



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Balmoral Nursing Home
Address:	6 Beighton Road Woodhouse Sheffield South Yorkshire S13 7PR

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Sue Turner	1 3 0 7 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Balmoral Nursing Home
Address:	6 Beighton Road Woodhouse Sheffield South Yorkshire S13 7PR
Telephone number:	01142540635
Fax number:	01142548159
Email address:	balmoral@fshc.co.uk
Provider web address:	

Name of registered provider(s):	Four Seasons Healthcare (England) Limited (Wholly owned subsidiary of Four Seasons Health Care Ltd)
Type of registration:	care home
Number of places registered:	85

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	25	0
old age, not falling within any other category	0	60
Additional conditions:		
The maximum number of service users who can be accommodated is: 85		
The registered person may provide the following category of service only: Care Home with Nursing. To service users of the following gender: Either. Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category, Code OP, maximum number of places 60 Dementia, Code DE, maximum number of places 25		
Date of last inspection		
Brief description of the care home		
Balmoral is a purpose built home, which provides nursing and personal care to older people. It is situated in the village of Woodhouse, within easy reach of shops, churches, public transport and small parks.		

Brief description of the care home

Balmoral is a large home and accommodation is provided over three floors. There are stairs and lifts to each floor. There are TV lounges; sitting rooms and separate dining rooms where people are able to have meals with others and their relatives.

Chiropodist, hairdressers and various complementary therapists attend the home. Whilst the majority of people are permanent, the home also provides short term and respite care.

A copy of the previous inspection report was on display and available for anyone visiting or using the home. Information about how to raise any issues of concern or make a complaint was on display in the entrance hall.

The manager confirmed that the range of monthly fees from 1st April 2009 were £335.00 to £617.30 per week. Additional charges included newspapers, hairdressing and private chiropody.

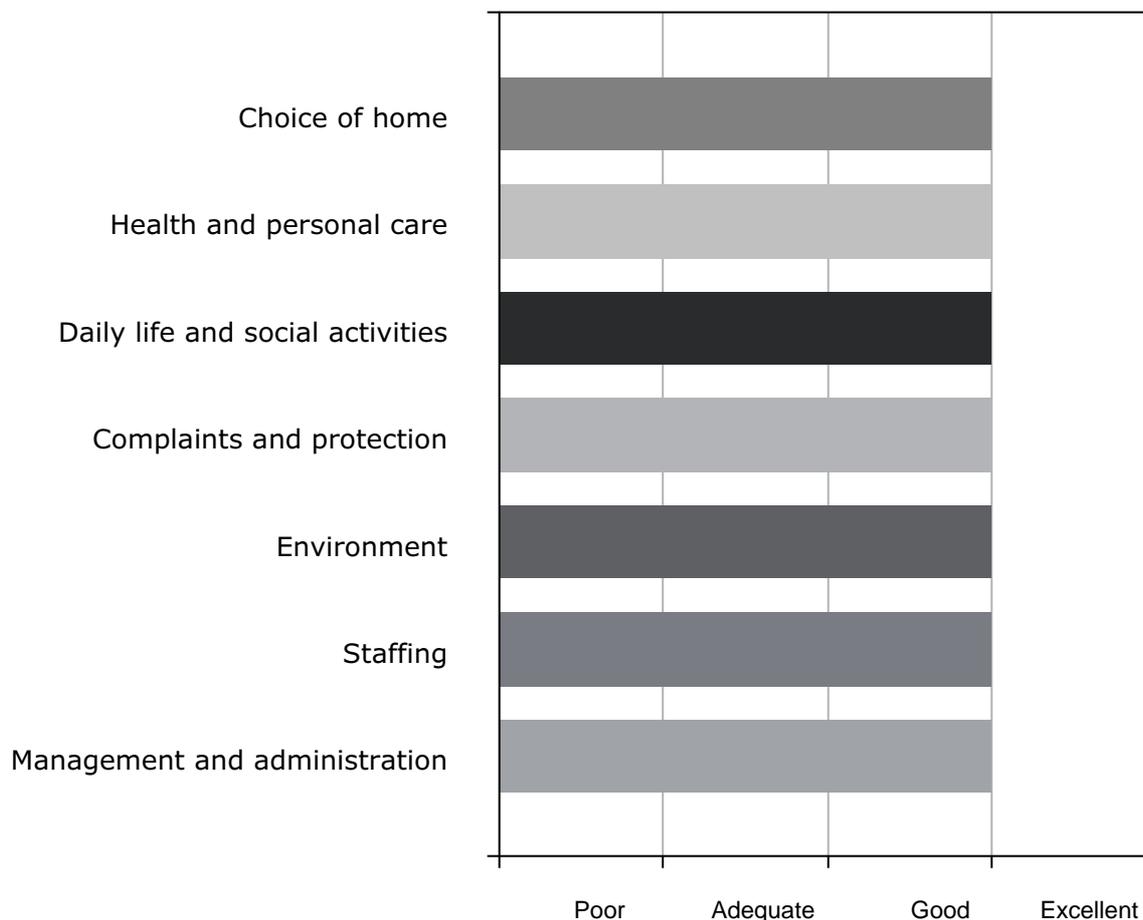
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations - but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

