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Balmoral Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Balmoral Care Home is a residential home that was providing personal care for up to 33 people aged 65 and over at the time of the inspection. At the time of the inspection there were 29 people living in the home.

People's experience of using this service:

The service had appropriate checks in place to ensure all equipment was maintained and suitable for people to use. This included legionella checks and risk assessments.

There were a variety of environmental and individual risk assessments in place which guided staff on actions to take to reduce risk for the people living at Balmoral care home.

People told us they were happy living at Balmoral care home. They told us they would like more activities and we have recommended that the service review the activities available for people to engage with.

People and relatives told us the staff were kind and caring and treated them with dignity and respect.

People were encouraged to be independent and choice in daily life was promoted.

Care plans covered a wide variety of areas and provided staff with details about the individual, their support needs and their preferences.

The service worked closely with other health care professionals and had good working relationships with other services.

A programme of updating and redecoration was planned following the inspection and provided an opportunity to adapt the premises and ensure it met the needs of the people living in the service.

Accidents, incidents, complaints and concerns were fully investigated and action taken to reduce the risk of future reoccurrence.

Staff were positive about the registered manager and felt well supported and able to raise any concerns.

More information is in the full report.

Rating at last inspection: At the last inspection the service was rated as Requires Improvement overall (09 February 2018). At that inspection we rated the service as requires improvement in the safe and well led domain and good in the effective, caring and responsive domains. At this inspection we found that sufficient improvements have been made and the overall rating for the service is good.

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

Follow up: We will continue to monitor the service through information we receive and future inspections.

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 Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was undertaken by one adult social care inspector on both days and an expert by experience on Day one. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert-by-experience had personal experience of older adults and adults with dementia and people who used both residential and community services. Day one of the inspection was unannounced.

Service and service type:

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. The service was registered to accommodate 33 people who required residential care.

What we did:

Before the inspection we reviewed the information that we held about the service and registered provider. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and include significant events such as accidents, injuries and safeguarding notifications.

We liaised with commissioners of the service including local authorities, and Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. The feedback from these organisations was used in planning for the inspection and helped identify some key lines of enquiry.

During the inspection we examined many documents. These included five people's care records, three staff

recruitment files and information relating to supervision and training. We looked at the policies and procedures in place, and documents and other audits and checks completed by the service.

Approximately 26 staff were employed at the time of the inspection including care staff, office staff, housekeeping and kitchen staff. We spoke with staff including the registered manager, the deputy manager, one senior carer, four care staff, one kitchen staff, an activities worker and the registered provider. We spoke with nine people using the service, four family members and two visiting professionals.

We completed checks of the premises and observed how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed three meal time experiences and used the SOFI to observe care on one occasion.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in February 2018, this key question was rated "requires improvement". We found that legionella control procedures were not in place to protect people living in the home from this risk. Following the last inspection, the service took immediate steps to address this and provided us evidence that action had been taken. At this inspection, we found the service had taken steps to improve the legionella control procedures. Therefore, the rating has changed to "good".

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe and said, "I feel very safe here," "The staff are very good and I feel safe because they are adept at looking after me" and, "I am quite happy here. I certainly feel safe here because I know there are people here to help me."
- ☐ Relatives told us, "[Family member] is looked after, they are clean and well kept," "I have no concerns about [family member] living here" and, "I think [family member] is safe here."
- ☐ Staff had completed training and knew how to safeguard people.
- ☐ There were safeguarding and whistleblowing policies and procedures to guide staff on what action to take should they have concerns.

Assessing risk, safety monitoring and management

- ☐ The registered manager assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- ☐ The home had a variety of environmental risk assessments which included the building, outside space and equipment.
- ☐ People had individual risk assessments within their care records which related to their individual needs and covered areas such as pressure care, choking risk, and fall. These were detailed and provided staff with guidance to reduce the potential risk.
- ☐ Accidents and incidents were recorded and investigated and analysed to identify trends and themes. Action was taken to reduce potential risks.
- ☐ A daily walk around was undertaken by the registered manager to identify any issues and concerns. These were quickly addressed
- ☐ Appropriate maintenance and checks were undertaken of all equipment including gas, electrical and water. Testing for legionella was undertaken by an external service and suitable risk assessments were in place.

Staffing and recruitment

- ☐ Staff had been suitably recruited and references and disclosure and barring service (DBS) checks were in place.

- We received mixed views about whether there were enough staff. Our observations on the day were that staff were quick to respond to and support people but were often very busy, particularly at mealtimes.
- People told us, "staff are always busy but they help me around when I need it and I can have a laugh and a joke with them," "I think there are enough staff, if I ring the bell they get to me as fast as they can" and, "I do use the bell for help sometimes and at night I may have to wait a bit because they are seeing other people."
- Relatives told us, "I think they could do with more staff.. I think they [staff] are rushed off their feet and look tired" and, "I think they are short staffed because they are always very busy after lunch."
- Staff told us they felt that staffing was sufficient but could be improved to ensure they were able to spend more time with people when supporting them with personal care. One staff member told us, "When staffing levels are right it works brilliant but if staff phone in sick it can be difficult."
- The registered manager told us that they were trialling different additional hours of staffing to ensure sufficient staff were in place to meet people's needs.

