrounds to help staff better understand them.

We noted records demonstrated a collaborative approach with people and their relatives. They confirmed they were fully involved in the review of care plans. One relative told us, "Any time there needs to be a change they discuss it with me and [my relative]." A visiting professional said they had introduced a new care plan since their last review. They added they found staff followed it well, which reassured them the skilled workforce understood their responsibilities.

On our arrival, we saw staff had decorated the home to celebrate Halloween, including a special Halloween tree. People and their families said staff worked hard to create a community spirit and encouraged everyone to engage. One relative said, "[My relative] gets on very well with his neighbour in the next room and they get together for a coffee and he invites her in to sit and watch films together." To enhance people's stimulation the registered manager provided regular activities, such as handicrafts, quizzes, trips out, physical exercise and board games. The relative added, "[My relative's] very active and they have lots of activities to keep occupied." We observed staff frequently spent long periods chatting with people. A visiting professional told us staff had contacted them because a person no longer wanted as much access to a day centre as previously approved. In discussion between staff and the individual it was agreed funding could be used to take them out for the day instead. The professional said staff were proactive in meeting people's social needs. A person who lived at Balmoral told us, "I feel well occupied."

At the time of our inspection, none of those who lived at Balmoral received end of life care. However, records we reviewed contained information about each person's preferences in the event of their death. Details included, for example, their religious needs and the identified representative responsible for dealing with relevant matters. This provided staff with important information to guide them in the person's end of life requirements.

The registered manager told us they had not received any complaints in the last 12 months. They had audits to check people and their relatives were made aware of the home's various procedures, including how to raise any concerns. A relative told us, "I have never had an issue, this home is excellent. I have every confidence [the registered manager] would deal with anything I had to question."

Is the service well-led?

Our findings

When we discussed the management of the home with people and relatives, we received positive feedback. One person told us, "I like the [management team], they care and if I have any problems I feel comfortable about telling them. They do their best to make sure everything is as it should be." A relative commented, "[The registered manager] is excellent. She leads a great staff team very well."

We found the registered manager had a variety of systems to obtain people and their relatives' feedback about the quality of service delivery. This included regular questionnaires where respondents were asked about, for instance, dignity, meals, safety, activities and care delivery. We noted all the feedback was positive about their enjoyment of living at Balmoral. Comments seen included, 'If any problems, I can discuss things with [the registered manager] and we sort it out. Very easy to talk to her. All the staff are pleasant and friendly.' Also, 'I'm very grateful.'

People and their relatives told us they felt a part of the ongoing development and improvement of the home. One relative explained they wanted to be more involved at Balmoral. They discussed this with the registered manager and it was agreed they would run an activity group. The relative added, "I was so thrilled and now I am helping them to make Christmas Decorations. I feel a part of the home, not just a visitor."

The registered manager ensured staff were kept up-to-date about changes within the home through a communication book and memos. They told us they actively encouraged the team to explore ways of improving the home. Staff we spoke with said there was a strong, bonded workforce. One staff member stated, "We really work well as a team." Staff talked about an open and transparent management team who supported and valued them. Another staff member told us they had recently been promoted and added, "I'm really chuffed, it shows they have confidence in me and value me as a reliable employee."

We observed how Balmoral was managed and organised and found the registered manager was visible about the home. One staff member commented, "[The registered manager] is a really good hands-on manager. She really knows what's going on." Staff we spoke with said the management team was very supportive and worked with them to meet each person's needs. A staff member said, "[The registered manager] has been a good manager and is very supportive." Another staff member added, "[The registered manager] and the seniors are very supportive. They work around us and do their best to help us."

The registered manager had good oversight of the home's quality assurance. For example, they undertook a variety of audits to assess everyone's safety and welfare. These included checks of care records, admission procedures, equipment, fire and environmental safety, medication and infection control. The registered manager told us they would act to address identified issues and maintain a safe and comfortable home.

We saw evidence of the provider working with other organisations in the ongoing improvement of people's care. For example, they received information from the local provider forum. The registered manager told us, "We go through them to see any updates or guidance available." They were keen to ensure this assisted the service to follow current practice, provide a quality service and maintain everyone's safety and welfare.

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.