Four Seasons Health Care (England) Limited

Balmoral Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Balmoral Care Home is a residential care home providing personal and nursing care to 68 people at the time of the inspection. The service can support up to 75 people. Accommodation is provided over three floors and three separate units. The Hampton unit is on the ground floor and can support up to 20 people with residential needs. The Chatsworth unit is on the first floor and can support up to 29 people with nursing needs. The Windsor unit is on the first and second floor and can support up to 26 people living with dementia.

People's experience of using this service and what we found
Systems were in place to protect people from abuse. Risks were assessed to ensure people were supported safely and their freedom was respected. Care observed was unrushed, and whilst people and relatives felt staff levels were low this was not the general view of staff. Medicines were administered safely. Infection control procedures were in place and were followed, however some areas of the home weren't entirely clean and some areas needed maintenance to take place.
People's needs and choices were assessed in line with current legislation and guidance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received regular training, and new staff were inducted however not all staff had received the required updates to their moving and handling knowledge. The manager had a plan for this to be completed. People were supported to eat and drink and maintain a balanced diet. Records showed good interaction and communication between staff and other professionals to support good quality care. People were involved in the running of the home; areas of the home were personalised and homely. Consent to care was sought and recorded.
Observations showed kind and caring interactions between staff and people. People were supported to express their views and be involved in their care and support. People's privacy and dignity were respected and their independence promoted.
People's care plans were personalised to their individual needs however some aspects of people's social inclusion had not been considered and people's views on activity provision was poor. People's concerns and complaints were recorded and actions taken, where applicable, to improve care quality. People were well-supported at their end of life.
The home had developed an open culture. There was a governance framework in place to review and assess quality of care and risks. People, relatives and staff were involved in the service, however for people and relatives this was limited. We have made a recommendation about people and relatives attendance at meetings. The service used feedback to learn and improve. The service worked in partnership with other agencies to support people appropriately.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 10 December 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe.	**Good**
Is the service effective? The service was not always effective.	**Requires Improvement**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was not always responsive.	**Requires Improvement**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Balmoral Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by an inspector, a Specialist Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service did not have a manager registered with the Care Quality Commission at the time of our inspection visit however an application had been made. The manager was registered shortly after our inspection visit had taken place. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with 13 people who used the service and 12 relatives about their experience of the care provided. We spoke with six members of staff including the regional manager, the resident experience manager, the home manager, the deputy manager, the clinical lead, and a cook.
We reviewed a range of records. This included three people's care records and various medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection
We spoke with three care staff and the local authority. As requested, the manager provided policies, staffing rotas, dependency tools, maintenance plans and regional manager oversight following our visit.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection
• The medicines room on one unit was in a poor state of repair which made cleaning difficult. We discussed this with the manager and regional manager who explained it was on their refurbishment plan.
• Tables in communal lounges would have benefitted from more regular wiping. We brought this to the attention of the home manager.
• People were protected from infection by established processes. Personal protective equipment was freely available and used. People were offered wipes before and after eating. A person told us, "Oh yes, it's clean. They're very strict with the cleaning."

Staffing and recruitment
• People's needs were met in an unhurried manner and call bells were answered in a timely manner. Almost all staff said staffing levels were good but that sickness impacted heavily on staffing levels. Most people and relatives said there wasn't enough staff. Comments included: "There aren't enough staff, sometimes you have to wait a while for the buzzer to be answered", "There's not really enough staff, they've cut them back", "They're very busy, they're getting more and more short-staffed", and "There's not enough staff here to cope". One person told us, "They (staff) come when I buzz, they're very good."
• Staff rotas showed staffing levels matched or outnumbered the amount which had been assessed as being required to meet people's needs. The home manager told us they considered staff experience when preparing rotas.
• The recruitment process was safe. Personnel files contained all necessary pre-employment checks which showed only fit and proper applicants were offered roles. Checks included asking for a pre-employment history, obtaining a criminal history check from the Disclosure and Barring Service, and obtaining references.

Systems and processes to safeguard people from the risk of abuse
• People were supported safely and protected from abuse. Staff knew how to recognise abuse and protect people from the risk of abuse.
• Systems were in place to record and take action on safeguarding and whistleblowing concerns. Staff were confident action would be taken.
• A person told us, "Yes, I feel safe, the surroundings make me safe."

Assessing risk, safety monitoring and management
• Risks to people's safety were assessed by competent staff. People's needs were assessed before they moved to the home and actions were taken to mitigate those risks. Records showed how staff considered the least restrictive option when doing so.

