Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Balmoral Care Home

6 Beighton Road, Woodhouse, Sheffield, S13 7PR

Tel: 01142540635

Date of Inspection: 14 July 2014

Date of Publication: August 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Four Seasons Health Care (England) Limited
Registered Manager	Mrs Jane Watson
Overview of the service	Balmoral is a purpose built home, which provides nursing and personal care to older people. Balmoral is a large home (85 places) and accommodation is provided over two floors. There is a separate unit on the first floor where people with dementia are provided with residential care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 July 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services. We reviewed information sent to us by other authorities and talked with local groups of people in the community or voluntary sector.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

An adult social care inspector carried out this inspection. At the time of this inspection Balmoral was providing care and support to 67 people, some of whom had a diagnosis of dementia. We spoke with 17 people living at the home, and six visiting relatives to obtain their views of the support provided. In addition, we spoke with the home manager, the regional manager and eight members of staff about their roles and responsibilities.

We considered all the evidence against the outcomes we inspected to help answer our five key questions; is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Below is a summary of what we found. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

People who used the service told us they were treated respectfully by staff members and said they felt safe living in the home.

Safeguarding procedures were robust and staff understood their role in safeguarding the people they supported.

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

We found risk assessments had been undertaken to identify any potential risk and the actions required to manage the risk. This meant that people were not put at unnecessary risk but also had access to choice and remained in control of decisions about their lives.

The home had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Three applications had been submitted which confirmed to us that relevant staff had been trained to understand when an application should be made and how to submit one. This meant that people would be safeguarded.

Our conversations with people who used the service, relatives and staff, together with observations on the day of our inspection evidenced there were enough staff on duty, however there was a significant number of vacant qualified staff hours being covered by agency nurses. People who used the service, their relatives and staff all said many agency nurses working did not know the needs of people, meaning that people who use the service did not receive consistency of care.

Is the service effective?

We found people were provided with nutritious food. Some people required specialised diets for health or personal reasons and these were provided.

People who used the service told us that food was very good and they enjoyed their meals.

During our visit, we found people were provided with the support they needed. We found staff knew people well and were aware of their individual preferences. We found staff treated people in a kind manner.

Care files we checked confirmed initial assessments had been carried out by the staff at the home before people moved into the home. This was to ensure the home was able to effectively meet the needs of the people. Specialist mobility and equipment needs had been identified in care plans where required. People who used the service and their relatives said they had been involved in writing their care plans and they reflected their current needs. Visitors confirmed they were able to see people in private and that visiting times were flexible.

Is the service caring?

We observed warm and respectful interactions between staff and people who used the service as well as some good humoured banter.

People who used the service were positive about the staff and felt they were known personally to them. Comments from people included, "Staff are wonderful," "I like it here very much," "Staff look after me alright. People come and help me (with personal care)" and "I get everything I need."

One relative spoken with told us, "My family member is much calmer since they came here. I don't worry about them now. I used to get phone calls from neighbours who found them wandering but I'm happier they are being well looked after. They are a lot better.

Is the service responsive?

Staff told us the care and support provided was flexible to the person's needs and adjustments could be made where required. Staff said they informed the manager if they felt any change in needs was required and the support was reviewed. For example one relative told us, "My family member has a specific communication difficulty and requires sign language. They have one to one sessions weekly with somebody who can sign to them." A person who used the service told us, "I've just been given a new wheelchair which I'm starting to get used to."

On the day if the inspection people who used the service were going on a day trip to Bakewell. One person said, "I'm looking forward to going out. I like it here and I'm very hard to please because I'm very awkward."

We observed staff making sure people had sun hats as it was a particularly hot day and that people had visited the toilet before leaving the building. The interaction between them was warm and very friendly.

There were no outstanding complaints about the service. People who used the service said if they had any worries they would take their concerns to a member of staff or to the managers'.

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way.

People spoken with said they were invited to attend 'resident and relative family night' which was held every month. One person said, "It's a good idea, we can talk about whatever we want"

Staff had regular meetings with the manager and were kept updated about any information they needed to know about the service. This helped to maintain consistency in the running of the service and to ensure staff were aware of relevant information.

The service carried out a yearly 'Quality Assurance Survey'. Feedback was sought by way of customer satisfaction surveys sent to people who used the service, their relatives and friends, staff and healthcare professionals. This showed people had the opportunity to put their views across.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with 17 people who used the service in the communal areas of the home and in their own rooms. Comments included, "Staff are wonderful," "I like it here very much," "Staff look after me alright. People come and help me (with personal care)" "I get everything I need" and "I like to have a bath and they need to use a hoist. I only get a bath when I ask for one."

One person receiving care in bed told us they were "comfortable"' and we observed a falls mattress by their bed. These were also in place for four other people we spoke with.

We observed a person who had oedematous legs and cellulitis being attended by district nurses. They told us the district nurses came daily to attend to their dressings. The person said they were very happy with both the home and the care they were receiving.

