

Kapil Care Homes Limited

Balmoral House

Inspection report

Old Brumby Street
Old Brumby
Scunthorpe
South Humberside
DN16 2DB

Tel: 01724854836

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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

About the service: Balmoral House is a residential care home that can accommodate up to 60 people. The service was providing personal care to 54 people older people at the time of the inspection.

People's experience of using this service: People were safe and protected from the risk of harm and abuse. Staff had received safeguarding training and there were policies and procedures to guide staff on what to do if they had concerns. Staff were recruited safely and there were sufficient staff to meet people's needs. People received their medicines as prescribed. The service was very clean and tidy.

The provider acted within the law when people lacked capacity to make their own decisions or when they were deprived of their liberty. People's health and nutritional needs, including religious observances, were met and understood by staff. Staff received induction, training, supervision and support to enable them to feel confident when supporting people.

People and their relatives described staff as kind and caring. We saw staff were patient and friendly, and people's privacy and dignity was maintained. Staff supported people to communicate their needs effectively. Staff were aware of the need for confidentiality and personal records were held securely.

People had assessments of their needs completed and care plans developed to guide staff in how to meet them in ways they preferred; the care plans were updated when people's needs changed. The care plans highlighted what people could do for themselves and included a social profile, which indicated their important relationships, previous interests and work. People could remain at Balmoral House for end of life care. The provider was responsive to complaints and concerns.

The service was well-led; there was an open and supportive culture. People who used the service and their relatives knew the registered manager's name and said they could speak to them if needed. There was a quality monitoring system to ensure any shortfalls could be identified and addressed. People could make suggestions in meetings and surveys. The management team had developed good working relationships with other people and agencies.

More information is in the full report.

Rating at last inspection: Requires Improvement; last report published on 20 February 2018. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected: This was a planned inspection based on the rating of the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Balmoral House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was completed by one inspector 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: The service provides personal care and support for up to 60 older people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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: The inspection was unannounced.

What we did: Before inspection we looked at information sent to us since the last inspection such as notifications about accidents, safeguarding alerts and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information from the local authority.

During the inspection we spoke with six people who used the service and four of their relatives. We also received information from an additional two people who used the service. We spoke with the provider's nominated person, the registered manager, the deputy manager, a training officer, a senior care worker and three care workers. We also spoke with the cook on duty, the activity coordinator and the head housekeeper. We received information from an additional four staff and a visiting health professional.

We looked at a range of documentation such as care files for five people and medication records for 14 people. We looked at other records relating to the management of the service such as staff recruitment, training and supervision, quality monitoring, complaints management and safety checks. We completed a tour of the environment.

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. Legal requirements were met.

Systems and processes.

- The provider had a policy and procedure in place to guide staff in how to safeguard people from the risk of abuse and harm.
- Staff had received safeguarding training. They could describe the different types of abuse, signs and symptoms that would alert them and what to do if they had concerns.
- People told us they felt safe living in the service. Comments included, "I'm with people. Other people can't get in; windows have special fasteners and can't be opened wide enough", "There is good security in the building and reassurance from staff" and "I have no worries; I feel safe, I just do." A relative said, "I know they are safe living here; sometimes I've just sat and watched and they are fine."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff completed assessments of people's needs, which identified potential risk hazards. Care plans and risk assessments provided guidance for staff in how to minimise risks without being too restrictive.
- People had personal emergency evacuation plans (PEEPs), which identified the support they required to exit the building in an emergency.
- Accidents, incidents and falls were analysed so that lessons could be learned and help prevent re-occurrences. Falls had reduced due to action taken by staff.
- The service was well-maintained and appropriate checks made on equipment to ensure it was safe to use.

Staffing and recruitment.

- The provider had a safe staff recruitment process. Full employment checks were complete before staff started working in the service.
- There were sufficient staff deployed to meet people's needs. There was a range of ancillary staff, which enabled care staff to focus on people's care needs.
- People told us call bells were answered in a timely manner. A relative said, "We think they are safe here because there's always staff" and "They [staff] keep popping in to see they're okay"

Using medicines safely.

- The provider had a safe system of medicines management; medicines were stored safely, stock was controlled and they were returned appropriately to the dispensing pharmacy when no longer required.
- The medication administration records for people showed they received their medicines as prescribed. Staff received training in medicines management and their competency was assessed.
- There were some missing protocols, which were used to provide guidance around decision-making for staff when people were prescribed medicines on an 'as required' basis. The training officer had sourced specific protocols and these were to replace existing ones.

