

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?	Requires Improvement 
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

This inspection took place on 23 and 24 October 2018 and the first day was unannounced. This meant no-one at the service knew when we were initially planning to visit.

Balmoral care home was last inspected on 18 July 2016 and was rated as 'good' overall.

Balmoral 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. Balmoral is a purpose built care home, which is registered to provide nursing and personal care for up to 85 adults. Accommodation is provided over three floors. There were three separate units at Balmoral care home. The Hampton unit was on the ground floor and could support up to 20 people with residential needs. The Chatsworth unit was on the first floor and could support up to 29 people with nursing needs. The Windsor unit was on the first and second floor and could support up to 26 people living with dementia. There were 66 people living at Balmoral care home across all three units at the time of this inspection.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service.

The registered manager had failed to ensure staff received appropriate training, support, supervision and appraisals to enable them to carry out their role effectively.

People's life histories and preferences weren't fully recorded to enable staff to provide person-centred care. People told us they would like more things to do and more opportunities to go outside.

Not all the quality assurance and audits systems in place to monitor and improve service delivery were effective.

Not all people had an accurate, complete and up to date care record.

From our observations we saw there were enough staff employed to meet people's care and support needs in a timely way. However, we recommend the registered provider consider people's comments about staffing levels as not everyone we spoke with thought there enough staff available to ensure people's care and support needs were met.

Not all the home was in a good state of repair. There was a comprehensive refurbishment plan in place to address this.

Safe recruitment procedures made sure staff were of suitable character and background.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

There were systems in place to recognise and respond to any allegations of abuse. Staff had received training in this area.

Most people told us they enjoyed the food served at Balmoral Care Home, which we saw took into account their dietary needs and preferences.

We saw the signage and decoration of the premises were suitable to meet the needs of people living with dementia.

Positive and supportive relationships had been developed between people, their relatives, and staff. People told us they were treated with dignity and respect.

There was an up to date complaints policy and procedure and this was displayed in the reception area.

There were systems in place for people, visitors and staff to regularly give their views of the service. This feedback was analysed and action was taken in response to the comments made.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Safety and maintenance checks for the premises and equipment were in place and up to date.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were a breach of Regulation 9, Person-centred care, Regulation 18, Staffing and Regulation 17, Good governance.

You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

Not everyone we spoke with thought there were enough staff on duty to meet people's care needs in a timely way.

Not all the home was in a good state of repair. There was a comprehensive refurbishment plan in place to address this.

We found systems were in place to make sure medicines were safely stored, and people received their medicines as prescribed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff did not receive appropriate supervisions or yearly appraisals to enable them to carry out their job roles effectively.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). However, there was no overall tracker to record when referrals had been made, the outcomes and if any conditions were attached.

People were assisted to maintain their health by being provided with a balanced diet and supported to access a range of health and social care professionals.

Requires Improvement ●

Is the service caring?

The service was caring.

People and their relatives told us the staff were kind and caring.

People's privacy and dignity was respected and promoted.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People told us they would like more things to do and more opportunities to go outside. People's life histories and preferences weren't fully recorded.

The service had an up to date complaints policy and procedure. This was prominently displayed in the reception area.

Is the service well-led?

The service was not always well-led.

The quality assurance and audits systems in place to monitor and improve service delivery were not effective.

There were systems in place for people, visitors and staff to regularly give their views of the service.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Requires Improvement 

Balmoral Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 24 October 2018. The first day was unannounced and the second day was announced. The inspection was carried out by two adult social care inspectors and one 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. The Expert by Experience had experience in caring for older people and people living with dementia.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This 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 used this information to help with the planning for this inspection and to support our judgements.

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury.

Before our inspection we contacted staff at Healthwatch, Sheffield and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield council contracts and commissioning service and the NHS Sheffield Clinical Commissioning Group.

During the inspection we spoke with nine people who lived at the home and three of their relatives. We also

carried out a Short Observational Framework for Inspection (SOFI) to observe people's experience of life at Balmoral care home. We met with the registered manager, deputy manager and regional manager. We spoke with 21 members of staff. We spent time looking at written records, which included six people's care records, seven medication administration records (MARs), eight staff personnel files and other records relating to the management of the service.