The majority of people using the service looked clean and tidy. Many females had nails nicely manicured and their hair was cut and styled. There was a small hairdressing salon and the hairdresser visited twice each week. We saw three gentlemen who appeared to need shaving and their hair was unkempt, however other gentlemen all appeared clean and tidy.

We heard buzzers sounding throughout the inspection visit and these often sounded for some time. We observed a person's buzzer sounding for approximately twenty minutes. We saw the person had some porridge on their bed table which they said they wanted to eat but needed help. We alerted the nurse on the corridor and they sent a care worker to help the person. The care worker asked the person if they were hungry and they had to explain they were but needed help to eat the porridge. We were concerned about how long this person was waiting and fed this back to the manager. The manager said they would address this with the staff and make sure the person's care plan gave clear details about the support this person needed at mealtimes.

One relative told us they had started taking their family members washing home because they didn't always get their own clothes back despite them being labelled. They were also unhappy that cardigans and tops were returned creased. A person who used the service told us, "45 pairs of knickers have gone missing since I came here (one year ago)" but added they had put some of them in the bin them self. Five other people spoken with said they didn't always get their own clothes back from the laundry. This was fed back to the home managers' on the day of the inspection.

We examined five people's care files. All the care files contained information about the person's biography, physical, medical and personal support needs. They also included people's likes, dislikes and preferences. All the care files had a range of individual risk assessments. There were clear links between the risk assessments and the care plans. All the care plans were reviewed at least each month, but more frequently if people's needs changed.

There was evidence in the care files that a range of healthcare professionals were involved in supporting staff to meet the needs of people as required. The care files recorded information provided by relatives which was reflected in the care plans as appropriate.

The home's activity co-ordinator worked Monday to Friday each week. On the day of the inspection the activity co-ordinator was observed working hard to engage people with activities with positive results.

We found Individuals needs and interests were recognised. For example one person using the service was a talented artist and had a number of their own water colours framed and displayed in their room. They told us, "Staff encourage me with painting and fetch me art materials when I need them."

One person told us staff had taken them along the street where they had grown up (which is near the home) to let them look at their old house. Another person said they played dominoes every Friday which they particularly enjoyed. The person said, "I always win."

Staff were quite rightly, proud of the 'pub' which was used for pub nights, sing-alongs and general social activities. The 'pub' was a room in the home that had been decorated and furnished to resemble a real public house.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Nearly all people spoken with told us the food was very good and they enjoyed their meals. People said they were particularly fond of bread and jam/marmalade which was offered during breakfast together with choices of cereals, porridge, grapefruit and cooked breakfasts.

One person who used the service told us, "The food is moderate. There is a lot of soup and I don't like soup or bread. I am particular about what I eat. Sometimes there is a choice but not always." The menu on the dining room tables indicated that there was a choice.

One relative told us they had brought their family member some jelly as staff had said they were "A bit off their food today." The relative was concerned that their family member's eyes appeared sore and she was going to tell the staff. The relative said their family member was sometimes able to go to the dining room for meals but she arrived once to find they were in an easy chair in the dining room with their meal on a side table which could not be reached. She was concerned that if she had not arrived their family member might not have been fed.

We found people were provided with nutritious food. Some people required specialised diets for health or personal reasons and these were provided.

We spoke with the cook. They showed us the four weekly rotating menus. These provided a good variety and choice of food, which included fresh fruit and vegetables. The chef was very knowledgeable about the likes and dislikes of people and had up to date records of what people's diet preferences were.

Staff told us they asked people what their menu choices were the day before. Staff said people often changed their mind and if this happened there were always other options they could choose. The cook said they made sure there was enough of each option available and also provided other options if people requested something different. We saw evidence of this during breakfast and lunch.

We observed people in the dementia unit being served breakfast. We saw people were offered a choice of options. When people needed assistance to eat staff sat by their side

and talked with them, giving them encouragement and support. This meant when people required support and assistance with eating this was given in a sensitive way which respected their dignity.

We observed lunch being served on the first floor. Tables were set nicely with matching tablecloth's, cutlery and crockery. People who required customised cutlery were provided with this which meant they were able to remain independent.

Where appropriate staff placed protective aprons on people so their clothes did not become stained and marked.

Late morning on the first floor we observed one person who was poorly and receiving care in bed. They had eaten egg and tomatoes for breakfast and their arm was in the plate with the remains of their breakfast. The person signalled to us that they wanted the clothes protector taking off, which we helped them with. We also moved the plate away from their arm. We observed the plate was still there an hour later. This meant this person was not supported to meet their eating needs with sensitivity and respect for their dignity and ability.

People's care records we checked showed their food likes and dislikes were recorded and details of 'special diet' requirements for people were identified.

The provider may find it useful to note we observed one care worker in the upstairs dining room removing some of the Manchester tart (lunchtime dessert) from the dish with their fingers and eating it. This was a concern in terms of hygiene, particularly as people who used the service had not yet been served with dessert.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Without exception all people spoken with said they felt safe in the home and that they had no concerns about ill treatment of themselves or others. When asked what, in the unlikely event of something like this happening they would do one person said, "I would tell my family when they came to see me and they would sort it out with the manager."