This was an unannounced key inspection carried out by Sue Turner, regulation inspector. Shirley Samuels, regulation inspector was also present to carry out a SOFI observation. When visiting a home, inspectors will watch how people with dementia or a learning disability behave to find out what they think of the care they receive. The tool, called the Short Observation Framework for Inspections (SOFI), has been

developed between us and the University of Bradford. This tool was used during this inspection. We spent two hours in one of the lounges making observations of the care and interaction between staff and people using the service. This aids us in making a judgement about the standard of care and the outcomes for the people using the service.

This site visit took place between the hours of 7.50 am and 3.00 pm. The registered manager is Jane Watson who was present during the site visit. The regional manager Josie Greveson and the registered manager were given verbal feedback during and at the end of the site visit.

Prior to the visit the manager had submitted an Annual Quality Assurance Assessment (AQAA) which detailed what the home was doing well, what had improved since the last inspection and any plans for improving the service in the next twelve months. Information from the AQAA is included in the main body of the report.

Questionnaires, regarding the quality of the care and support provided, were sent to people living in the home, their relatives and any professionals involved in peoples care. We received seven from people, three from professionals and seven from staff. Comments and feedback from these have been included in this report.

On the day of the site visit opportunity was taken to make a partial tour of the premises, inspect a sample of care records, check records relating to the running of the home and check the homes policies and procedures. Time was spent observing and interacting with staff and people. Six people, six relatives and eight staff were spoken to.

The inspector checked all key standards and the standards relating to the requirements outstanding from the homes last key inspection in July 2008. The progress made has been reported on under the relevant standard in this report.

We wish to thank the people living in the home, staff, and relatives for their time, friendliness and co-operation throughout the inspection process.

What the care home does well:

People living in the home said that the care they were receiving was good. They made comments such as,

"I like it here its excellent".

"Everyone is kind"

"The staff are all marvellous".

"I feel safe living here".

"Some staff are better than others".

Health professionals said,

"This particular nursing home treats the residents as individuals and understands that everyone is different".

"Some carers are exceptionally good.

"The new manager has led improvements in relationships with other professionals which has benefited both staff morale and resident care".

We saw that people were well dressed in clean clothes and had received a good standard of personal care. People's health care was monitored and access to health specialists was available.

People said that they had a choice of food and that the quality of food served was "very good" and "plenty of it".

The provider had continued to carry out decoration and refurbishment work, which had improved the aesthetics of the home and helped to make the home welcoming and homely.

Staff regularly undertook training and development which meant that they were competent to carry out their role.

People using this service who find it difficult to communicate or who were living with dementia were observed. In the main we found people to be in a positive mood state and there were many signs of well being. Staff engaged well with people and stimulated interaction. There was an appropriate use of fun and humour which people responded to positively this further promoted people's sense of wellbeing.

