

Mears Extra Care Limited

Balmoral Place

Inspection report

Balmoral Road
Northampton
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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 Place is an Extra Care housing service. There are 80 self contained flats split between 3 blocks. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 27 people receiving personal care.

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

People were safely supported and risks were appropriately assessed.

Medicines were managed safely. People were encouraged to manage their own medicines as much as possible to promote independence.

People were protected from the risk of infection.

There were enough staff available to meet people's needs. Staff received support and supervision to ensure people's needs were met.

Staff were recruited safely, and received regular training for their roles.

Accidents and incidents were recorded and monitored by the management team. Lessons were learned when things went wrong.

People's needs were assessed prior to the service conducting care.

People were supported to maintain a healthy balanced diet when required.

The service worked in partnership with health care professionals. People accessed health care services as and when needed.

People were involved in the planning of their care. Systems were in place to support effective communication.

Positive relationships were developed between people and staff. Privacy and dignity was respected.

Care was personalised towards people's needs, and staff provided a range of activity and opportunity for people to be involved in.

A complaints policy and procedure was in place, and people knew how to use it.

Audits and checks took place to ensure errors were found and acted on.

Staff morale was positive and staff were well supported.

People and staff could provide feedback to management and were listened to.

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

Why we inspected

This service was registered with us on 16/12/2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we 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?

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 Place

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 one inspector.

Service and service type

This service is an extra care housing service. It provides personal care to people living in their own flats, across three buildings, within a single site. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support services.

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

We gave the service notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority.

The provider was 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 used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We also spoke with two family members of people who use the service, three members of care staff, the registered manager, and the care coordinator.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training records, and meeting minutes were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were present within people's care plans, and they documented in detail the risks that may be present in people's lives. The staff and management took a pro-active approach to risk assessment, to enable people to achieve as much as they could safely.
- People told us staff supported them in a safe way and they were not concerned about any risks related to the care they received.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. All the people and relatives we spoke with felt safe care was delivered. One person said, "This is a very safe and secure place to live."
- Staff we spoke with told us they were confident in following safeguarding procedures, and would report any concerns to the appropriate person when required. One staff member said, "I have confidence the management would follow up anything properly. We have all had whistleblowing training so we know how to report concerns."

Staffing and recruitment

- There were enough staff to ensure people's needs were met safely and in a timely manner. People were supported by a consistent staff group that knew them well.
- Everyone we spoke with told us staff timings were good, and they felt at ease knowing there were always staff on site within the complex. People felt confident they would not have to wait long for someone to respond to any calls for help.
- Staff were recruited in a safe manner. We looked at recruitment records and saw safe recruitment checks were carried out such as employment references, and disclosure and barring checks (DBS) to ensure staff were of the right character to be working in a care setting.

Using medicines safely

- Medicines were managed safely. People were encouraged to be independent with their medicines as much as possible. Some people required staff assistance. The medicine administration records we looked at were filled in correctly. This included the use of body maps for any topical medicines to ensure the right procedures were followed.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had access to appropriate PPE (personal protective equipment) to support people. Staff had access to regular testing for COVID-19.

- People we spoke with confirmed staff always wore the correct PPE when conducting care calls.
- Risk assessments were in place for people and staff, to ensure COVID-19 protocols were followed safely for all.

Learning lessons when things go wrong

- Accidents and incident recording systems were in place and the registered manager told us any incident would be reviewed and actions taken to reduce the risks identified.
- Staff told us information was regularly shared between staff to ensure lessons could be learned and improvements made where possible.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People's needs were assessed prior to them receiving care. The registered manager or care co-ordinator went out to meet people and discuss their care needs, to ensure appropriate care could be delivered. This formed the basis of a care plan, which was then regularly updated and kept relevant to people's needs.
- Staff knew the people they were supporting well, and people we spoke with agreed with this. Staff said the care plans were accurate, and useful documents which reflected people's needs.

Staff support: induction, training, skills and experience

- People felt staff were knowledgeable and well trained. One relative of a person said, "Yes I think the staff are all very good, they know what they are doing." Staff we spoke with confirmed training opportunities were regular and good. One staff member told us, "I had a good induction period before starting care, doing all the courses and then shadowing other staff to get to know people and the routines. It was a much better process than previous places I have worked."
- Training records we looked at confirmed staff kept up to date with training needs, and had opportunities to explore areas of interest and further qualifications such as the national vocational qualification (NVQ). Staff training updates were shared on a communal notice board with people using the service, so they could be informed and re-assured of the ongoing competencies of the staff supporting them.
- Staff received regular supervision from the management team. Staff told us support and advice was always easy to obtain, and the management team were supportive at all times.