Preventing and controlling infection.

- Personal protective equipment was available to help prevent the spread of infections. We observed staff washed their hands and put on aprons to service lunch.
- Staff had completed training in infection prevention and control; this was updated annually.
- The service was very clean and tidy.

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.

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

- Staff completed assessments of people's needs and obtained those completed by health and social care professionals when available.
- Staff were aware of good practice guidelines and used them to support the delivery of care.

Supporting people to eat and drink enough with choice in a balanced diet.

- People's nutritional needs were assessed and risk assessments were in place when required. People's weight was monitored. Monitoring charts for food and fluids were completed when required.
- People told us they enjoyed their meals and they received a balanced diet. Comments included, "The meals are very good" and "There's plenty to eat and drink; they cook the meals how you want them and there's plenty of choices. The cook [Name] is very good." A relative said, "They have a wide variety of food and it looks good. They eat really well and always get more."
- Catering staff were knowledgeable and supported people to follow cultural and religious diets.

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

- People had access to a range of community health care professionals when required.
- A person who used the service said, "Staff respond very quickly and are able to recognise changes in my health; they always contact the GP or nurse when necessary." Relatives told us staff were quick to contact them when there were any health issues with their family member. Relatives said, "They're very good. Last week their foot was swollen and they immediately got the doctor. They've also had the district nurse coming in every day for a while" and "They do see to everything; the dentist is coming next week because they've decided they want some new teeth."
- A health professional said, "They [staff] are good at informing the district nursing team if any problems occur."
- Staff had completed information for when people were admitted to hospital. This provided nursing and medical staff with important details specific to each person.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff understood the need to ensure people gave consent before providing support. Staff had completed training in MCA.
- Decisions made in people's best interests were recorded. Relevant people had been involved.
- Appropriate applications for DoLS had been made to the local authority. The registered manager and care staff knew what constituted a deprivation of liberty.
- People who used the service said, "I make choices about rising and retiring times, and activities" and "Yes, up to a point I'm pretty free; I just feel comfortable being here." Relatives said, "Well, I've heard them say they're tired and they [staff] come and ask if they would like to lay on their bed."

Staff skills, knowledge and experience.

- Staff had access to training, supervision meetings and support to ensure they were confident in providing care to people. The registered manager completed observations of staff practice to assist their development. A person who used the service said, "Well, I've not come to any harm at their hands up to now; they have been very good."

Adapting service, design, decoration to meet people's needs.

- The service was designed to meet people's needs. Adjustments had been made to support people living with dementia, in line with good practice guidance.

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; equality and diversity.

- There were positive comments about the kind and caring approach of staff. People who used the service said, "The staff are caring, kind and respectful; sometimes a bit rushed in the evenings and weekends" and "They are very kind." Relatives said, "We think they're good; we watch them with other people and they look after them. That's how we know ours are okay" and "The senior staff are exceptionally caring and considerate and do listen to people."
- Staff had supported people to follow their religion and respected their privacy at times of prayer.

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

- People, and where appropriate relatives, were involved in reviews of the care. A relative said, "There was a review in September and we were both here."
- There were communication methods organised for people whose first language was not English. This included using staff who spoke the same language, non-verbal means, relatives and translation apps on mobile phones.
- People were asked to make suggestions in meetings about activities, menus and what to buy out of the resident's fund. They were asked about complaints and discussed topics such as staff champion roles, health and safety and 'green issues' such as turning off lights when not needed. The meetings were chaired by a relative of a person who used to live in Balmoral House.
- Menus were on display although the writing was small and there was no pictorial version. Catering staff visited people each morning to let them know what was on the menu and to see if they required an alternative.
- People were encouraged to make their own decisions and one member of staff said, "Every service user is valued."

Respecting and promoting people's privacy, dignity and independence.

- People told us staff supported them to maintain their privacy and dignity and treated them with respect. Comments included, "At all times [respect privacy and dignity]" and "Yes, they do this in a kindly way." One relative said, "They definitely promote privacy and dignity. I've seen how they use the hoist; they make sure people are covered up and it's every time"
- Staff described how they maintained core values important to people. They said, "Ensure doors and curtains are closed when delivering personal care, and don't shout across the room when asking personal questions" and "We always make sure people are covered, especially if they have to be hoisted when moving them into a chair."
- Care plans described what people could do for themselves to remind staff to encourage independence as much as possible.

