Mr Robert Lambert and Mrs Brenda Lambert

Balmoral Care Home

Inspection report

29 Old Road
Mottram
Hyde
Cheshire
SK14 6LN

Tel: 01457765879

Date of inspection visit:
04 December 2017
06 December 2017

Date of publication:
06 February 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 4 and 6 December 2017 and was unannounced on the first day.

We last inspected Balmoral Care home on 9, 10 and 19 May 2017 when we rated the service as Inadequate overall and identified continuing breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment, Deprivation of Liberty Safeguards, good governance and staffing.

This inspection was to check improvements had been made following the last inspection and to review the ratings. At this inspection we found improvements had been made. However we identified a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to assessing, preventing, detecting and controlling the spread of infection in relation to records completed for Legionella.

Balmoral Care Home is situated in the Mottram-in-Longdendale area of Tameside. The home is registered with the Care Quality Commission to provide care, support and accommodation for up to 32 people who require personal care without nursing. At the time of the inspection 31 people were living at the home. The home is a large detached house with an extension and 32 single rooms that contain either washing or en-suite facilities. Bedrooms are located over two floors and are accessible using a passenger lift or staircase. There are several communal bathrooms and toilets. The first floor has a lounge, small dining area and kitchenette. The ground floor has a dining area, main kitchen, administration office and a quiet room. There is a steep driveway leading to the car park and the main entrance door is at the rear of the building.

We found that actions had not been taken in a timely way to rectify some areas in relation to records completed for Legionella.

Systems to make sure the safekeeping and administration of medicines were followed and monitored were in place and reviewed regularly. Medicines were stored safely and administered by designated trained care workers. Any specific requirements or risks in relation to people taking particular medicines were clearly documented in people's care records.

Risk assessments were in place where risks to people had been identified. Strategies to manage and minimise environmental risks found were in place. Risk findings were actioned and recorded.

People were supported by sufficient numbers of care workers. Staff told us they had undergone a thorough recruitment process and had undertaken employee induction and training appropriate to their job role. Staff training was kept up to date to ensure best practice.

People's daily records showed particular attention was paid to their dietary requirements and indicated the type and amount of food people had eaten and what they had drank. Care records were reviewed frequently

and reflected people's current support needs.

Records in relation to the Mental Capacity Act 2005 were complete and up to date. Any restrictions were deemed to be in people's best interest and the least restrictive.

Systems to manage infection control and prevention at the home were in place. Records showed the home was compliant with infection prevention and control requirements.

Auditing systems in place to monitor the quality of services provided were being used effectively.

We observed care worker interactions with people living at the home were caring, patient, and empathetic. Care workers had developed a good rapport and understanding of the people who used the service and treated people with kindness and respect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us they felt safe at the home. However we found that actions had not been taken in a timely way to rectify some areas in
relation to records completed for Legionella.

Systems were in place to help ensure medicines were stored, recorded and administered safely by suitably trained staff.

Safeguarding policies and procedures were in place and care workers knew how to protect people from the risk of harm. Written information showed how to mitigate any risks to people. This was identified and detailed in their care plans.

Is the service effective?

Good

The service was effective.

Care workers received an employment induction, regular supervision and training to help make sure people were provided with care and support that met their needs.

Food options and refreshments were available throughout the day.
People's nutrition and hydration was monitored and recorded to ensure their nutritional and hydration needs were being met.

Attention was paid and to people's general physical and mental well- being. People had access to external healthcare professionals, such as specialist nurses and General Practitioner's and these visits were recorded.

Is the service caring?

Good

The service was caring.

We observed positive interactions between staff and people who used the service.

People received care and support from care workers who were

kind, knew them well and valued them.

People's care records were stored securely to maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to them moving into the home. Care records identified risks to people's physical health, mental health and well-being.

People's health care reviews were held monthly or more frequently if necessary. Specialist guidance was included in people's care records to address any changes in their health.

People told us they felt confident in raising concerns or complaints with management or care workers if they had any.

Is the service well-led?

Requires Improvement

The service was well-led

Systems were in place and were being utilised in order to monitor the quality of the service and demonstrate improvement. However a longer term track record is required to demonstrate consistent and sustainable good practice.

The provider promoted a person centred approach to help make sure people's needs and preferences were met.