The homes provider/manager continues to be open to suggestions for any improvements to the care offered at the home. There was evidence of internal auditing of the homes environment, services and records. The manager had recently sent questionnaires to people and their relatives to ask for their views of the home.

What has improved since the last inspection?

At the previous inspection seven requirements were issued. At this inspection, all these had all been fully actioned. The manager was clearly committed to ensuring that any new requirements issued in this report were fully actioned in a timely manner. The information in peoples observation charts had improved significantly, which ensured that peoples health and well being was protected and promoted. Further thought and consideration had been given to ensuring that peoples privacy and dignity was respected. MAR (medication administration records) sheets seen were complete and up to date. The manager had carried out a quality assurance exercise and the results of this were available to anyone who had an interest in the home. The fire risk assessment had been updated so that it highlighted any particular precaution that needed to be in place for people that had dementia.

What they could do better:

So that people are protected by the homes policies and procedures on the recruitment and selection of staff, application forms should give full details of peoples previous employment. Any gaps in employment history should be checked out and recorded on the persons application form.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home provided information to inform people about their rights and choices. People were assessed by the home prior to their admission. This meant that everyone could be assured that the home could meet the persons needs.

Evidence:

The service had an incorporated Statement of Purpose (SOP) and Service User Guide (SUG). These provided useful information about the home. It was difficult to establish when the SOP/ SUG had been reviewed, as it wasn't dated. We saw that some information had been recently updated, however there remained some information that was out of date. We saw that people using the service had been given a copy of the SUG. The manager said she would update the documents so that people would have relevant information about the home and what services could be provided. Seven people were asked, Did you receive enough information to help you decide if this home was the right place for you before you moved in? All seven people said "yes".

Evidence:

The AQAA said, "The new Care and Health Assessment Profile (CHAP) is a new 48 page document that ensures a comprehensive pre-assessment process is completed prior to any new resident being admitted to Balmoral Care Home. This is a working ongoing document which doesn't stop with admission. This assessment is applied to all categories including respite or short stay residents".

Before people stayed in the home they were also assessed by a social worker. Any information collated from the needs assessment would then form the basis for the care plan. People said,

"I came to stay for a short holiday before I made the decision to live here".

"I came to look around with my family".

"I'd heard about the home from other local people who all said it was very nice".

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Each person had a care plan that reflected their individual care and support needs and personal preferences. Medication procedures protected peoples health and welfare. The health and personal care needs of people were met in a way that maintained their privacy and dignity.

Evidence:

Each person that lived in the home had an individualised plan of care. These were checked for three people. Care plans contained information about peoples health and personal needs. Staff had attempted to write care plans in a person centred way. There was information about what the person themselves felt their needs were and how they would prefer these needs to be met. Care plans had been updated as necessary. When we checked the information in the care plans, against what people told us, it corresponded. This should have made it easy to establish peoples present care needs and requirements. However because the care planning information was so lengthy and cumbersome, it was difficult to identify the things that were important to the person and how their support needs should be met by the carers. We believe that the care

Evidence:

plans were overwhelming, and staff could be put-off reading them. Staff completed daily records at the end of each shift. Those seen related to the care plans. Staff worked closely with external professionals and specialists for advice and support. Access to dentists, chiropodists and opticians was available. Individual risk assessments were seen in peoples care plans. People seen looked well cared for and were dressed appropriately.

During SOFI observation the district nurse and the dentist came to see people. Staff approached people in a sensitive way for people who were reluctant staff used skills of persuasion while explaining why it was important to see the nurse or the dentist. This shows staff use their skills to ensure that people who have problems with communication or who show some reluctance still have access to health care professionals and have their needs met.

Seven people were asked , Do you received the care and support you need? Five people said "always" and two said "usually". People said, "We get lots of care and attention".

"The staff make me laugh and are kind to me".

"The staff always seek medical support when they are concerned about my state of health".

A professional said, "People are treated as individuals". We spoke to six relatives who said that staff were very good at keeping them informed of any changes to their loved ones health. They said that when their relative was admitted to the home they were asked to contribute to the information in the care plan. They said that they hadn't been asked to be involved when the care plan was reviewed and updated. The manager said that some relatives were involved in reviewing care, however she would ensure that where appropriate, relatives would be invited to the review of peoples care plans. Relatives did acknowledge that they were able to speak to the manager and staff on an informal basis at any time.