- A health professional told us staff were approachable and promoted values of choice, independence, privacy and dignity at all times.
- Records were stored securely and computers were password protected.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- At the last inspection in January 2018, we had concerns that care was not planned sufficiently and care plans were not kept up to date when people's needs changed. At this inspection, we found improvements had been made.
- Staff completed assessments of people's needs including the identification of risk, and measures needed to minimise risk.
- Care plans were developed to guide staff in how to deliver care in line with people's needs and preferences. For example, there was information about people's cultural needs, religious requirements, communication methods and general day to day care and support. One person had anxious behaviour and their plan detailed the type of behaviour, what the triggers were and how staff were to respond to support the person.
- The care plans and risk assessments were updated when people's needs changed.
- We saw staff were responsive to a visitor, who became unwell and provided them with suitable refreshments to aid their recovery.
- People were supported to participate in activities; there was a list of activities for January 2019 on display and people received a copy in their bedrooms. These included quizzes, 'knit and natter', chair exercises, games, bingo, church services and visiting entertainers. There was a trolley stocked with items for people to purchase if they wished. There were two outings arranged for January 2019.
- People who used the service told us they enjoyed the activities. Comments included, "There is a weekly activity programme but some need encouragement to join in" and "The activities are good."
- The activities coordinator ensured they were aware of people's interests and hobbies so these could be considered when planning activities.

Improving care quality in response to complaints or concerns.

- The provider had an effective complaints policy and procedure in place. Arrangements for dealing with complaints was included in documentation provided to people when they started to use the service.
- People told us they felt able to make complaints. Comments included, "Yes, I do complain and they do deal with them; it's a good response" and "I've never had to complain but I would if I needed to."

End of life care and support.

- The provider had a policy and procedure to guide staff on end of life care.
- End of life care plans were detailed and gave staff full guidance on how to support people. In the care plan we looked at, the person and their relatives had been involved in developing it. The care plan referred to family involvement, which funeral director to contact, the person's favourite hymns as well as information regarding emergency treatment and pain relief.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- At the last inspection in January 2018, we had concerns that records were not audited and shortfalls not identified. At this inspection, we found improvements had been made.
- There was a range of audits carried out, which included records such as care plans and monitoring charts. Action was taken when any shortfalls were found. Accidents were analysed and lessons learned to prevent reoccurrence. Records showed they had been a reduction in the number of accidents.
- The provider and their nominated individual (NI) completed visits to the service so they had oversight of management and leadership. The NI completed a comprehensive report of their visits and any actions they required the registered manager to take.
- There were staff rewards for good practice, loyalty schemes and in-house certificates for long service.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider's values of choice, promoting independence, encouraging inclusion and respecting cultural diversity were demonstrated in practice. These were listed in the provider's service user guide and statement of purpose.
- Staff told us they enjoyed coming to work, they got on well with each other, morale was high and it was a good atmosphere. They described good teamwork and said management very approachable, supportive, always took time to listen and helped whenever they could.

Engaging and involving people using the service, the public and staff.

- People who used the service and their relatives knew the management team and said they could speak with them if required. Comments from people who used the service included, "The manager [Name] is very approachable and takes a keen interest in residents and their families" and "I know the manager and the deputy manager; they are very nice." Relatives said, "I can't fault them here; I don't think they could improve things personally."
- Meetings were held for people who used the service and their relatives.
- Part of the quality monitoring system included surveys to people who used the service, their relatives, staff and visiting professionals. 'You said, 'We did' information was on display in the service.
- Staff meetings were held, which gave staff the opportunity to raise issues and make suggestions. There was a 'lessons learned' agenda item to ensure important information was passed on to all staff.

Working in partnership with others.

- A health professional told us, "I feel it is well-led; management is very approachable and open to listening to suggestions."
- The registered manager held weekly meetings with the district nursing team to discuss care issues.
- A director of the service, the provider's nominated individual (NI), is the deputy chairperson of the Cross-Sector Provider Partnership. The group meets to discuss service provision across North Lincolnshire and arranges workshops for managers of services to stay informed about the latest good practice and legislation. The NI is also a member of the Care Standards Board along with member of the local authority and local clinical commissioning group; the focus of the Board was to promote a high standard of service provision within North Lincolnshire.