Using medicines safely

- People were happy with how they were supported with their medicine. One person told us, "Twice a day I have tablets... I get them when I need them." A relative told us "[Family member] get medication on time."
- The service had a designated clinic room and we saw that suitable systems and checks were in place to ensure people's medicine were safely and securely stored.
- The service had appropriate medication administration records (MARs) which were being accurately completed and stocks of medication were correct.
- Senior staff were responsible for supporting people to take their medicines. Staff told us they received training in this area and competency checks were regularly undertaken.

Preventing and controlling infection

- The home was clean and tidy and people confirmed this was always the case.
- The kitchen had appropriate cleaning schedule and was clean and tidy. The food standards agency had visited in October 2017 and rated the kitchen 5. This is the top of the scale and means the kitchen hygiene standards were good and fully compliant with the law.
- The laundry was suitably equipped and had appropriate systems to manage dirty and soiled laundry.
- Staff had access to personal protective equipment (PPE), such as disposable aprons and gloves, and these were used when supporting people with personal care.

Learning lessons when things go wrong

- The registered manager had systems in place to learn from when things went wrong such as with accidents, incidents and complaints.

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

Good: ☐ 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

- ☐ Assessments of people's needs were detailed, and care and support was reviewed regularly and updated when required.
- ☐ People's care records contained a details life history and background which included information about choices and preferences.

Staff support: induction, training, skills and experience

- ☐ Staff told us they received a full induction and opportunity to shadow more experienced staff before working independently.
- ☐ Staff told us they felt they had the training and support to enable them to care for people safely. They told us, "The training was good and helped me understand my role" and, "The training acts as a refresher and updates you."
- ☐ People told us they felt staff were competent and said, "I think staff know what they are doing" and, "They use a hoist sling... I am confident and feel safe when they are doing it."
- ☐ Staff received regular support from the registered manager and accessed supervisions, appraisals and team meetings.

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

- ☐ People told us they had enough to eat and drink. One person said, "I get plenty to eat and drink." Most people enjoyed the meals and told us, "Food is really good and well cooked. The chef is belting" and, "We get good meals here."
- ☐ People told us that if they did not like what was on the menu they would be offered an alternative and said, "If I don't like what's on offer I get something else."
- ☐ The cook had a good understanding of how to support people on modified diets, such as those who needs a softer diet due to swallowing difficulties.
- ☐ We observed that staff supported people who needed help to eat and drink and would encourage and prompt people to encourage a good diet. One relative said, "[Family member] gets enough to eat and drink and they [staff] have to help."
- ☐ Care records included monitoring for weight and a malnutrition screening tool to identify those at risk of weight loss. We saw that suitable referrals were made to Dietician and Speech and Language Therapy when additional needs had been identified.

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

- People told us they received support from other services when needed. One person told us, "If I wanted a doctor they would arrange for me to see one." A relative told us, "If there is a problem they will ring me and sort a doctor out."
- Care records demonstrated that people received support from other agencies. The chiropodist, optician, district nurse and doctor services visited the home regularly and referrals were made to external services when required.
- Visiting healthcare professionals were positive about the communication with the home and told us, "Communication is good, they ring regularly if they need to," "Staff are very competent at liaising with the nurses" and, "They will ask to make a referral, they take on advice and always ring if they have any concerns."

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

- A programme for redecoration throughout the home due to begin shortly after the inspection. We spoke to the registered manager about best practice to ensure that any changes met the needs of the people living in the home.
- We have recommended the home consider the use of signage within the home to help people living with dementia orientate themselves within the home.
- The home had suitable equipment to help promote people to be independent, for example specially designed cups and plate guards were used to enable people to eat and drink independently.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this.
- Staff had received training in MCA and asked people for consent to ensure they were able to make daily choices. One person told us, "They always ask me before they do things for me."
- We observed care staff explaining to people when supporting them, for example when assisting them to move during the day.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ People were positive about staff and told us they were kind. They said, "Staff are lovely with me and when they help me they are very patient," "They are always very helpful, caring and courteous when they are helping me" and, "staff are efficient and gentle."
- ☐ Staff spoke positively and with affection about the people they were supporting and told us, "It's like my second family" and, "The best thing about the job is being able to bring a smile to the residents."
- ☐ We observed positive interactions between people and staff. People were spoken to with respect and staff and people share jokes and humour together.
- ☐ The registered manager told us how they support people with protected characteristics which included supporting people to access their preferred music, television shows and food. We saw people's bedrooms were personalised and reflected the individual and their interests and preferences.
- ☐ Staff had completed training in equality and diversity and we observed they supported people in a non-discriminatory way.