There was a medication policy and procedure that staff were familiar with. Trained nurses administered medications. Medicines were securely stored in locked trolleys and kept in a medical room. Medication Administration Records (MAR) sheets seen had been signed by the staff. Controlled Drugs (CD) were kept securely stored. The manager said that medications were monitored on a regular basis by the pharmacist. They had recently carried out a full check of medications and found the systems in place were good.

During the site visit we observed that people were cared for in a friendly and professional way. Staff were skillful in ensuring that people maintained their privacy and dignity when receiving personal care. Staff respected peoples preferences and were well aware of peoples intimate care needs. People said, "Staff are very good at making sure we don't feel embarrassed when we are receiving personal care".

"Some staff are much better than others". Three health professionals were asked, does

Evidence:

the care service respect peoples privacy and dignity? Two said "always" and one said "usually".

The manager said that she was putting together a training session for all staff on privacy, dignity and respect. We saw information about privacy, dignity and respect displayed in the home. This helped people understand what was expected of the staff and how they they should expect staff to treat them.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

In the main peoples recreational interests and needs were met. People were receiving a healthy, balanced diet in pleasant surroundings.

Evidence:

We arrived at the home at 7:50 am. Some people were already up and moving around, others were still in bed. People said they were able to get up and go to bed when they chose. They said there was enough staff on duty to give them help and support when they needed it. We spoke to one person who chose to spend their time in their room. They said staff respected their wishes. We saw that people coming into the home were made to feel very welcome.

The home employed an activities co ordinator. Staff also involved people in games, quizzes and crosswords. We spoke to the activities worker who said that she divided her time between the units. She also spent time with people on a one to one basis. A variety of activities were arranged in the home and there was the opportunity for people to go outside on trips to the coast and shopping.

During SOFI observation people were encouraged to take part in activities. Choice was respected for those who did not want to take part. Even though some people did not take part there was evidence of a positive mood and signs of well being as they

Evidence:

watched smiled and made comments about what was going on. Staff were observed sitting with people, reading, talking about the songs that were playing and looking and talking about articles and pictures in magazines. Regular fluids were offered and people were appropriately supervised to minimise the risk of accidents, spillages and scalding.

Seven people were asked, Does the home arrange activities that you can take part in if you want? Five people said "always" and two said "usually". People said,

"I would like more trips outside the home".

"I choose not to participate in the activities".

"I enjoy doing the crossword and reading my newspaper".

"There are times when its really boring and nothing to do".

We observed breakfast and lunch being served in the dining rooms. The dining room tables were set very nicely with tablecloths, condiments, cutlery and matching crockery. We observed that people were given as much independence as possible at meal times. Some people used plates with raised edges, others drink from cups that assisted their disability. Where necessary staff assisted people, for example, cutting up their food, however people were encouraged to exercise choice and control. People weren't rushed making the ambiance in the dining room pleasant and relaxed. People said

"There's a good choice".

"I am very happy with the meals".

"Theres always plenty to eat".

"The food is very average".

"I like the meals very much".

"The staff help me with my meals and are patient when I take time to eat".

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Complaints were dealt with effectively. The policies and practices for referring adult safeguarding concerns assisted in keeping people safe.

Evidence:

People and their families had been provided with a copy of the home's complaints procedure, which was also on display in the entrance hall. This detailed who to speak to at the home or, if preferred, external to the home to make a complaint, should they wish to do so. The complaints procedure was easy to understand. The home kept a record of complaints, this detailed any action that had been taken and the outcome of the complaint. Since the last inspection the manager had dealt with 14 complaints. Two of these were upheld. All complaints were resolved. This was a high number of complaints, however there have been changes made at the home since the new manager was in post. People, relatives and professionals said that the changes made had improved the service. The manager had dealt with complaints in a fair and transparent way and more recently the number of complaints received had reduced dramatically. The complaints log had a summary sheet that summarized each month, the number of complaints and if each complaint was resolved. This was a valuable evidence sheet, which would prompt the manager if any further action needed to be taken, unfortunately the sheet hadn't been completed.