Our findings

We brought this inspection forward as CQC received several whistleblowing concerns alleging low staffing levels, poor standards of care and bullying of staff. We arrived at 7am to make sure we could speak with the night staff.

We asked the registered manager how they calculated there were enough staff to meet people's needs in a timely way. They told us they used a staffing dependency tool which worked out how many staff were needed based on whether people had predominantly low, medium or high care needs, alongside the level of any assessed risks regarding nutrition, skin integrity and weight. From the staff rotas we saw the staffing levels matched or outnumbered the amount the registered manager had assessed as being required to meet people's needs.

Staff we spoke with told us they thought there were usually enough staff employed to meet people's needs, unless staff rang in sick at the last minute. They told us there were not always enough staff to support people to have a bath or shower whenever they wanted one. Some people were supported with a strip wash instead. A care worker told us, "When we are short staffed residents aren't getting the right care, not getting their personal hygiene needs met. That's why I wouldn't have family here. People sometimes don't get a bath because there isn't enough staff." A registered nurse told us, "Sometimes I feel we are short staffed and don't give residents the care they need. Residents can't always have a bath, or sometimes their personal belongings aren't cleared away. When we have more staff, these things get done." People we spoke with confirmed this, "We get a shower every seven days or so, other times its top and tail" and "I like my baths, but can only have one every two or so weeks, because they don't have the staff anymore."

People and their relatives had mixed views about whether there were always enough staff. People told us, "They [staff] always come if I ring my buzzer", "They are very short of staff, especially at weekends, very thin on the ground" and "[I] usually have to ring lots of times at night and weekend to get any help." Relatives told us, "[Relative] is very safe, we can relax" and "I don't want to complain, but there is never enough staff for their needs."

From our observations we saw there were enough staff employed to meet people's care and support needs in a timely way during this inspection. However, we recommend the registered provider consider people's comments about staffing levels, particularly with regard to supporting people to have a bath or shower whenever they want one.

We checked systems were in place and followed by staff to reduce the risk of the spread of infections. In the 12 months prior to this inspection eight people had been diagnosed as being infected with clostridium difficile, also known as C. difficile or C. diff. This is a bacterium that can infect the bowel and cause diarrhoea.

The service had an up to date infection prevention and control policy. This had an associated document specifically about clostridium difficile. We saw a full infection control audit was completed every six months and divided into six sections, with a different section completed each month. We saw any actions required were recorded and followed up.

Domestic staff told us there were always enough supplies and equipment to do their job. We saw domestic staff worked to cleaning schedules to ensure every part of the home was regularly cleaned. We saw plastic gloves and aprons were readily available throughout the home and used by staff at appropriate times throughout both days of this inspection. We checked communal areas over all three floors in the home, which included communal bathrooms, toilets, dining areas and lounges and found them to be clean but not all were in a good state of repair. For example, some carpets and furniture looked worn. Some people's pillows and sheets were thin and frayed.

We spoke with the registered manager and regional manager about this. They told us they were working to a refurbishment plan to improve the entire premises. We saw some new flooring was already in place and some new replacement pillows had been purchased.

We looked at the personnel files for four members of staff who had been employed in the previous 12 months and four personnel files for longer standing members of staff. We saw each file contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. We also saw evidence where applicable, that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. This confirmed recruitment procedures in the service helped to keep people safe.

We checked medicines were stored, administered and destroyed safely. We saw the daily temperatures of medicine rooms and fridges were recorded. The temperatures recorded were within the recommended safe limits for the storage of medicines. We saw the medicines trolleys were never left unattended or unlocked. We checked the 'returned medicines' book. This explained why each medicine had been returned for destruction and was signed off by two members of staff.

Some medicines are classified as controlled drugs (CDs). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. We checked the stock records for two people who were prescribed CDs and found they were correct.

We observed part of the breakfast and lunchtime medicines rounds on all three units. We saw staff who administered medicines wore tabards to remind everyone not to disturb them during medicines rounds. We saw each person had a medication administration record (MAR). This should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. We saw MARs were appropriately completed after medicines were administered, and we saw the nurse or Care Home Assistant Practitioner (CHAP) stayed with the person until the medicines had been taken. The CHAP's role was to assist the registered nurses and administer medicines.

