

Crown Care IV Limited

Balmoral Court

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?	Outstanding ☆

Summary of findings

Overall summary

About the service

Balmoral Court is a residential care home that was providing personal and nursing care to 88 people at the time of the inspection. The service can support up to 99 people. People are accommodated in four units, including a male only and a female only unit. Care is provided to both older people and younger adults. People are supported with physical and mental health needs, including people living with a dementia-related condition.

People's experience of using this service and what we found

The service was exceptionally well led. The provider had invested in developing an experienced and motivated management structure. The registered manager was extremely knowledgeable, proactive and driven in striving for people to receive better care. Staff were proud to work for the company. Their commitment was recognised, and their suggestions listened to. The service had excellent links with the local community and used these to enhance the lives of the people who used the service.

People told us they felt safe. The home was well maintained. There were enough staff to meet people's needs and medicines were well managed. The home was clean.

Staff received training relevant to their role. They were given opportunities to develop their skills and were well supported. People's care was planned and delivered to meet their individual needs. Staff had clear information about how to support people. They effectively diffused situations where people became agitated. The service was well designed to enable people to be as independent as possible.

Staff were caring and put people at ease. Relatives told us staff knew them and their family member's well. People were valued, and their differences were celebrated. People's dignity was respected and their independence was promoted.

People's care was designed around their needs, choices and preferences. People could take part in activities both inside and outside the home. People and relatives were asked for their views, and these were used to drive improvements. Complaints had been well managed.

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

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

Rating at last inspection

At the last inspection the service was rated good (published January 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Balmoral Court

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

Inspection team

The inspection team was made up of three inspectors, two Experts by Experience and a specialist advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a nurse who specialised in people with needs associated with their behaviours.

Service and service type

Balmoral Court 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received from the provider since the last inspection, such as information about serious injuries and deaths.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

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

During the inspection

We spoke with five people who used the service, thirteen relatives and one visiting friend about their experience of the care provided. Some people who used the service could not verbally communicate their experience of the care they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with a GP and a specialist nurse visiting the home.

We spoke with the registered manger, the provider's regional manager, the deputy manager, an assistant manager, four registered nurses, two unit managers, three team leaders and five care workers.

We reviewed a range of records. This included ten people's care records and five medication records. We looked at records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider during and after the inspection.

After the inspection

We asked the provider to send us some additional information to corroborate the evidence we had found. We contacted a psychiatrist and an infection control nurse who had links with the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

- Risks were well managed. Staff understood the risks people faced, and the steps they needed to take to minimise these risks.
- Staff were skilled at supporting people who, at times, displayed behaviours which put themselves or others at risk. Staff diffused situations effectively and responded calmly when people displayed anxiety or agitation.
- Safety checks were carried out regularly on the building, and any equipment used, to make sure they were in good working order.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Systems were in place to minimise the risk of abuse. Staff understood, how to spot abuse and what they should do if they had any concerns.
- The registered manager carried out thorough investigations into incidents. They worked closely with the local safeguarding team.
- The registered manager reflected and learned from incidents to improve care delivery. Since our last inspection the provider had changed the registration of Balmoral Court. They had merged two care homes based on the same site, one of which had been the subject of safeguarding concerns. The registered manager had been proactive in assessing and addressing any training and support needs for staff who had worked in the de-registered home.
- Accidents and incidents were reviewed. Where possible action was taken to reduce the likelihood of accidents or incidents happening again.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Most people and relatives told us staff were available and responsive to their requests. Staff on one unit were less visible and some relatives commented on this. Staffing levels were determined from an assessment of people's needs and kept under review. The registered manager told us they would closely monitor staffing on this unit.
- The registered manager had introduced new roles so care staff could focus on providing support to people. General assistants were responsible for making people's beds, tidying their bedroom, and supporting people at mealtimes. Relatives were positive about the impact of these new roles.
- Safe recruitment processes had been followed.

Using medicines safely

- Medicines were well managed. Medicines were received, stored and disposed of safely.

- People received their medicines as prescribed. Medicines were administered by competent staff.

Preventing and controlling infection.

