

Premium Healthcare Limited

# Balgowan Nursing Home

## Inspection report

46 Bartholomew Lane  
Hythe  
Kent  
CT21 4BX

Tel: 01303266782  
Website: [www.hythecare.com](http://www.hythecare.com)

Date of inspection visit:  
02 May 2017

Date of publication:  
25 May 2017

## 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

The inspection was carried out on 02 May 2017, and was an unannounced inspection.

Balgowan Nursing Home provides accommodation, nursing and personal care for up to 40 older people. Accommodation is provided in an old detached building with two newer purpose-built wings. At this inspection, there were 38 people living in the home.

At the last Care Quality Commission (CQC) inspection in 07 October 2014, the service was rated Good in four domains, outstanding on Caring domain and Good overall.

At this inspection we found the service remained Good overall.

People continued to be safe at Balgowan Nursing Home. People were protected against the risk of abuse. We observed that people felt safe in the service. Staff recognised the signs of abuse or neglect and what to look out for. Medicines were managed safely and people received them as prescribed.

Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and welfare. There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of new staff.

Each person had an up to date care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

Members of staff felt supported by the registered manager, however one to one formal supervisions had not regularly taken place. Not all staff had received training in such areas like diabetes and safeguarding, which would enable them to meet people's needs effectively. We have made a recommendation about this.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services. Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. The policies and systems in the service supported this practice.

The registered manager ensured the complaints procedure was made available to people wished to make a complaint. Regular checks and reviews of the service continued to be made to ensure people experienced

good quality safe care and support.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service was caring.

People felt that staff provided them with good quality care. Staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Balgowan Nursing Home

## Detailed findings

### Background to this inspection

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

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 02 May 2017 and was unannounced.

The inspection team consisted of one inspector and a specialist advisor with a background of working with people with in residential homes.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with four people who used the service. We spoke with five carers, one registered nurse, the chef and the registered manager. We also spoke with four visiting relatives. We requested information via email from healthcare professionals involved in the service. These included professionals from the community mental health team, care managers, continuing healthcare professionals, NHS and the GP.

We looked at the provider's records. These included four people's care records, which included care plans, health records, risk assessments and daily care records. We looked at five staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including audit report, minutes of meetings and weekly staff rota. The information we requested was sent to us in a timely manner.

## Is the service safe?

### Our findings

A healthcare professional said, 'I have reviewed two residents at Balgowan since November 2016 and found no concerns about safe care.'

People continued to be protected from abuse or harm. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the updated multi-agency safeguarding adult policy, protocol and practitioner guidance dated April 2016. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns. The provider also had information about whistleblowing on a notice board for people who used the service, and staff.

People continued to be protected from avoidable harm. The registered manager and staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with the registered manager and staff, we found they knew people well, and had a good understanding of people's different behaviours. Staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans within the care plans. We observed support being delivered as planned in people's care plans. Risk assessments were specific to each person and had been reviewed in the last two months.

Within people's care plans we found risk assessments to promote and protect people's safety in a positive way. The registered manager identified risks to the individual, assessing the risk and how to manage it. For instance, moving and handling risk assessments recorded the activity and what measures needed to be put in place to carry out the task safely. Individual risk assessments were comprehensive with step by step guidance for people and staff. We saw evidence that risk assessments had been reviewed and changed in response to a change in circumstance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. All staff we spoke with told us that they monitored people and checked their care plans regularly, to ensure that the support provided was relevant to the person's needs. The staff members were able to describe the needs of people at the service in detail, and we found evidence in the people's care plans to confirm this. This meant that people could be confident of receiving care and support from staff who knew their needs.

There were enough staff to support people. A nurse was allocated on each floor for each shift. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely. We observed that staff were visibly present and providing appropriate support and assistance when this was needed. We noted an air of calm in the home and staff were not rushed. The registered manager told us in their PIR that 'staffing levels are adjusted according to the needs of the service. There is a small trusted flexi-bank of staff,

both qualified and trained that offers reliable backup when permanent staff are absent'.