People who used the service, their relatives and care workers spoke positively and expressed their confidence in the way the service was now being managed.

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 the 9, 10 and 19 May 2017 and was unannounced on the first day. The inspection was carried out by one adult social care inspector and a specialist advisor (SpA) with experience of buildings and estates management. SpA provide specialist advice and input into the Care Quality Commission's (CQC's) regulatory inspection and investigation activity to ensure CQC's judgements are informed by up to date, credible, professional knowledge and experience.

Before the inspection we reviewed information that we held about the service and the service provider, such as notifications in relation to safeguarding and incidents which the provider had told us about.

Following the inspection we received information about the service from the local authority. They made positive comments about the quality of the care and support provided to people living at Balmoral Care Home, were satisfied with the improvements being made and had no concerns.

During our inspection we spoke with five people living at the home, two visiting relatives, the registered manager, a cook, three care workers, the maintenance worker and the registered providers.

We used the Short Observational Framework for Inspection (SOFI). This is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other impairment.

We reviewed six care worker personnel files, agency staff profiles, records of staff recruitment checks, records of staff training and supervision and the care records of eight people living in the home. We also reviewed a sample of people's medicine records, records relating to how the service was being managed such as records for servicing and maintenance of premises and equipment, safety audits, and a sample of the services operational policies and procedures.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in May 2017 we identified a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to assessing, preventing, detecting and controlling the spread of infection.

At this inspection we found that whilst improvements had been made in this area actions which needed to be finalised from a legionella risk assessment were not completed in a timely way and the provider was not fully meeting the requirements of this regulation.

During the inspection we identified that a water quality policy /control plan for Legionella / Pseudomonas control was not in place. When we informed the provider of our findings they immediately contacted an external water safety contractor to carry out the necessary water checks in the home. Therefore accurate records to confirm water checks were undertaken and the service's water quality was safe were not available during the inspection. Following the inspection the registered manager told us they were still waiting for the external contractor to carry out the tests. They told us that when the tests were complete they would send us copies of the water quality certificate and Legionella control plan. Legionnaires' disease is a potentially fatal type of pneumonia, contracted by inhaling airborne water droplets containing Legionella bacteria. Such droplets can be created, for example, by hot and cold water outlets. This meant there were Legionella risks to people who lived at the home because Legionella control procedures were not in place.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Preventing, detecting and controlling the risk of infections.

Whilst we saw that some of the checks on water and related equipment had been completed we identified water from six domestic taps were in excess 430C and two were below 300C. When we informed the provider of our findings they immediately carried out the work required to ensure the water temperature met the legislation as detailed in the Health and Safety Executive (HSE) guidance, 'Managing the risks form hot water and surfaces in health and social care'. If hot water used for showering or bathing is above 44 °C there is increased risk of serious injury or fatality. Where large areas of the body are exposed to high temperatures, scalds can be very serious and can lead to fatalities.

Environmental health and safety checks were carried out and recorded on a regular basis by the maintenance person. However details of maintenance and repairs were not sufficiently recorded to evidence method statements identifying how tasks are to be carried out or what is done. When we informed the provider of our findings, on the second day of the inspection they provided us with a reviewed and completed pro-former and method statements for routine maintenance. For example, how to carry out water temperature checks, and adjustment of water/heating temperature valves. These systems confirmed that regular maintenance of the building and servicing of equipment used throughout the home was being properly checked and was understood by the maintenance person. We saw records to confirm that other equipment such as hoists, were serviced by an appropriate and reputable service engineer.

At our last inspection in May 2017 we identified a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe management of medicines. At this inspection we found improvements had been made and the provider was meeting the requirements of this regulation.

Medicines were stored in a medicines trolley that was located in a designated locked clinic room which was uncluttered and well organised. A new medicines refrigerator supplied by the pharmacy was in place. Medicines required to be stored in the refrigerator such as eye drops were stored safely and the date of opening clearly marked. This ensured people received their eye drops safely within the specified period. Any excess medicines were stored in locked cupboards in the medicines room. We saw records that showed medicines delivered to the home had been checked in by two designated care workers who were trained in this topic. We saw that medicines were administered safely and on time to people as prescribed by their General Practitioner (GP).