- The home was clean and well maintained.
- Staff used gloves and aprons to minimise the risk of infection.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People saw healthcare professionals when they needed to. The management team had been proactive in building relationships with healthcare professionals. A GP and specialist nurse visited the home each week to check people's conditions and monitor their progress.
- Staff worked closely with other agencies when people moved in or out of the service. One healthcare professional said, "We have successfully discharged a person with very complex needs. The home were very involved in the process and made the transition as smooth as possible."
- People experienced good care and good outcomes. The registered manager and staff gave us examples and spoke proudly about people whose mental health had improved since they had come to Balmoral Court. Some had been able to return to their own homes.

Staff support: induction, training, skills and experience

- Staff were well trained and knowledgeable. All staff received a programme of training, designed around the needs of the people they supported.
- New staff completed an induction programme which incorporated the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours that should be covered if staff are new to care.
- Staff told us they felt supported. They attended regular one to one meetings with their supervisor to discuss their performance and the care they delivered.
- Nursing staff had access to training to make sure their clinical skills were kept up to date.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began using the service. Staff used recognised guidance and tools to determine what level of support they required.
- Staff had access to clear information about how to support people. Care plans, written to describe how staff should meet people's needs, were detailed and specific.

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

- People and relatives told us the food was good, although some people mentioned they would like more variety. Food, drinks and snacks were available throughout the day.
- Staff understood people's nutritional needs, they supported them to eat and drink when needed. Records in place to monitor people's intake of food and drinks were well completed.
- Kitchen staff were considerate of people's cultural needs and preferences, preparing appropriate meals

for a range of diets including Halal, Kosher and vegetarian.

Adapting service, design, decoration to meet people's

- The home was designed to suit people's needs. Visual signage was used to help people to find their way around. Handrails were painted in contrasting colours, so they were easy to see. There were seating areas throughout the home, so people could sit and rest if they became tired.
- Items of interest were placed around the home. Sensory items were available which aimed to be interesting to look at or touch. People could look and use these items without staff support.
- The provider was working through an ongoing refurbishment plan to redecorate some areas of the service.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider continued to follow the MCA. People were supported to make their own choices whenever they could. Where people did not have capacity to make significant decisions, staff supported them to make daily living choices.
- Where people lacked capacity, decisions were assessed, and best interest decisions made involving family members and healthcare professionals.
- DoLS authorisation had been granted for people deprived of their liberty. Conditions on authorisations were being met.

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.

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 treated with kindness and compassion. People and staff knew each other well. They shared jokes and we saw them laughing together. Staff put people at ease, chatting to them throughout the day.
- People and relatives were very complimentary about the staff. They told us they were warm and friendly. People's comments included; "The staff are lovely" and "We are treated well. Very well in fact." One relative said, "The staff are wonderful. Everyone has been so kind."
- People and staff were valued for who they were. The staff team was very diverse including people from the LGBT (lesbian, gay, bisexual, transgender) community and staff from different parts of the world. The registered manager told us social workers had commented positively on this and explained that the home was their first option when looking for homes for people who were LGBT. One social worker had described the home as a "safe haven", where people were celebrated for who they were.
- Staff understood the importance of family relationships. Families were made to feel welcome and could share meals with their relative. Staff had supported one person to reconnect with a family member who they had previously been estranged from.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld. Some people who used the service were disinhibited due to their conditions. Staff were clear on how to effectively meet these needs whilst supporting the person to maintain their dignity.
- People's right to a private life was promoted. Where appropriate staff advocated, within multi-disciplinary meetings, for some people to have access to materials to meet their sexual needs.
- Staff supported people to maintain and develop their independence. Some people were looking to return to their own homes. Staff worked with these people to develop their independence skills such as making their own snacks and meals and tidying their own rooms.

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

- Staff supported people to express their views and be as involved in their care as possible. Care plans were written using information from people and their relatives.
- Relatives told us they were kept up to date with their family member's care.
- People were supported to access advocacy services, who provide impartial support to people to make and communicate decisions.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People received care which was planned around their needs, choices and preferences. Staff had access to clear and detailed information about the way people should be cared for. Care records gave staff an understanding of people's life histories, likes and dislikes.
- People's care was regularly reviewed to make sure it still met people's needs.
- Relatives told us staff were very responsive to people. One relative said, "They have considered [my relative's] needs. It got a bit noisy on the other unit and so they were moved to this one. [My relative] has settled really well."

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in a variety of formats to meet people's individual needs. The registered manager had researched best practice in presenting information for people with dementia type conditions and created dementia friendly service user guides, menus and surveys. Information was also available in large print and other languages.