The registered manager and provider continued to follow safe recruitment procedures to ensure that staff working with people were suitable for their roles. Robust recruitment procedures were followed to make sure that only suitable staff were employed. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Nurses were registered with the Nursing and Midwifery Council and the registered manager had made checks on their PIN numbers to confirm their registration status. Employer references were also checked. At the time of our inspection, the home had 54 staff.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. These were stored safely. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. People were given their medicines in private to ensure confidentiality and appropriate administration by the registered nurses responsible for medicine administration in the home. There were no gaps or omissions which indicated people received their medicines as prescribed. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

The home continued to have plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. We also observed that each person had a personal emergency evacuation plan (PEEP) in place. The home also had an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. Risks associated with the premises continued to be assessed and relevant equipment and checks on gas and electrical installations were documented and up-to-date.

## Is the service effective?

### Our findings

People told us that they felt cared for, their conditions and information are treated confidentially. People commented about staff considering their night sleep. They said they get the quiet night all the times.

A healthcare professional said, 'Staff are well trained and given autonomy to make referrals or report to the senior members of staff for action to be taken. In my experience there has been no delay in requesting further support. Management monitor referrals closely and chase regularly when no response or action has occurred.'

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. A healthcare professional stated, 'Balgowan promote health and well-being, they have a vast knowledge of available services and will refer when appropriate. They have a good rapport with the district nurses, therapists and GP's. Care plans are regularly updated with changes and referrals made to support improving/maintaining good health.'

People's physical health and mental wellbeing was protected by staff who were qualified and trained to meet these needs. Registered nurses were available who had qualifications in adult nursing. The registered manager provided us with further information about the support qualified nursing staff received from the provider to maintain their skills and Nursing and midwifery council (NMC) registration as part of the revalidation process. Nurses and care staff had received appropriate training to carry out their roles. This included statutory mandatory training, infection prevention and control, first aid and moving and handling people. However, training records given to us showed that only 11 out of 54 completed safeguarding training in 2014 and one in 2015. 8 out of 54 staff completed diabetes training in 2015; 3 in 2013; 2 in 2011 and 2 in 2016. Diabetes training was needed for the safe and effective support of four people with diabetes in the home.

Members of staff felt supported by the registered manager, however one to one formal supervisions had not regularly taken place. For example, one member of staff last supervision was dated 14 June 2014. We spoke with the registered manager about our findings. They explained to us that this was due to the fact that the member of staff worked only nights. In two other staff files, they had supervisions which were average of at least five months gaps respectively. One was 07 September 2016 and 01 April 2017. The other was dated 24 October 2016 and 25 April 2017. The registered manager told us that the provider recently engaged an external human resources (HR) company to oversee staffing and HR issues in the home, hence the reason for the gaps. The provider's supervision policy stated 'Every employee will be invited to a supervision session with their line manager or supervisor at least 4 (individual)'

We recommend that the registered manager seeks guidance to ensure that one to one supervisions and trainings are kept up to date as is necessary.

Yearly appraisals were carried out and reviewed. The last time this took place, development & training needs were identified. Tasks to be carried out were also identified with timescales for completion.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were followed.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. The registered manager informed us that none of the people who used the service were subject to any orders depriving them of their liberty. We noted that people could freely go out when they wanted to.

People continued to be supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and there were helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to.

The kitchen was clean and we noted that there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption. A healthcare professional commented, 'The Food is of a high standard and their clients have a choice of meals on daily basis. Clients are supported to consume their meals in a timely manner that promotes good health. They are able to identify when a client is not their normal self and react appropriately, quickly and effectively'.

## Is the service caring?

### Our findings

A healthcare professional commented, 'Staff have a good rapport with people and their families. They have good communication skills and the home is well maintained.'

The registered manager continued to ensure people's individual records provided up to date information for staff on how to meet people's needs. This helped staff understand what people wanted or needed in terms of their care and support.

We observed positive interactions between people and staff. People looked at ease and comfortable in the presence of staff member's, responding positively to their questions and readily asking for help and assistance. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. People's bedrooms were decorated and furnished to their own tastes which included personal possessions and photographs of their families.

We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medication administration as we observed to maintain their privacy and dignity. When talking about their roles and duties, staff spoke about people respectfully.

People's individual care records were stored in the office and on the computer. Electronic records were accessible through a password. Staff files and other records not required on a day to day basis were securely locked in cabinets within the registered manager's office to ensure that they were only accessible to those authorised to view them.

People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounge, their bedroom and some people spent time with visiting relatives. People told us their relatives and other visitors were able to visit at any reasonable time. We observed visitors and relatives visiting people at different times during the inspection. Relatives told us they always felt welcome to visit. Relatives also told us that Balgowan Nursing Home is the best place, second from home where people's independency was promoted.