Each MAR had a current photograph of the person to aid identification and also noted any allergies the person had. We did not see any gaps in the MAR charts we looked at. Where people were prescribed 'as required' (PRN) medicines there was guidance in place for staff as to when these medicines should be given.

Staff with responsibilities for administering medicines told us they were observed by their manager to check their competency in this area. We saw records of these checks taking place. These were all signed off as complete and dated within the last year. The deputy manager and registered manager undertook weekly and monthly medicines audits on each unit. We saw the service had up to date policies and procedures covering all aspects of medicines management.

The registered provider was responsible for managing the personal allowances of some people living at Balmoral care home. This money was held in a shared bank account, however the service kept an individual financial record for each person. We checked financial records and receipts for two people and found they detailed each transaction, the money deposited and the money withdrawn. The records were regularly audited.

We saw the service had an up to date safeguarding adults and whistleblowing policies and procedures. Whistle blowing is one way in which a worker can report concerns, by telling their manager or someone they trust. All staff we spoke with were aware of how to report any unsafe practice. Staff told us they received training in safeguarding vulnerable adults as part of their induction and every year thereafter. Staff we spoke with understood safeguarding and how to identify and act on any allegations of abuse.

The registered provider used an electronic reporting system (Datix). We were told accident and incident forms were completed by the staff involved at the time of the incident and reviewed by the registered manager to ensure appropriate actions were taken to resolve the situation. We saw the system tracked the incident, level of risk involved, investigation and any action taken. The registered manager did not currently distinguish between safeguarding concerns, complaints, accidents and incidents so this made it difficult to track any common themes as all were classed as incidents. The regional manager told us they would work with the registered manager to distinguish between different types of incidents in future.

Our findings

We checked whether staff received the training and support they needed to undertake their jobs effectively. We saw records of staff completing a two day induction specific to their job role. Staff told us their induction included shadowing more experienced members of staff and completing mandatory training. This was a mixture of practical training and online eLearning. Staff told us mandatory training had to be completed every year. The registered manager showed us the current training matrix which confirmed 81% staff compliance across the service. The registered provider's 'Essential Training' policy stated this should be 100%.

The registered provider had guidance regarding clinical supervisions and appraisals. This stated, 'All colleagues currently receive at least 4 supervision sessions per year, one of which should be an annual appraisal. The process of supervision should be meaningful, engaging and seek to support and develop colleagues.' Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

We did see records supervisions were taking place, but not in line with the frequency or process stated in the registered provider's guidance. We did not see records of any appraisals taking place in the last 12 months. The supervision records we saw contained little written information and were often just numbers rating the member of staff's performance in different areas. There was little, if any comment on how these scores were reached. There was space on the supervision document to record staff's views, but these were not completed. If any actions were identified these were vague and without time limits. Some supervision documents we looked at were not dated.

Comments from staff about the registered manager were mixed. Some staff told us they felt supported and could give us examples of the registered manager supporting their work life balance and responding proactively to any concerns they raised. However, other staff told us they felt unable to speak with the registered manager as they did not think their concerns would be kept confidential or taken seriously. Staff were able to give us examples of issues they had raised only with the registered manager that other staff were aware of.

Overall, we found staff morale was low. Comments from staff included, "I wouldn't be happy for my family to live here. It is disorganised and not always well led. Some staff seem to do what they want", "The morale is

really low. This home is just getting by", "There is not a chance of my family living at Balmoral. Staff work their butt off for residents, but I still wouldn't like them to live here" and "There is no trust, confidentiality is non-existent."

As the registered manager had failed to ensure staff received appropriate training, support, supervision and appraisals to enable them to carry out their role effectively this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We saw there were restrictions on people's freedom to leave and move around the home as key codes were required to enter and exit the building and to move between floors. This meant some people's liberty at Balmoral Care Home was potentially being restricted. Where a DoLS authorisation had been applied for there was a copy of the referral on the person's care record. However, there was no overall tracker held centrally to record when referrals had been made, the outcomes and if any conditions were attached. For example, on one person's care record we saw a DoLS had been applied for in 2015, however there was no further information as to whether this had been authorised or not. We spoke with the unit manager about this and they agreed they would chase the local authority for the outcome. The regional manager also told us they were in the process of creating a centrally held file to track all current and future DoLS with outcomes.