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People were involved in decisions about their care and staff gained consent to care.
- Care records contained MCA documentation and were clear about people's capacity being assessed, and

any best interests' decisions which may need to take place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- The staff worked in partnership with healthcare professionals to ensure people had access to health care support when they needed it. For example, the staff worked alongside a speech and language therapist to support one person with their health needs, which included support with food and drink.
- The registered manager recognised the support many people required with eyesight and eye care, so arranged for an optician to come in to the complex so many people could access support on site.
- People's specific needs around food and drink were documented and supported. People lived independently in their own flats, and required different levels of support with food and drink. Everyone we spoke with was happy with the support in this area.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 had developed positive relationships with staff. One person said, "The staff are lovely, I wasn't sure how I would get on in a care setting and was quite worried to begin with, but as soon as I got here I felt at ease, and the staff have been great. I feel at home." One relative said, "I can't tell you how happy [name] is, It's a perfect setup for [name]."
- Staff were given the time to build and maintain relationships with people. All the staff we spoke with felt they had good relationships with people, and were motivated to deliver good outcomes for people.
- Consideration was given to how people wanted to receive support, and by who. For example, the registered manager recognised some people's preference for male staff to provide their support, so this was arranged to ensure people were as comfortable as they could be receiving care.
- People's, cultural and communication needs were considered by staff and planned into care. People we spoke with felt staff understood them well, and respected their needs.

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

- Feedback from people and relatives was positive about being involved in decision making, and open communication around their care.
- People we spoke told us they were in control of their care, and felt the service had a flexible approach to support this. We saw care hours were delivered on rotas that were flexible to people's needs, changing as their needs and wishes did.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff told us they had the time required to ensure care visits were not rushed, and people's privacy and dignity was respected. One relative said, "To know that [name] is respected is great. We feel at ease."
- Care plans contained enough detail in relation to care tasks to ensure staff knew how to carry out care as per each person's wishes. Staff we spoke with knew the details about the people they were regularly supporting.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 ; 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

- Care plans contained information about people's routines and care tasks. For example, there were sections that covered people's interests and hobbies. Other sections included the questions, 'What would you like us to know in order to best support you?' and, 'What is working and what is not in your life?' were answered to enable staff to learn about the details important to people.
- People told us they were actively involved in planning their care and support and this had been tailored to meet their specific needs, choices and preferences. Everyone we spoke with felt they had good consistent care. One person said, "I have the same staff all the time, they are very pleasant."
- There were many examples of proactive and personalised care that had been delivered. The registered manager showed us a 'wishing line' where people were invited to record what their wishes were of any size. We saw staff worked proactively to support people with these wishes and achieve them. Examples were, accessing a day service safely, having a particular meal, creating an accessible garden space for gardening, and supporting someone to purchase a pet budgie to keep them company.
- There were accessible communal areas within the complex which people used. Balmoral Place were not responsible for the areas themselves, but did provide a wide variety of activities for people to utilise these spaces. This included themed events, film nights, and parties. People spoke highly of these events run by the staff, as it enabled them to have active social lives and keep busy.
- We saw one person was encouraged with their artwork as a hobby, and the paintings produced were displayed around the communal areas for people to enjoy.
- There was a positive atmosphere within the service and staff promoted independence. One staff member said, "We do the job because we care, and promoting independence is so important."

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.

- The registered manager was aware of the need to produce documentation in accessible formats. We saw multiple displays in communal areas with some information in larger prints and pictorial formats.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place and people understood how to use it. We saw when complaints were made, they were entered on to a system with actions and follow up documented.

End of life care and support

- The service was not supporting anyone with end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted learning and a positive culture within the service, and sought out further learning opportunities and training to enable the service to improve. For example, the registered manager understood the changing needs of people living with dementia, so undertook an advanced dementia course to further their learning. This resulted in being asked to become a dementia champion and support other services in this area of learning. The registered manager was passionate about their role and was regularly looking for ways to improve.
- Staff felt very positive about achieving good outcomes for people, and said there was good morale within the staff team. One staff member said, "It's a great team, it's like a family, we always help each-other out. There is great support from the management all the time."
- People and their relatives knew who the management team were, and felt the service was well run. One relative said, "They let me know everything that goes on, and I can call them at any time."

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

- Staff and management understood their role, and there were clear lines of communication. Staff we spoke with felt confident in their roles and were able to focus on people's care and support.
- Regular and detailed audits and checks were in place, to ensure that any errors were found and improvements could be made. For example, a regular medicine administration record audit took place which we saw picked up minor discrepancies, and took action to resolve them.
- The registered manager and care coordinator demonstrated a good knowledge of regulatory requirements and were open and transparent throughout the inspection.

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 registered manager understood the duty of candour and the legal requirement to be open and honest when something went wrong. The management team had good relationships with people and kept them updated on a regular basis including information on accidents or incidents.

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

- People were able to give feedback on the service they received via questionnaires. Everyone we spoke

with felt able to express their opinion both informally and formally, and felt involved in the service. Regular newsletters were produced to keep people up to date with events and changes.

- Staff told us morale in the service was good and it was a good place to work. Staff meetings were held regularly to ensure staff were kept up to date and could voice their opinion.

Working in partnership with others

- The service worked in partnership with other professionals to ensure people were well supported such as GP's, mental health professionals and occupational therapists. The registered manager was proactive in seeking the knowledge and support of others to benefit the people using the service. For example, a local police community support officer was invited to speak with people about the local community and any concerns they may have.