When seven people were asked "Do you know how to make a complaint", they all said, "Yes". People also said,

Evidence:

"I would go to the manager".

"If I had any worries or concerns I could go to any of the staff and they would help me".

"I would tell my relatives and they would sort it out with the manager".

Since the last inspection there had been 4 adult safeguarding referrals. These had been reported and investigated as per the agreed South Yorkshire adult safeguarding protocols. Prompt action was taken by the homes manager to prevent any further risk to people. Staff said they had completed training in adult safeguarding. Staff spoken to were aware of their role and responsibilities in dealing with any alleged safeguarding incidents. People spoken to said they felt safe living in the home.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home was maintained to a good standard, which helped to ensure that people were comfortable and safe in their surroundings. Procedures for the control of infection were in place which promoted peoples health and welfare.

Evidence:

The AQAA stated, "The refurbishment of the gardens and the purchase of garden furniture, entertainment equipment and indoor furniture via the Capital Grant Scheme has added to the already pleasant environment for our residents".

The home employed a maintenance person and a gardener. We saw that the home was maintained to a good standard. The outside grounds and gardens were pleasant sitting areas. Lounge and dining areas were clean, tidy and domestically furnished. Bedrooms were spacious and personalised. Since the last inspection some carpets and furniture had been replaced and bedrooms redecorated. There remained a number of bedroom carpets that needed to be replaced. Some furniture was also ready for replacement. The manager said that she had ordered new chairs for the dementia unit. The provider had also acknowledged that a refurbishment of the home would be beneficial. The layout of the home meant that people and their friends and relatives could choose to sit in a number of communal areas. The environment promoted the privacy, dignity and autonomy of people. Bathrooms and toilets were fitted with appropriate aids and adaptations. People said they could choose if they preferred a

Evidence:

bath or shower. The home smelt fresh and clean. Controls of infection procedures were in place. Staff were observed using protective aprons and gloves. Staff said they had completed training in infection control. The homes laundry was sited away from food preparation areas. The home had been awarded a 5 Star Excellent Standard of Hygiene from the last Environmental Health visit. People said,
"I love my room its so spacious".
"I was able to bring in my own furniture so its just like home".
"I have everything I need in my room".

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staffing numbers were appropriate to meet the assessed needs of people. In the main recruitment information obtained protected the welfare of people. Staff were receiving training so that they were competent to do their jobs.

Evidence:

Staff interviewed said that they enjoyed working at the home and got a lot of job satisfaction. The diversity of the staff team matched the diversity of the people living in the home. On the day of the site visit staffing numbers were adequate. Agency staff had been called in to cover staff sickness and holidays. Staff said that where possible they also covered sickness and holidays. They said extra shifts were put on the notice board and they could volunteer to do these. A number of staff said they did offer to cover extra shifts as this was more beneficial to people living in the home. They also said that they weren't put under any pressure by the managers to cover extra shifts. People said,

"The staff are very good and always available when I need them to assist me".

"If I need somebody, I ring the buzzer and staff come to help me".

"Staff are always willing to help you".

Staff were able to talk about the various training courses that they had attended which included fire training, moving and handling, food hygiene, health and safety and personal care. Training was provided to all staff on an on going basis. We saw that the

Evidence:

notice board alerted staff to future training in tissue viability, end of life care and person centred care.

A number of care staff had completed the NVQ Level 2 in care and others had commenced the training. The number of staff trained fell well below the required minimum of 50 per cent of the staff team trained to NVQ Level 2 in Care.

Seven staff were asked, Did your induction cover everything you needed to know to do the job when you started? One said "very well", five said "mostly" and one said "partly". Three health professionals were asked, Do the homes managers and staff have the right skills and experience to support peoples social and health care needs? One said "always" and two said "usually".

When asked what the home could do better, one staff said, "Encourage open communication and value the opinions of all staff regardless of their position".