• People were supported to have as much independence and control as possible. Staff reviewed risks regularly. Staff ensured appropriate information about risks to people was shared at staff handovers.
• Premises and equipment were serviced regularly. Internal checks took place to ensure the environment was safe.

Using medicines safely
• Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. Checks were undertaken by the clinical lead.
• Staff administering medicines had their competency to do so checked regularly. The medicines administration record (MAR) contained all the necessary information and people's allergies were documented and risks to people from these mitigated.

Learning lessons when things go wrong
• Accidents and incidents were recorded and monitored to track themes and learn from these. The registered provider used an electronic system for recording and monitoring accidents and incidents and other audits relating to the management of the home. Themes and trends were identified and action taken.
• The manager reviewed all accident and incidents, the level of risk and ensured appropriate actions were taken to resolve the situation.
• Any lessons learnt from these incidents were implemented and shared with staff.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's support and environment did not always achieve good outcomes or was inconsistent.

At the last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing, because the registered manager had failed to ensure staff received appropriate training, support, supervision and appraisals to enable them to carry out their role effectively. At this inspection we found improvements had been made however not all staff had received timely refresher training about moving and handling. This was due to the departure of a member of staff who was responsible for this. The home manager had since made alternative arrangements for training to be completed as soon as possible and during our inspection visit some staff were being trained.

Staff support: induction, training, skills and experience
• Half of care and support staff had not received refresher training about how to move people safely. The staff member responsible for delivering this training had recently left the service. The home manager had commenced a programme of moving and handling training and 'train-the-trainer' training was taking place during our inspection visit. The resident experience manager told us they planned to undertake competency checks the following week on staff who had not received refresher training.
• People were supported by trained staff. Staff received training which was predominantly via e-learning before starting work. This was monitored using a training matrix.
• Staff received regular support through supervisions and appraisals. This was a two-way process between the staff member and a senior staff member. There was a planned programme for these, which was followed.
• New staff completed an induction and shadowed more experienced staff.

Adapting service, design, decoration to meet people's needs
• The premises and environment supported people's needs. Communal areas had recently been refurbished and there was a planned programme of refurbishment for people's individual bedrooms. This had been ongoing since the last inspection. People and relatives had been informed of this.
• Signage supported people who were living with dementia. Corridors were bright and had colourful displays. People's bedrooms were personalised and lounges were homely and included magazines, knitting and budgerigars. People's rooms had their names on the door.
• Menus were on each table, however these were very small and would not be accessible for most people living at the home. There was nothing in the communal areas to give information about the time, date, season, food to support people's orientation.

Supporting people to eat and drink enough to maintain a balanced diet

• People were well-supported by staff to eat and drink. Staff offered a varied choice and gave appropriate encouragement and support. People's comments about the food were overall good and the cook completed regular dining experience audits to capture people's views. "I enjoy the food, it's very varied. I'm well satisfied with the food." One person said, "The food is a bit (poor). We get a lot of soup and sandwiches. I complain but they just ignore it."
• The cook was knowledgeable about people's likes and dislikes and special dietary requirements. Clear and up-to-date information about these was clearly displayed in the kitchen.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People had their needs and choices assessed in line with guidance. Records showed people had consented to care and support where they were able to do so. Appropriate alternative consent was sought where people were not able to consent themselves.
• Staff offered people lots of choice throughout the day. For example, asking them where they wished to sit, what they wanted to eat, and providing them with a range of options.
• Staff described how they provided people with an explanation of what was happening at all times when delivering care and support.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People were very well supported to access a wide-range of health professionals. These included GPs, district nurses, speech and language therapists, occupational therapists, physiotherapists, dietitians, opticians, chiropodists and dentists. Staff were made aware of any changes to people's needs or health through regular handovers. Care plans were updated in a timely manner.
• A person told us, "I've got new glasses; the optician comes here. The chiropodist comes here."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• Systems were in place to ensure people's capacity to make decisions were assessed and appropriate support put in place to enable decisions to be made in people's best interests when needed.
• The service made appropriate and timely DoLS applications for people, when needed. The home manager tracked and monitored these to ensure people's support was legal. Where people had conditions attached to their DoLS these were being met and recorded.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People were supported by staff who were kind and caring. Interactions between staff and people were genuine and positive, with good eye-contact and good use of gentle touch. Friendly and warm conversations took place between people and staff.
• The home manager described how people's equality and diversity was considered and described how staff respected a person's wishes over a particular sensitive matter dependent on how that person felt on any one day.
• A person told us, "The staff are ever so nice; we can do what we want." A relative confirmed, "They do care for them. They are dedicated carers." A staff member said, "The care is good", and another said, "Staff are very, very caring".