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 could take part in a range of activities inside and outside of the home. One relative said, "There is lots going on. Just recently they've had bingo, Irish dancers, parties, singers, and pet therapy." Events were often planned on weekends and evenings, so more relatives could attend.
- Two activities coordinators worked at the home and planned events and activities based on people's interests. A popular weekly event was "The Balmoral Arms" based in an area of the home set out like a pub. There were games such as dominos, cards and magnetic darts and alcoholic drinks available.
- The service embraced the benefits of technology. Each month a specialist company brought virtual reality headsets into the home so people could explore other environments and play games. The service purchased two robotic pets, following research about the benefits for people living with a dementia condition. An animated dog, was particularly impactful for one person. Staff used it to defuse situations when they were feeling anxious.

End of life care and support

- People were supported with care and compassion at the end of their lives. Two staff were end of life leads, they mentored and provided information for other staff about best practice in this area.
- Nursing staff had been trained to use specialist equipment which was typically used to give medicines as people approached the end of their lives.
- Staff had been trained in end of life care. Four staff also had counselling qualifications and utilised these skills when supporting people, relatives and staff at this sensitive time.

Improving care quality in response to complaints or concerns

- Complaints had been well managed. The registered manager had responded in line with the provider's policy. Within responses they had empathised with people and where appropriate they had offered apologies.
- Complaints had been used to drive improvements. The introduction of the new general assistant role, responsible for making beds and supporting at mealtimes, had been developed following a complaint.

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.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager was very knowledgeable and experienced; staff described them as approachable, inspiring and leading by example. They had recently won a national independent care industry award, for "Registered Manager of the Year". People, relatives and health professionals praised the leadership and the culture of the home.
- Staff were proud to work at the home. Their commitment and skills were recognised and rewarded. Morale was very high and staff retention was good. Staff were empowered to strive for excellence. Their ideas were taken on board. Staff were mentored, developed and given the opportunity to move into more senior roles. The provider was funding two staff to attend a new Nursing Associate university course.

Continuous learning and improving care

- The management team were passionate about delivering best practice. They were innovative and proactive in researching, trialling and evaluating new ways of working to improve people's care. Following a non-uniform trial, staff no longer wore uniform in the male unit, as the incidents of anxiety and aggression had reduced. However, it was not adopted elsewhere as some people had been confused when non-uniformed staff supported them.
- The management team used their knowledge and determination to improve the care people received. The registered manager had previous experience of working in services with strong links to GP practices. As this system was not well developed in Newcastle, contact was made with local GPs about the positive benefits for people. One GP practice agreed to trial weekly visits, alongside a community psychiatric nurse. They told us the system was working very well.
- The provider adapted the service to meet people's changing needs. They had adapted some bedrooms into self-contained flats so people could start to live more independently whilst in Balmoral Court, to ease the transition before they moved into their own accommodation or supported living.

Working in partnership with others

- Staff and the management team had built excellent links with outside organisations, to improve and enrich the lives of the people they cared for. Staff had been proactive in seeking opportunities for people to be involved in new initiatives. The home worked with an arts company on a project called HenPower, to keep hens at the home which has been found to reduce loneliness and improve wellbeing.
- The registered manager identified the benefits of younger people mixing with people with mental health issues. They worked with local colleges to create a program designed to break down barriers and challenge stereotypes around ageism and dementia. The program had benefits for both the college students and

people who used the service, who both built relationships and learned new skills. Some past students had maintained their new friendships through visits in their own time and sending letters.

- The management team sought opportunities with universities and research organisations to be involved in research and innovation.

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

- People, relatives and staff views were valued. Their feedback was sought using specially designed questionnaires, and improvements implemented based on the experiences they shared. People were invited to regular meetings to discuss the service.
- Staff were empowered to be an active part of the service and to do their jobs to the best of their ability. The registered manager made sure that any adjustments staff needed to feel comfortable at work were in place, such as changing shift patterns to meet religious needs and providing different roles for staff when going through difficult times.

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 principles of the duty of candour were embedded within the registered manager's practice. We saw they were open and honest in response to any complaints. Records evidenced reflective practice and striving for improvements within the home.

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

- Robust systems were in place to make sure that people received high standards of care. A comprehensive range of checks were completed.
- Checks were carried out by a range of staff of all designations. This empowered staff to understand that quality was everyone's responsibility. Where areas for improvement were identified, an action plan was created and communicated to staff. The registered manager monitored these action plans closely to make sure the service continued to improve.