Medicines were administered via a monitored dosage system supplied directly from a pharmacy. This meant the medicines for each person to be administered at specific times of the day had been dispensed by the pharmacist into individual trays in separate compartments. This helps to ensure that people receive their medicines as prescribed. We examined a sample of medication administration records (MAR) which showed they had been completed accurately, there were no missing signatures and they were up to date. A verification signature sheet containing the names of authorised medicine handlers was in place, up to date and had been signed by designated care workers.

A photograph of each person was in place on their individual MAR to assist care workers to identify the right person for the right medicines. Any special instructions about how particular medicines should be taken were followed to ensure people received the correct dose, at the right time via the correct route. For example we observed a senior care worker carrying out the lunch time medicines round. Where people had been prescribed Paracetamol to be taken when required (PRN) for pain, we observed the senior care worker checking the MAR's, and approaching those people to ask them if they had any pain and whether they required any medication prior to administering their medicine to them. Following this we observed the senior care worker reconciled any medicines administered with the remaining amount recorded. This meant that the systems in place for the recording and management of medicines were being used and followed correctly to ensure risks associated with medicines were minimised. We saw records to show that the provider carried out staff medicine administration competency assessments. This meant that care workers designated to administer medicines were supported and monitored to ensure people received their medicines safely.

Controlled drugs are prescribed medicines frequently used to treat conditions such as severe pain. These medicines are liable to abuse and for these reasons there are legislative controls for some drugs and these are set out in the Misuse of Drugs Act 1971 and related regulations. These controls require services to make entries of any controlled drugs stored and administered in a separate register as well as on the MAR sheets. We saw that the service was following these regulations. Controlled drugs (CD) daily checks were in place to help ensure that appropriate procedures for CD's had been followed. When we checked the CD cabinet we found the CD's could be accurately reconciled with the amounts recorded as received and administered. We saw that the CD record book contained the CD's remaining balance and this had been signed by two care workers alongside the person's MAR to confirm these medicines had been administered. When we carried out a medicines stock check we saw that regular audits were being undertaken by the registered manager. This meant that the systems in place in relation to the recording and storage of medicines were being used and followed correctly.

The service maintained a record of people's homely remedies for medicines such as simple linctus, following agreement from their general practitioner (GP). Records had been appropriately signed when a homely remedy had been administered. A homely remedy is an over-the-counter medicine that can be administered without a prescription or professional supervision. They will generally not interact with most peoples prescribed medication and are time limited to ensure that any potential long term problems can be addressed quickly by the GP. They are normally given for minor ailments such as a tickly cough or for aches and pains.

Improvement works identified at the last inspection were in the late stages of completion and had been carried out to a satisfactory standard. Checks on windows and window restrictors, doors, lighting and heating and the fire alarm had been discussed, carried out, recorded and were up to date. Records we examined indicated that fire equipment checks and fire drills were carried out frequently.

Systems to manage infection control and prevention at the home were in place. When we visited the clinic room we saw that a new hand wash basin for staff to use prior to administering medicines was in place. This helped to prevent the spread of infection. Hand decontamination has a dual role in protecting people using the service and care workers from acquiring germs which may cause them harm.

Care workers we spoke with told us and we saw they had access to personal protective equipment (PPE) to help reduce the risk of cross infection when providing personal care to people. They were aware of the need to make sure they used the protective equipment such as disposable aprons and gloves available and confirmed to us there was always plenty of PPE available for them to use This helped to protect them and people using the service from the risk of cross infection whilst care and support was being provided.

We saw that the laundry room had been refurbished with new washable flooring/walls. The provider had installed a new extractor fan to provide suitable ventilation in this area. There was a dirty to clean work flow system in operation where clean and dirty items were physically separated throughout the laundry process. The registered manager and care workers were aware of their responsibilities in relation to managing infection control and prevention at the home.

We examined records to show that the home was compliant with infection prevention and control requirements. A recent infection/prevention and control audit had been carried out by the local authority infection prevention team in November 2017. The service scored 5 overall which meant that people were protected from the risk of infection because appropriate guidance had been followed.

When we visited the kitchen we found this area had been deep cleaned and some kitchen units had been replaced with new ones. The home had been inspected by the Food Standards Agency in November 2017 and had scored a five star rating which indicated that the kitchen safety and hygiene standard at the home was very good.

People we spoke with told us they felt safe living at Balmoral Care Home. They said, "We feel safe", "The atmosphere is calm", "You never hear them [staff] shouting", "It's always the same staff" and "I would report any unkindness by staff to the manager."