During SOFI these observations were made. There was good moving and handling techniques used, staff were talking to people while doing this task explaining and offering reassurance.

The senior carer had good organisational skills. They were skilled in the delegation of tasks and monitoring of care. He/she managed agency staff well and was able to multi task.

Staff showed skill and patience with a person who was being verbally aggressive. Staff were able to obtain the persons cooperation without causing unnecessary distress.

Three records of employment were checked. These included the required references, certificates of training, health checks and evidence of Criminal Records Bureau (CRB) and Protection of Vulnerable Adults (POVA) check. One application form did not fully record the persons previous employment and the reasons for any gaps in their employment.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The management of the home was based on openness and respect. There were effective quality assurance systems in place. Peoples finances were safe guarded. Peoples health and safety were protected and promoted.

Evidence:

The AQAA stated, "The home manager has been in post for 1 year and is still learning some of the administration role. This has been hindered by not having a deputy manager in post and her focussing her role on care delivery and being assessable and visible on all units on a daily basis. The long standing unit managers/sisters and administrators have an excellent working relationship with the manager".

The manager was trained and competent to run the home and meet its stated aims and objectives. She was very hard working, competent and carried out her role to a high standard. She was clearly very committed to ensuring that people living in the home were consistently well cared for, safe and happy.

Everyone spoken to and information from surveys confirmed that people, staff and

Evidence:

relatives were all happy to approach the manager at any time for advice, guidance or to look at any issues. They all said that they were confident that she would respond to them appropriately and swiftly. Staff said that they found the manager easy to talk to and they could go to her at any time to discuss issues or concerns. One health professional said,

"Under the leadership of Jane Watson I have witnessed a huge improvement in the atmosphere and care given at Balmoral".

People said that they and their relatives had recently been asked their opinions of the home and the service provided, via a questionnaire. They said they received questionnaires from the manager which they completed and returned. The information returned following the quality assurance audit was then summarised into a report, which highlighted what the service needed to do to improve outcomes for people.

Relatives said,

"The home is fantastic".

"We are very pleased with the care and attitude of the staff at Balmoral".

The area manager visited the home on a regular basis. Each month she completed a report which detailed what her observations of the home were, what improvements could be made and what peoples opinions of the home were. Any action that needed to be taken was then discussed with the manager.

Regular staff, resident and relative meetings were arranged. However the manager said that there had been a poor response to relative meetings and she was looking at other ways of encouraging relatives to give her feedback. She had an open door policy which relatives and other visitors were aware of and took good advantage of.

The home handled money on behalf of some people. This was checked for three people. Account sheets were kept, receipts were seen for all transactions and monies kept balanced with what was recorded on the account sheet.

Some staff spoken to said they had recently had formal supervision with their line manager, others hadn't. The manager said that they had started to carry out staff supervisions and these would continue on a regular and planned basis.

Fire records evidenced that fire alarm checks and fire drills took place. A fire risk assessment had been completed and updated. This included specific precautions that needed to be in place for people that had dementia.

We asked to see the electrical certificate for periodic inspection and the gas safety certificate, these had been completed.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	29	19	<p>Application forms must give full details of peoples previous employment. Any gaps in employment history must be checked out and recorded on the application form.</p> <p>So that people are protected by the homes policies and procedures on the recruitment and selection of staff.</p>	03/08/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	1	The SOP/SUG should be dated so that it is clear when the information was reviewed and updated.
2	7	Where appropriate and agreed with the person, relatives should be invited to be involved in the review of care planning.
3	7	The streamlining of the care plans should be considered so that they are less cumbersome and easier to read.

4	16	The complaints summary sheet should be used so that information regarding how many complaints have been received and if they have been resolved can be easily monitored.
5	19	The planned programme of refurbishment and redecoration should continue.
6	28	50% of the staff should have completed the National Vocational Training (NVQ) Level 2 or equivalent in care.
7	36	Staff should receive formal supervision on a regular basis.

Helpline:

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Textphone: or

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Web: www.cqc.org.uk

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