From our conversations with staff and it was clear they understood the importance of giving people choices and the importance of gaining consent before providing care and support. Throughout the inspection we saw care staff asked for permission and explained what they were doing before supporting the person. For example, using the hoist or offering clothes protectors at meal times.

The care records we looked at demonstrated people's mental capacity had been considered. Where a person lacked capacity, we saw records of best interest meetings taking place regarding potentially restrictive care and support interventions. For example, where a person lacking capacity had bed rails in place.

Most people we spoke with told us they enjoyed the food served at Balmoral care home. Comments included, "Yes I get more than enough to eat, I can feed myself", "Food is lovely [at Balmoral care home]. I like the Yorkshire puddings", "Foods good, today we got a choc-ice as well as a pudding, we don't normally get that, it was nice", "I get good cooked meals here [Balmoral care home], at home I only got microwave meals", "I really enjoy my meals and get a choice" and "Some of the food can be very dry, when I told them [staff] they didn't do or say anything."

We observed part of the breakfast and lunch service on the first day of this inspection. There were written

menus on the table for the day. We did not see any pictures of food, which can help people to make decisions about what they may want to eat. The menu gave people options at every meal. Staff told us people were asked in the morning what they wanted to eat from the menu, however they could change their minds at meal times. We saw people were given options at meal times and staff accommodated any changes. The food smelt and looked appetizing. Mealtimes were not rushed and there were pleasant conversations between people and staff.

Some people required encouragement or support to eat. Staff sat next to the person at eye level and chatted with the person explaining what they were doing and asking the person if they were enjoying their meal. Where required people had use of adapted cutlery and plate guard's to promote their independence. Some people had specific dietary needs for health or cultural reasons. We saw these needs were catered for. We saw staff were attentive to how much people ate and drank and recorded this where required.

The catering service was provided by a private company. This meant the registered provider did not directly employ the catering staff or buy in the food directly. Some staff told us there was a shortage of snacks for people, and we saw copies of minutes of a recent meeting with people and their relatives that did reference the need for more snacks, such as cheese and biscuits. However, people's comments and our observations during this inspection did not reflect this. Catering staff told us they had enough food stocks to meet people's nutritional needs and choices. We looked around the kitchen and saw stocks of fresh fruit and other snacks.

Care records showed people were supported to access a range of health and social care professionals. This was confirmed by people. Comments included, "If I need the doctor they would get him, he comes quite often", "I can have a chiropodist if I ask", "Dentist came and checked me when I came in" and "I see the chiropodist every 3 months."

We checked whether the premises were appropriate for people living with dementia. We saw people's rooms had their names on them and there were signs outside communal areas to aid orientation around the premises. On walls in the corridors of the unit for people living with dementia there was a range of dementia friendly panels with sensory materials. There was a room called 'The Crown' which was set up as a pub. We were told this space was also used as a meeting room and a family room.

Our findings

People and their relatives told us staff were caring. Comments from people included, "The staff are caring, they listen to me when I'm down", "I can't always make myself understood so it can be difficult, but they [staff] are very understanding and helpful", "They [staff] are caring and help me with my dressing and come when I ring", "I get all the care I need, when I need it" and "I'm very satisfied with my care, [it] couldn't be better." Relatives told us, "[Name of relative] is well looked after and the staff are great with [relative]", "[Name of relative] wouldn't be where [relative] is now if they [staff] hadn't encouraged and supported [relative]" and "We [family] trust them [staff] to look after [name of relative]."

We asked people if they were treated with dignity and respect. People confirmed they were. They told us, "I am treated with respect and the staff know me well, what I like or dislike", "My dignity is kept and I feel respected" and "Staff cover me when they change me." A relative told us, "I know that the staff treat [name of relative] with respect and dignity because I see it every day when I visit [relative]."