A recruitment and selection procedure was in place. We looked at six care worker recruitment details and found they had been recruited in line with the regulations including the completion of a disclosure and barring service (DBS) pre-employment check and at least two recent references. These checks help the registered provider to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults. All staff members were issued with an employee handbook which contained

information about Balmoral Care Home policies and procedures and the management expectations of staff.

When we spoke with care workers about the staffing levels at the home they told us this had improved since the last inspection. They felt there were enough care workers to meet people's needs. When we examined the staff duty rota this confirmed that staffing numbers and skill mix were appropriate and sufficient as described by the care worker we spoke with. People we spoke with told us they felt there were usually sufficient care workers at the home.

Good

Is the service effective?

Our findings

At our last inspection in May 2017 we identified a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staff training, supervision and appraisal. We found people were being cared for by care workers who had not received the required and appropriate training and supervision to carry out their duties safely and effectively. At this inspection we found improvements had been made and the provider was meeting the requirements of this regulation.

There was an ongoing annual staff appraisal and a system of regular staff supervision in place. The system was used at regular intervals to discuss and evaluate the quality of care workers and ancillary staff's individual performance and where best practice was in place. Care workers we spoke with confirmed they received an annual appraisal and supervision at least every three months. We examined six care worker supervision and appraisal records which showed they were supervised and appraised regularly. Staff supervision provides the worker with the opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. Care workers we spoke with said, "We get more supervision now which is helpful and the manager is on the ball with this."

The registered manager told us that care workers now received additional training in appropriate topics such as continence awareness, risk assessment and pressure care to meet people's specific health and wellbeing needs. This was confirmed when we examined the staff learning and development plan and six staff training records. Care workers had undertaken mandatory induction training in topics such as fire evacuation, safeguarding, food hygiene and infection control. This induction was followed by a two week period of shadowing (working under the supervision of an experienced care worker) within the home. This gave the new care worker the opportunity to get to know the people who used the service. A probationary period of six months could be extended if the care workers performance did not meet expectations or the care worker felt they required additional time to develop their skills.

Care workers told us about the staff training provided, "We have all been trained in fire awareness, infection control, equality and diversity, dignity in care, moving and handling, food safety dementia awareness, safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS)." The training record showed that 98% of staff had completed training in these topics and staff refresher training was planned for 2018 and 2019. This training helped to ensure that people were supported by suitably qualified, skilled and experienced care workers. Staff told us, "The training is always useful and helps us to do our job safely." A visiting relative made positive comments, such as, "Very good", "They know their job" and were satisfied with the care workers ability to provide people with the care and support they needed.

People's needs had been assessed before they moved into Balmoral Care Home. Needs assessments showed people and their relatives had been included and involved in the assessment process wherever possible. Care records showed that care workers used information from the initial needs assessment to develop care plans. Any support records that would identify people's abilities and the support required to maintain their independence was also included. This meant these records enabled care workers to provide care to people in a person centred way. A needs assessment we examined identified a person was at risk of

choking and records clearly detailed the risks and mitigation of risk, for example, '[Person] requires blended food and drinks thickened, one staff to assist [Person] with food and thickened fluids. This information was also highlighted in the person's risk assessment. Other areas identified as risks such as nutrition, mobility, moving and handling, and the person's dependency level were recorded and followed. This was confirmed when we spoke with a care worker who knew the risks associated and how to manage them. They said, "We always make sure [Person] has blended food, and thickener is always added to their drinks. It makes it easier for the person to swallow and they get enjoyment from whatever they are eating and drinking."

People living in the home had choice about what they wanted to eat. We observed that meals served were well presented, looked appetising and nutritionally balanced. We examined the menu and saw that a variety of meal options were available at different times of the day. People were assisted or supported to eat their meals or with prompts from care workers where required. Dining tables were set for each meal time and where people preferred to eat in their rooms they were supported to do so. We saw people were frequently offered a variety of drinks to maintain their hydration and snacks were available throughout the day.