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

- ☐ Care records demonstrated that people had been involved in the assessment and planning of care. Where possible people, and those important to them, were involved in reviewing and updating care plans.
- ☐ People felt able to express their views and felt listened to. One person told us, "If I want anything I just have to ask."
- ☐ People felt they had choice in their daily life and said, "I get up when I want and go to bed when I want." One relative told us, "Within reason [family member] can do what they want."

Respecting and promoting people's privacy, dignity and independence

- ☐ People were supported to maintain relationships with people close to them. We saw visitors were welcomed by staff when visiting. Relatives told us, "When I come the staff are always nice to my [family member] and pleasant to me" and, "They [staff] make me feel like family when I come here."
- ☐ We observed that people were clean and well-dressed.
- ☐ Staff supported people discreetly when offering personal care. One person told us, "They cover me up... I've no problems with how they look after me."
- ☐ The service was a member of the "daisy" dignity in care scheme. To become accredited to this scheme the service needed to demonstrate good practice and dignity in care. This meant that the service recognised the importance of dignity within the care setting and actively promoted this with staff and people.

Is the service responsive?

Our findings

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

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

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

- ☐ Care plans and risk assessments were detailed and contained specific information to guide staff on how to support a person.
- ☐ Care records considered the communication needs of people who were not able to verbally communicate and detailed how people communicate their preferences through non-verbal communication and gestures.
- ☐ There was a consistent staff team and staff knew people and their care needs and preferences well.
- ☐ Activities were available which included visiting entertainers, an activity person visiting weekly to do crafts, visiting clergy and access to come local community groups. However, people told us they would like more to do. They told us, "There is not much in the way of activities" and, "There's not much to do apart from watch TV." The registered manager told us that improvements had been made to the activities available and an activity co-ordinator was being considered. We recommend the service continue to review the activities scheduled to ensure they meet the needs of all the people living in the home and provide stimulation for those who wish to engage.

Improving care quality in response to complaints or concerns

- ☐ People and relatives told us they had no complaints. Everyone we spoke with felt able to raise concerns with the registered manager or senior staff, and felt that any issues would be addressed.
- ☐ The service had a complaints procedure which was reviewed during the inspection. We saw that complaints and concerns were investigated by the registered manager and action was taken to address the issues and prevent reoccurrences in the future when possible.
- ☐ The service asked people and relatives to complete surveys annually. We reviewed the feedback from the last survey which had raised the issue of activities. The registered manager told us this information had been used and activities such as a trip to Blackpool had been undertaken.
- ☐ The service held meetings with the people living in the home and their relatives. We could see that action was taken in response to feedback and suggestions given. However, not everyone we spoke with were aware of these meetings.

End of life care and support

- ☐ At the time of inspection nobody was receiving end of life care and support. However, a visiting healthcare professional told us, "They work well with the doctors with the end of life care"
- ☐ The service was planning on undertaking additional training and work regarding end of life care.
- ☐ The service had received a number of thank you cards from families who relative had been supported in the home. They included comments such as, "Thank you for how well you looked after us in those last few weeks and particularly just after [family member] died" and, "We cannot thank you enough for the care and

support...both in the last few days and weeks when everything was becoming even more difficult...but also for the whole stay."

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

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

At our last inspection in February 2018 this key question was rated as requires improvement. This was because the service needed to demonstrate consistent and sustained good practice. At this inspection we found evidence that supports a rating of good in this area.

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

- ☐ People told us they were happy at Balmoral care home. One person said, "It's a wonderful place, I would recommend it to anyone. I am very comfortable here" and another said, "I've been here a long time and I quite like it."
- ☐ Relatives were positive about the service and told us, "I would recommend it to anyone" and, "I really appreciate them and am confident they are looking after my [family member]."
- ☐ The provider visited the service regularly and met with the registered manager to review the running of the home.
- ☐ Staff told us they felt listened to and that the registered manager and provider were approachable.
- ☐ We saw records and staff told us that they were well supported and had regular team meetings, supervisions and appraisals.

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

- ☐ 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.
- ☐ Staff were positive about the registered manager and told us "[Registered manager] is all out. They are great to work for and we all work well as a team."
- ☐ A variety of safety checks and audits were done on the home to ensure it was safe for the people living there. These were overseen by the registered manager to ensure any actions were completed.

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

- ☐ The majority of people living at Balmoral care home and their relatives knew who the registered manager was. One person told us, "[Registered manager] is nice and I can express my opinion," and a relative told us, "[Registered manager] is brilliant and I am not afraid to speak with them if I have to. They are very approachable."
- ☐ Annual surveys and meetings were held with people and relatives to obtain feedback and improve services. Action was taken in response to issues identified from these forums.

Continuous learning and improving care

- ☐ The registered manager attended a variety of learning forums to develop learning and good practice including the care home forums run within the local area.
- ☐ The registered manager reviewed incidents and accidents and other information such as complaints and compliments to identify where the service could be improved.

Working in partnership with others

- ☐ The home worked well with other organisations and engaged with the local community.
- ☐ The home had good relationships with local healthcare professionals and worked with them to achieve the best outcomes for people.