Supporting people to express their views and be involved in making decisions about their care
• People were supported to express their views and to make decisions about their care. Most people and relatives told us they had been involved in making decisions about their care and support needs. However, one person said, "I'm not involved in any care planning. I don't know about a care plan." A relative commented, "She has got a care plan, but we haven't seen it."
• Staff supported people to make decisions. A person confirmed, "Yes, they listen properly to me."
• Daily records were detailed and showed how people's choices and views were respected.

Respecting and promoting people's privacy, dignity and independence
• Staff respected and promoted people's privacy, dignity and independence. People told us staff respected their dignity. "They do respect my privacy and always knock before they come in. They're very good like that."
• A staff member took care to explore why someone didn't want to eat, checking whether it was the taste or the texture of the food, and checking with the person constantly as they tried other things.
• Staff had genuine concern for people and were keen to ensure their rights were upheld. Staff explained how they respected people's privacy and dignity by asking them throughout any care or support interventions. For example, quietly suggesting someone might want to change when they had soiled their clothes.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

At the last inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care, because the provider had not provided care which reflected people's preferences. At this inspection we found improvement had been made in this area.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People had access to a range of planned activities over six days per week. These included crafts and one-to-one time. One person told us, "Every day there's activities, they keep a diary." However other people commented they did not receive enough access to outdoor trips and visits. The home manager explained how people were offered the choice of going shopping for their toiletries, along with other trips.
• Some people expressed a wish to vote, however this was not something that had been considered by the service. We discussed this with the home manager who agreed to investigate how people could be supported to do this.
• People's activity choices were clearly documented in their daily records.
• The home made a charge for some activities advertised, for example, the weekly coffee morning and ice-cream trolley. This meant some people may choose not to partake in these activities.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• Care and support plans were personalised and contained detailed information about how people should be supported with each task.
• Staff were knowledgeable about people's likes and dislikes and used this information to support people in a personalised way. People's needs were identified and these included those related to protected equality characteristics.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• People's communication needs were asked and recorded in care plans. These needs were shared appropriately with others.
• People's communication needs were met by staff who understood these.

Improving care quality in response to complaints or concerns

• There was an appropriate complaints system in place. Complaints were recorded and monitored. The complaints policy was displayed in the home. Where people had raised concerns these were responded to as set out in the policy.
• The provider had oversight of all complaints and checked to ensure theses were responded to appropriately. Where appropriate complaints and concerns were used to support improvements to people's care.

End of life care and support
• People were asked about their preferences for end of life care. Care and support plans for end of life care were very person-centred. Staff ensured these preferences were supported during people's end of life care.
• The home worked closely with health professionals and relatives, where appropriate, to ensure people were cared for appropriately at their end of life. Pain management was checked and monitored.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance, because the registered provider had not ensured there were effective processes in place to assess, monitor and improve the quality and safety of the services provided. We also found the registered provider had not maintained accurate, complete and contemporaneous records in respect of each person living at the home. At this inspection we found improvements had been made in both areas.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home manager promoted a positive, person-centred and open culture for the home. They were clear about their vision of the home and their plans for the future. Staff described the home manager as approachable and said they would feel comfortable speaking with them. A staff member said, "It's much better now we get told straight what's needed and we are getting better all the time."
- Most people and relatives knew the home manager, however, although the home manager had worked at the home for three months, one person said, "I don't know who the manager is, I know it's a woman."
- The home manager had overseen an intensive period of improvements to care plans; this had supported good outcomes for people.

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

- The home manager was clear about their responsibilities and those of their staff. The home manager had commenced their application to register with the CQC and this was completed shortly after our inspection visit.
- Good governance arrangements were in place. The provider undertook monthly visits and received a regular report about the service from the home manager.
- The home manager had good oversight of the home; they undertook daily, recorded, walk rounds of the home.
- Ratings from the last inspection were displayed in black and white, which meant they were not easily identifiable to people and visitors to the home. Statutory notifications were submitted and tracked appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People, relatives and staff were asked for their opinions about the service and regular meetings took place. Attendance by people and relatives at these meetings was low. The home manager explained people were asked their opinions at regular coffee mornings, however there was a cost to people for refreshments at these, which may be a limiter to attendance.

We recommend the provider considers a different location and format for 'residents and relatives meetings' to facilitate and support attendance and engagement.

• Regular meetings took place with staff; minutes showed staff were able to suggest ideas and improvements and staff confirmed this.

Continuous learning and improving care; Working in partnership with others
• The home manager had implemented a variety of improvements to care and support. Meeting minutes and supervision records showed how these had been communicated to staff.
• The home had worked closely with the local authority to improve care plans.