Care records and daily records we examined showed attention was paid to people's dietary requirements and what they ate and drank. Dietary risk assessments were also in place for people with specific dietary requirements. These risk assessments contained enough detail to fully identify the risk and strategies for care workers to manage and minimise those risks to ensure people's safety. For example people identified as being at risk of choking were provided with a pureed diet or a thickening agent was added to their food and drink to prevent the risk of choking. Training records showed that staff had received training in this topic. This meant people could enjoy their food because any specialised food and dietary needs were known and any risks were mitigated.

People's individual meal preferences were recorded in their care records. A whiteboard was used in the kitchen to show the names of people living in the home and any food allergies, preferences and special diets or food textures required. A kitchen staff told us this was when people came to live in the home or when people's preferences or needs changed. This meant the cook could prepare food that suited the requirements of people living in the home. We examined people's daily observation and weight records which indicated the type and amount of food people had eaten. This meant people's nutrition and hydration was monitored to ensure their nutritional needs were being met. Care workers and the cook were aware of the need to follow the speech and language therapist (SALT) instructions. For example making sure that people at risk of choking received a soft or pureed diet. SALT provides treatment support and care for people who have difficulties with communication or with eating, drinking and swallowing.

People we spoke with said about the meals served at the home, "We get a good choice of meals", "Roast dinners on Sundays, soup/sandwiches anything we like" and "If we don't like what's on offer we can choose something else, anything. They [cook] makes anything we like."

People's care records showed they had access to external healthcare professionals, such as hospital consultants, specialist nurses and general practitioners (GP's). They recorded people's weight, dental and optical checks and reflected the care being provided to them. Notes of health care professionals visits were included in people's care records. Attention was paid to people's general physical and mental well-being, including risk assessments. For example where people had poor skin integrity and were at risk of developing pressure sores, this had been identified, recorded and appropriate health care support, such as a district nurse, was requested.

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 were being met.

The registered manager told us that DoLS applications were required for some people living at the home and had been submitted to the supervisory body (the local authority). We saw a tracker was in place to monitor when applications had been made to the supervisory body, when any applications had been authorised and the DoLS expiry date. The registered manager and care workers we spoke with were knowledgeable about the MCA and the need to carry out mental capacity assessments for people who required them. The registered manager was aware of the needs to notify the Care Quality Commission once the application had been approved.

We saw there was sufficient and suitable equipment in place to promote people's mobility such as handrails, hoists and wheelchairs. Pressure relieving equipment was well maintained and in good condition. The layout of the home provided enough space in order that wheelchairs and other mobility aids had adequate room to be manoeuvred.

An environmental cleanliness checklist was completed monthly to ensure all rooms and shared facilities were free from clutter, dirt, and spillages. The domestic worker told us the checklist was useful in highlighting the priority areas of the home that needed cleaning. They told us that the checklist also identified areas of the home that required any maintenance such as redecorating or repairs. These repairs were listed for the maintenance person as works to be completed. The service maintained a homely environment to enable people's planned activities, routines and lifestyles to be supported effectively.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at Balmoral and the staff team. People made positive comments about the care workers team, their approach and their attitude towards them. They said, "The care is beyond good, they [staff] are lovely", "Everything the staff do is wonderful" and "They [staff] know us well, it's always the same staff."

Visiting relatives said, "They [staff] are very good" and "They [staff] know people really well, they are very kind."

The atmosphere at the home was welcoming and relaxed. We observed good interpersonal relationships between care workers, people and their relatives. Care workers interacted with people well, engaged them in conversations that were interesting and meaningful to them. For example we saw care workers showing warmth and empathy towards people at meal times, when serving meals, asking if they were enjoying their meal and if they had eaten enough at that particular mealtime. They shared friendly conversation with people and we observed them showing kindness towards people whilst supporting them to mobilise around the home within the person's capabilities.

We observed care workers had developed a good rapport and understanding of people treating them and their belongings with respect. For example, we observed a care worker gently reminding a person not to forget their spectacles as they moved from a dining table after lunch. We saw from the person's facial expression that their spectacles were important to them because they expressed relief once they had been reminded.

Care workers were knowledgeable and familiar about how to provide the required care to people as they wanted it. We observed people being given choices in relation to meals, drinks, activities, daily living and where they wanted to sit in communal areas. We saw that people were supported and involved in making decisions about their care and we observed care workers gently asking people if they required a 'nice cup of tea/coffee/juice as people sat down to watch a morning television programme after breakfast. Care workers were aware of people's personal preferences and this information was contained in people's care records, such as their likes, dislikes, whether people preferred to have a bath or a shower or the time they preferred to get up in the morning. This showed that care workers had a good understanding of the person when providing care and support.