The home had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and three applications had been submitted. Staff told us they had received training in MCA and DoLS and we saw evidence of this.

Senior staff spoken with during our inspection confirmed there was a process in place to ensure any concerns raised were reported as incidents to safeguarding. This meant immediate action was taken to ensure any potential abuse was identified and stopped.

We spoke with eight staff. They were aware of adult safeguarding policies and procedures and what action they should take if they saw or suspected any abuse. We saw a training matrix that told us staff had received adult safeguarding e-training. Staff told us refresher and updated training in safeguarding people was provided yearly.

The service had completed enhanced Disclosure and Barring Service (DBS) checks, formerly known as Criminal Records Bureau (CRB) checks for all staff working at the home. This helped to protect people who were receiving a service. The manager confirmed to us that no members of staff were allowed to commence working with people until their DBS check had been received. The manager was aware that if a person's DBS check was returned with information recorded, they must carry out a risk assessment to show that they had considered the results of the DBS check and all other information they had about the person before making the decision to employ the person or not. We saw evidence of this.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The home managed money for some people. We saw the service had a system in place to manage each person's money and a sample of

documentation was reviewed to demonstrate operation of the system. We saw finance sheets for money put into and taken out of people's accounts had been signed by at least two members of staff. We found that a company auditor went into the service to carry out a check of finances twice each year. One visit by the auditor was announced and the other was unannounced. The last unannounced visit was in October 2013. The auditor found one small discrepancy (missing receipt) which was immediately rectified.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

A significant number of people who used the service and their relatives told us they thought the home was short of staff. One person said, "I try not to bother the staff too much because they are always so busy. There isn't enough staff." Another person said, "Staff seem alright. They're doing their best but they can't be everywhere."

At the time of our inspection there were 67 people in living at the home. The home was divided into three units. We discussed staffing levels with the manager. They told us that each unit had a designated number of staff on each shift. The manager said that the required number and skill mix of staff to meet the needs of the people on each unit was determined by their knowledge of the needs of people. Also that staffing numbers were decreased and increased as the number and dependency levels of people at the home changed.

Our inspection took place during the day and the staffing in place matched that documented within the staffing rota. In total there was one qualified nurse, two senior care workers and nine care workers. The home manager, deputy manager, administrator and ancillary staff were also on duty.

On the day of the inspection we observed that staff were very busy. During the morning staff spent time providing care to people and assisting them out of bed and with meals.

Staff told us that on most days there were enough staff on duty to ensure that people received a high standard of care and attention. Staff said they would like to spend more 'quality time' with people but were unable to do so because they were kept busy providing care and support to people.

Staff told us their biggest concern was that agency nurses were used to cover many shifts and the agency nurses often didn't 'pull their weight' and only gave out medications. Staff said this meant extra time could not be spent with people doing such things as talking with them and reading to them.

We saw from the 'Agency Request Form' that there were currently 231 vacant registered nurse hours per month being covered by agency staff. This meant agency nurses were

being used every day and covering morning, afternoon and night shifts.

The provider may find it useful to note there was no evidence that using such a high number of agency nurses had been considered, evaluated and responded to so that there was no ill effect on people who used the service.

We spoke with staff about the training they had received at Balmoral. Each member of staff felt that they received sufficient training to enable them to carry out their role and maintain their skills. Our conversations and our check of training records evidenced that training courses had been provided.

The provider may find it useful to note one staff member (working in the kitchen) employed for several months had not completed any training, including safeguarding. This was because the person had not been provided with a pin number in order to access the e-learning training programme.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The home manager had recently resigned and was working their notice period. We asked the regional manager to inform us of what management arrangements would be put in place until a new home manager was recruited.

We looked at a sample of the service's policies and procedures, for example the health and safety policy. We found the policies and procedures to be detailed, clearly written and easy to understand. The policies and procedures had been reviewed and updated as necessary.

The home manager explained the systems in place to assess and monitor the quality of service provision. They confirmed that the internal auditing of the service covered many areas, for example, infection control, environment, medication, food hygiene and care plans. We saw evidence of the systems in place to demonstrate this.

A complaints procedure was in place so that people could voice any concerns. We saw information about how and who to complain to on display around the home.

The majority of people we spoke with told us if they had any worries they would take their concerns to a member of staff or speak with their relatives. One person told us they wouldn't know who to tell if there were any problems or they had concerns about anything.

People spoken with said they were invited to attend 'resident and relative family night' which was held every month. One person said, "It's a good idea, we can talk about whatever we want."

Staff told us they had regular meetings with the home manager and were kept updated about any information they needed to know about the service. Following the meetings staff were provided with a copy of the minutes of the meeting. This made sure that all staff were made aware of any discussions that had taken place and any actions they needed to take.

A 'Customer Satisfaction Survey' was completed in 2013. Questionnaires had been sent out to people using the service, their relatives and advocates asking their opinions about such things as the environment, social activities, food and personal care and support. The survey showed that overall the proportion of people who rated the home good or very good was 73%. A report detailing the findings of the 'Customer Satisfaction Survey' had been completed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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