Relatives said that they continued to be involved in the care and in decision making of their loved ones. They said that treatment of their loved one was always communicated to the ones who advocated for them.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home

and who support people to make and communicate their wishes. People told us they were aware of how to access advocacy support. Advocacy information was on the notice board for people in the home.

## Is the service responsive?

### Our findings

Since our last inspection on 07 October 2014, people continued to receive personalised support which met their specific needs. Provider had recently introduced a new electronic care plan software, which the registered manager told us had been very effective and enables staff to respond to people's needs. Staff said, "If care is missed the device will flag this up. This is been effective for escalating health issues like vital signs and any missed two hourly turns and supplements of fluids". Each person had an up to date care plan which set out for staff how their needs should be met. Care plans contained information about people's likes, dislikes, allergies and their preferences for how care and support was provided.

A healthcare professional commented, 'From my experience of clients that I have had involvement with they have all received an appropriate level of care to meet their individual needs. The home management has an excellent approach to individualised person centred care planning. At all times even in the event of the person not being able to participate in their planning staff always involve assuming capacity to make their own decision and being self-determined in their choice of care provision and how they receive it'.

Care plans were reviewed annually or whenever needed with people. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes.

People remained active and participated in a variety of activities and events that met their social and physical needs. People were supported to go on holidays, eat out and outings to the places of their choice. People were also supported to pursue personal interests such as attending art and craft classes, colleges, walks, club or to go swimming.

The provider continued to have systems in place to receive people's feedback about the service. The provider sought people's and other's views by using annual questionnaires to gain feedback on the quality of the service from the people who used the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires demonstrated that all people who used the service, families and those who worked with people were satisfied with the care and support provided.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in the service. There had been a complaint since our last visit. This complaint was responded to within timescale as stated in the provider's policy and resolved to everyone's satisfaction by the registered manager. Relatives confirmed that they are aware and have contacts of who to contact if there are issues involved.

We saw complimentary messages sent to the registered manager and staff. Some of these read, 'The ethos of the Balgowan is care and this starts with the astonishing manager who has never been too busy for a chat

and has ceaselessly supported us. I have to say this has been the case with all her wonderful team. Thank you.', 'She is happy, confident, enjoys the activities, always something going on. We could not have found a better place for her.' and 'The staff are unfailingly friendly, cheerful and caring'.

## Is the service well-led?

### Our findings

People who used the service and staff we spoke with spoke positively the management of the home. All people told us that they felt comfortable raising queries with them and found all staff to be approachable.

We asked healthcare professionals 'Is the service well managed?' One healthcare professional said, 'In my opinion yes, the manager is respected by her staff and other professionals. She is open and honest and very approachable by clients, families and professionals. She will always make time to see you and have conversations with you'.

Our observation showed that people knew who the registered manager was. For example, one person came to the office and asked to speak to the registered manager privately, which the registered manager obliged. This demonstrated that people felt confident and comfortable to approach the registered manager in their office. We observed people engaging with the registered manager in a relaxed and comfortable manner.

There continued to be a management team at Balgowan Nursing Home. This included the registered manager and providers (Directors). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Support was provided to the registered manager by the directors in order to support the service and the staff. The directors visited the service daily or as and when necessary to support the registered manager. The registered manager told us that the directors visited the home on a daily basis. Staff also confirmed this and told us that the directors are visible at the nursing home almost every day. We observed this when a director visited the home during our inspection.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. We asked members of staff if there was something to change? They responded that everything was as good as it should be. Members of staff said that the leadership was approachable, appreciated them and supported team work. We observed this practice during our inspection.

We found that the registered manager continued to understand the principles of good quality assurance and used these principles to critically review the service. They completed monthly audits of all aspects of the service, such as medication, kitchen, infection control, care records, health and safety and falls. The provider also carried out series of audits every month to ensure that the service runs smoothly. For example, in April 2017, they looked at protection from abuse, health and safety, medication management, premises, Infection Control and staff training amongst other areas. They used these audits to review the service. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

The service worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care professionals reported that staff within the service were responsive to people's needs and ensured they made appropriate referrals to outside agencies. The registered manager told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met. For example, the provider attained certificate of commitment in 'Dignity Champion', member of national activity provider's association (NAPA) and a member of Kent Integrated Care Alliance.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with were confident about being able to access these policies and procedures.