The registered manager was aware of how to access a local advocacy service to ensure that people were could request independent advice and support when needed. An advocate is a person who represents people independently and are able to assist people in ways such as, acting on their behalf at meetings and/or accessing information for them.

We looked at the home's End of Life (EoL) care policy and procedure which was person centred and geared towards helping the person, and their relatives to have full control about decisions relating to the person's future care and end of life needs. We saw records that indicated care workers had undertaken additional

training in the topic, 'Dying, death and bereavement'.

The registered manager told us that nobody at the home was receiving end of life care or support and nobody living at the home had an advanced care plan (ACP) in place. An ACP explains what staff should do and who to contact in the case of an emergency. It also provides people with the opportunity to have a structured discussion with their families and the service about their thoughts and wishes for the future. We were told that when people required end of life care the service would always contact the person's general practitioner and the district nurse services to obtain support and to provide advice when necessary.

We saw that people's records and any confidential documents were kept securely in secured rooms that could only be accessed by designated staff and no personal information was on display. This helped to make sure that confidentiality of information was maintained as safely and securely as possible.

Good

Is the service responsive?

Our findings

At the last inspection in May 2017 we found information in people's care files was out of date and some records were incomplete. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good governance – maintaining accurate records of care provided to people. At this inspection we found that improvements had been made and the provider was meeting the requirements of this regulation.

People we spoke with told us that their needs were being met and they were happy living at Balmoral Care Home. They made positive comments about the home and care workers such as, "Staff are always available when you need them", "They never seem short staffed", "There seems to be enough staff" and "If we have any concerns they [staff] will help us out."

People's care records were reviewed, actioned and evaluated monthly or more frequently if the person experienced any health changes. Care reviews help to monitor whether care records were up to date and reflected people's current needs so that any necessary changes could be identified and actions taken at an early stage. We saw that care records contained a brief personal history and gave clear guidance for care workers to follow in order to support people's needs. We looked at records that showed attention was given to people who were at risk of weight loss and instructions for care workers to follow were clearly documented. A weight management record was maintained where necessary and any observations were recorded and reported.

Care workers we spoke with were able to demonstrate their understanding about person centred care. They told us that it was important to make sure people's care was delivered to them in the way they wanted to meet their identified needs and this helped maintain or improve their independence. They told us that people were always included in decisions about their care. When we looked at people's care records we saw that information in relation to their care was consistent with what the care workers had told us. This showed that people using the service received appropriate support when required to ensure their care and treatment needs were being met.

People we spoke with told us that there were a variety of activities available such as quizzes, and a visiting entertainer came to the home on a regular basis. People could choose to get involved if they wanted to and activity details were displayed on a notice board on the corridor wall. People we spoke with said, "They never force you to get involved if you don't want to", "I like to sit and watch what's going on or have a chat with the other ladies" and "I think they [staff] are putting the Christmas tree up today, that will be nice."

Activities were organised by an activities coordinator who consulted people individually so that activities were targeted to meet people's interests and preferences before completing the activities programme. The activities coordinator told us that people were supported to take part in hobbies and interests and individual or group daily leisure activities were always provided.

We looked at risk assessments that highlighted where there were potential risks when people were involved

in particular activities such as leaving the home and participating in outside activities. The activities coordinator said, "I'm hoping to get people involved in decorating the Christmas tree today, there's always something for people to do but it's really up to them if they want to join in. We always encourage people, find out what they like to do and get them involved." Enabling people using services to take part in meaningful and enjoyable activities is a key part of experiencing a good home life.

People and visiting relatives we spoke with told us they knew how to make a complaint if they had any concerns and guidance telling people how to make a complaint was displayed on notice boards around the home. An up to date complaints policy was in place. This confirmed that a full investigation into the complaint would take place and that all complaints would be taken seriously. The policy gave details of how a complaint could be escalated to the Local Government Ombudsman if the complainant remained dissatisfied with the outcome of their complaint. Records showed that actions taken to investigate complaints had been recorded, and if the complaint had been resolved to the person's satisfaction. Records indicated there were no outstanding or unresolved complaints at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in May 2017 we identified periodic checks and audits to help make sure good care was being delivered at all times during the day and night were not formally and consistently recorded. We also found systems and processes in place were not used effectively to address issues identified at a previous inspection. We found that this was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

At this inspection we found that improvements had been made and the provider was meeting the requirements of this regulation. However, we have not rated this key question as 'good'. To improve the rating to 'good' would require a longer term track record of consistent and sustainable good practice.