Staff we spoke with understood what it meant to treat people with dignity and respect. Staff told us, "I close doors when supporting people and encourage them to do as much as possible for themselves" and "I make sure the door is shut and curtains are closed. I cover people with a towel when they are having a wash." We saw staff treated people with dignity and respect. Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or bathrooms.

From our observations on both days of this inspection we saw positive and caring interactions between people, their visitors and staff. We saw care staff using hoists to support people to move around. Staff were confident doing this and clearly knew what they were doing. Support interventions were carried out with kindness and patience.

We heard friendly conversations between people and staff. We saw people's relatives and friends were welcomed by staff, and people we spoke with told us their friends and relatives could visit at any time.

Staff told us they knew the people living at Balmoral care home well. Staff told us they talked to people and their visitors, and they read their care records to get to know people and their personal preferences. One person told us, "Staff know who I am and what I like."

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the

legislation, such as age and gender. Our observations of care, review of records and discussion with the registered manager and regional manager showed us the service was respectful of people's rights. The regional manager told us information could also be provided in accessible formats when required, to help people understand the care and support available to them in a way they could understand.



Our findings

We checked whether the service provided meaningful activities and social opportunities for people. People told us they would like more things to do and support to go outside. Comments included, "I don't do much, just stay in my room", "I don't go out ever, I can't walk and there is no one available to take me out in a wheelchair", "I would love to go out to the shops, they [staff] said they would if they could, but there aren't enough staff", "They [staff] don't take us out. I would love to be taken out to shop to get some Christmas presents", "I told them [staff] I would like to go to a remembrance service, but no response", "We don't have a church service. I'd like to go to church, but I have never been asked", "I would like to go out more, but I can't because I need a wheelchair and someone to take me" and I've no complaints really, but would love to go out, but I can't because I would need a wheelchair and someone to push me and I've got no family."

The registered provider employed two personal activity leaders (activity coordinators). We saw there was an activities board on display in the reception area. This gave information about upcoming events, such as visiting entertainers. One of the activity coordinators told us they supported people with a variety of group and 1:1 activities. These included baking, table top games, painting and reading to people. The registered manager told us the activity coordinators should spend at least two hours on each of the three units each day. During this inspection we did not see any activities taking place on the unit for people living with dementia.

We were told every person should have a 'living my choices' scrapbook in addition to their care record. It was the responsibility of the activity coordinators to complete these books to capture people's life story, their interests, likes and dislikes in areas such as food and drink, and sleeping and bathing. The books also had space to record people's religious and cultural beliefs.

The registered manager also told us there should be a separate activity record for each person to be completed when supported to undertake any activity or 1:1 time. We looked at the scrapbooks for the six people whose care records we also looked at. Two people did not have one. We were told in one case this was because the person had only recently moved to Balmoral care home, seven weeks ago. However, we would have expected the person's life history, preferences, and interests to be a critical part of the admission process.

The other four people's scrapbooks we looked at contained limited information and some sections were blank. Where interests were identified, such as playing snooker, there was no evidence the person had been supported to continue with their interests. The sections where people's religious, spiritual and cultural

beliefs should have been recorded were either blank or contained basic details, such as 'Church of England' or '[Name] likes to go to church'. There was no further information as to which church, how often or if they needed support in this area.

On the second day of this inspection we saw the activity coordinators completing scrapbooks with two people. They did this in a lounge while the television was on, making it difficult for people to hear what was being asked and not affording the person any privacy. Questions about preferences were closed, meaning people were giving a limited choice of how to answer. For example, do you like sports at all, football or snooker?

As the registered provider had not provided care which reflected people's preferences this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care.

All the care records we looked at followed a similar format. They contained a Do Not Attempt Cardio Pulmonary Resuscitation order (DNACPR), where appropriate. A DNACPR is a way of recording the decision a person, or others on their behalf have made that they are not to be resuscitated in the event of a sudden cardiac collapse.

Each care record was split into sections covering all areas of daily living, such as personal care needs and mobility. Any associated risks were recorded with information on how best to support the person to reduce the risk. There was space to record people's preferences for the end of their life. We saw each section was evaluated monthly. Care staff told us they read people's care records as part of their induction.