At the last inspection in May 2017 the management oversight of the service had been poor. Following that inspection the provider increased management hours from 10 to 35 hours a week. In addition to this five new care workers and a second maintenance person were recruited to the service. The registered provider and manager told us that staffing levels were continually monitored via care worker observations and people's individual care reviews. The registered providers told us they were committed to providing continuing management support at the home to ensure people's needs and preferences were being met safely.

A registered manager was in place. 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 is run. The registered providers and registered manager were present on the second day of the inspection.

Care workers, people using the service and visiting relatives confirmed the registered manager was always present in the home and that the registered provider's visited the home frequently. All of the people we spoke with made positive comments about the registered providers, manager and the staff team and felt their needs were being met by a sufficient number of competent care workers. People said, "Of course the staff are very busy, but they always have time to spend with us" and "You only have to ask and they will help us." A relative spoken with said, "You can always speak to the manager, anything I want to know they will tell me."

Care workers we spoke with understood their role and responsibility to the people living in the home. Care workers told us they had confidence in the manager and found them to be approachable and supportive. They said, "If you have a problem [manager] will help you", and "They are supportive although we don't see as much of them as we used to", "The manager knows what's going on and keeps a check on things", "We've got more staff now which was needed and the manager has more time to run the home" and "The owners [registered providers] have increased the staff and it's made a difference."

Whilst the registered manager was still part of the working staff team they had introduced systems to

oversee that good practice and quality of the service was maintained. The staff team utilised a communications book to share information and a staff handover system was in place. This meant care workers were responsible for ensuring their communication was effective and supported the sharing of pertinent information and instruction between themselves about the people and the service.

The registered manager had identified areas where additional staff training was required, and had taken steps to ensure training that met specific learning needs was provided. A care worker learning and development matrix (record) was in place. The matrix identified what training care workers had undertaken and the training topics scheduled for the coming months. We saw that all care workers were listed to receive ongoing and refresher training in appropriate topics associated with caring for older people.

Records were now in place to monitor the competency of care workers responsible for administering medicines. Since the last inspection the registered manager had carried out care worker medicine administration spot checks and care workers designated to administer medicines had undergone a medicines competency assessment. This meant risks associated to the management of medicines were reduced.

A checklist to make sure care workers were following the protocols in relation to cross infection had now been implemented. The registered manager carried out spot checks to ensure best practice was always maintained to prevent cross infection. Care workers, domestic and kitchen staff were aware of the importance of good hand hygiene and knew to use disposable gloves provided for them. These systems helped to protect care workers, people using the service and visitors from the risk of cross infection.

Work had been undertaken to ensure areas identified at the last inspection as requiring maintenance, were complete or nearing completion. For example the laundry, toilets, bathrooms and medicines room were now being well maintained and were safe for people to use. Whilst we found that health and safety checks records and audits were completed and up to date, we found that actions had not been taken in a timely way to rectify some areas in relation to records completed for Legionella.

Meetings for people and their relatives had been reinstated and were planned in advance. These meetings helped to gather people's views and opinions and used different methods to gather information such as individual discussions during people's care reviews/ care interventions and chatting to people at mealtimes. We saw that notes of these discussions were recorded in people's care records. Plans for people and staff to participate in quality surveys/questionnaires were in progress. The registered manager hoped to circulate such surveys to people before June 2018.

Before this inspection we checked our records to see if appropriate action had been taken by management to ensure people were kept safe. We saw that the registered manager had made appropriate notifications to the Care Quality Commission as required.

The registered manager shared with us copies of the services policies/ procedures such as, complaints and suggestions, safeguarding, accidents/ incidents, medicines management and staff recruitment. Policies and procedures help the provider to guide the actions of all individuals involved in the service and provide consistency in all practices carried out in the home. Policies we looked at were being kept under review.

This section is primarily information for the provider

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider actions had not been taken in a timely way to rectify some areas in relation to records completed for Legionella.