People's care records contained forms to be completed to record visits by health and social care professionals, such as GPs, district nurses and social workers. Daily communication records were also held in the person's care record and we saw these were completed by night staff and again during the day. We saw these were regularly completed and gave a continuous record to staff about the person's general health and well-being. Supplementary charts were completed as and when required. For example, if a person required hourly checks the chart was in their room and signed by care staff every hour.

The registered provider had a complaints policy and procedure. It gave information on who to contact to make a complaint and who to contact if people were unhappy with the original response. We saw the procedure was displayed in the reception area.

The registered manager told us there had been three complaints in the previous 12 months. We saw complaints were recorded and tracked through the electronic incident reporting system.

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager had an audit schedule to follow. All areas of the service, such as environment, medicines management and people's dining experience were audited. These were completed daily, weekly, monthly or quarterly using the on-line 'quality of life' system. We saw a selection of the audits completed online and any associated actions were recorded.

The daily audits included a daily walk round the premises, usually by the registered manager. This was recorded on an electronic tablet so any comments and required actions were recorded at the time. However, we found a number of areas of concern that the audits had not picked up and actioned. For example, we saw two people's care plans regarding their nutritional needs displayed on the dining room wall in the residential unit. This was a breach of their confidentiality. We spoke with the registered manager about this. They were not aware of this. The care plans were removed from the wall immediately.

As the registered provider had not ensured that there were effective processes in place to assess, monitor and improve the quality and safety of the services provided this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

The registered manager told us one person's care record was audited each week. This means in a large home, like Balmoral care home it could take over a year for each person's care plan to be audited. We cross referenced two electronically recorded incidents with both of the people's care records. This was to check whether the incidents had been recorded on people's care records and updated where required. Although the incident had been recorded on the electronic system the required actions, such as hourly observations following a fall and updated falls risk assessments had not been recorded. In addition, people's care records did not fully reflect their preferences, likes and dislikes.

As the registered provider had not maintained accurate, complete and contemporaneous records in respect of each person living at Balmoral care home this was a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

We asked if people and staff were asked for their views on the service provided and given any opportunities to make suggestions for improvements. There was the opportunity for people, any visitors to the home and

staff to feedback about the service at any time via an electronic tablet available in the reception area. The registered provider had an expectation that at least three members of staff and three people or their relatives would complete this each week. The regional manager told us people and staff were encouraged to do this as part of the daily walk around. We saw the results were regularly analysed and feedback from people, staff and visiting professionals had been at least 90% positive so far, this year. Feedback was also displayed in the reception area. For example, people had been involved in choosing new paint colours for the premises in the previous month.

Not all the people and relatives we spoke with knew who the registered manager was. Comments included, "If I had a problem I would tell the manager, if I knew who it was", "I have seen the manager, but I don't know their name" and "I don't know who the manager is." However, we did see records of regular 'residents and relatives' meetings taking place.

Staff told us there were regular meetings and we saw records of these taking place. The registered manager told us they also operated an 'open door' policy. Our conversations with staff confirmed this to be the case.

The service had a comprehensive set of up to date policies and procedure relating to all aspects of service delivery. We saw these were regularly reviewed with a summary of any changes made. The policies and procedures were produced by the registered provider and we saw these were amended to reflect local guidance and contact details specific to Balmoral care home, where appropriate. Key policies and procedures were displayed throughout the home.

We checked maintenance records for the premises. Water safety and legionella testing, and electrical installation and equipment servicing records were up to date. Risks to people's safety in the event of a fire had been identified and managed.

The registered manager confirmed they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.

The registered provider continued to ensure the ratings from their last inspection were clearly displayed in the home and on their website.

During this inspection we found three breaches of the Health and Social Care Act 2008 and we have made a recommendation within this report regarding staffing levels. Improvements need to be actioned and sustained before Balmoral care home can be rated as 'good' again.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered provider had not provided care and treatment which reflected people's preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had not ensured that there were effective processes in place to assess, monitor and improve the quality and safety of the services provided. The registered provider had not maintained accurate, complete and contemporaneous records in respect of each person living at Balmoral care home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The registered manager had failed to ensure staff received appropriate training, support, supervision and appraisals to enable them to carry out their role effectively.

