

Review of compliance

Four Seasons (England) Ltd Balmoral Nursing Home

Region:	Yorkshire and Humberside
Location address:	6 Beighton Road Woodhouse Sheffield S13 7PR
Type of service:	Care Home with Nursing
Date the review was completed:	06/01/2011
Overview of the service:	<p>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.</p> <p>Balmoral is a large home (85 places) and accommodation is provided over three floors. There is a separate unit on the second floor where people with dementia are provided with residential care. There are stairs and lifts to</p>

	<p>each floor.</p> <p>There are TV lounges; sitting rooms and separate dining rooms where people are able to have meals with others and their relatives.</p> <p>There is a commercial kitchen and laundry. Sufficient bathing facilities are provided.</p>
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Balmoral was meeting all the essential standards of quality and safety we reviewed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Safeguarding people who use services from abuse

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 06/01/2011, observed how people were being cared for, talked to people who use services, talked to staff, talked to visiting relatives and checked a small sample of the provider's records. We gave verbal feedback about the visit to the manager and area manager.

What people told us

A significant number of people who live at Balmoral have a diagnosis of dementia and therefore have varied methods of communication. Some people were able to express their views clearly, others were not able to verbally communicate with us. Due to people's communication needs, during the site visit we sat with people who lived on the Dementia wing and observed them closely. This meant we were able to ascertain whether their needs were met.

During our observation we saw that people and staff communicated well. People were at ease chatting with the staff about everyday events. Staff listened to people

and when people asked for assistance staff gave this in a friendly and supportive way. Staff were aware of people's individual needs and preferences. People were shown respect and their dignity and privacy was maintained.

When we spoke to people who were able to communicate with us verbally, they told us:

"I'm very happy here. I feel safe and the staff are good"

"I've never complained about anything, because there's nothing to complain about"

"I can't grumble at all. They look after us very well".

"The staff are all OK".

"Although the staff have changed over, everyone who comes is good".

"There's always someone to talk to if you're worried or upset about anything".

What we found about the standards we reviewed and how well Balmoral was meeting them

Outcome 7: People should be protected from abuse and staff should respect their human rights.

People who use services are protected from the risk of abuse and their human rights are respected and upheld.

Overall, we found that Balmoral was meeting this essential standard.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

“I’m very happy here. I feel safe and the staff are good”

“I’ve never complained about anything, because there’s nothing to complain about”

“I can’t grumble at all. They look after us very well”.

“The staff are all OK”.

“Although the staff have changed over, everyone who comes is good”.

“There’s always someone to talk to if you’re worried or upset about anything”.

Other evidence

People looked well cared for, in nice clothes, ladies had their hair styled and men were cleanly shaven. The ambience was relaxed and sociable.

People were at ease chatting with the staff about everyday events. Staff listened to

people and when people asked for assistance staff gave this in a friendly and supportive way. Staff were aware of people's individual needs and preferences. People were shown respect and their dignity and privacy was maintained.

People were seen to move freely around the home. When people needed assistance with their mobility, staff provided this appropriately, taking into consideration people's individual needs and risk assessments.

We spoke to four relatives who were visiting the home. Three were very complimentary about the home and said:

"Staff keep us well informed and up to date with (mum's) well being. We can talk to all the staff and they listen and take action".

"I've never seen anything here that is of concern and I visit every day. (mum) is definitely safe living here".

"We looked at other homes before we chose this one. I've never needed to complain about anything. I sleep well at night knowing (mum) is living here".

One relative had some concerns about the home. We asked if we could facilitate them meeting with the area manager who was in the home, but they declined. We fed this back to the manager and area manager who said they would write to the person and ask them if they would like to meet with them to discuss their concerns.

Staffing numbers were an adequate level to ensure that people's needs could be responded to and met in a timely manner.

We spoke with eight staff at various grades and job descriptions. They were all aware of protection policies and procedures and were descriptive in what these were and what action they would take if they saw any abuse.

Staff said they had all undertaken safeguarding training in the last six months which they had found this training very informative. Staff said this training was updated annually and some staff had undertaken further safeguarding training at a more advanced level. These staff said they have disseminated some of this advanced training to other staff at the service.

Staff said they had every confidence that the management of the home and organisation would act swiftly and appropriately should any alleged abuse be reported by them.

Our discussion with the staff told us she they were all aware of the Deprivation of Liberty Safeguards to safeguard people in their best interests. Some staff were also fully aware of procedures to follow in relation to this legislation. This will help to ensure people's rights are protected and promoted.

Staff said that they were not involved in managing money on behalf of any people at the home. However staff said they were aware of procedures to follow in

safeguarding people's monies and/or valuables should they be passed to them by relatives or people out of normal office hours.

Prior to the site visit we asked the provider to give us information about the company procedures in place to ensure that people's finances that were dealt with by the home were safeguarded. At the site visit we checked this information alongside the practises carried out. We found that the procedures were being adhered to, which meant that people's monies were protected from abuse.

Prior to the site visit we had met with the Sheffield Local Authority Safeguarding Adults Manager. We were aware that there had been a number of safeguarding referrals made by the home. Most of these had been resolved and had resulted in staff disciplinary action being taken. Others had involved the police and were awaiting an outcome.

We spoke to the manager and area manager about the information we were aware of in relation to safeguarding referrals. Both the manager and area manager were aware of and up to date with the safeguarding adult's information. They were able to tell us the outcome of the incidents, or at what stage of investigation the concern was at. This evidenced that the home's manager was proactive in dealing with any safeguarding concerns and was aware of her responsibilities in reporting to the Local Authority any potential abuse.

The manager had been employed at the home since April 2008 and hadn't registered with the Care Quality Commission (CQC). We discussed with the manager and regional manager the service's transitional registration under the Health and Social Care Act 2008 (HCSA) and the condition applied to this that the manager registers with the CQC before April 2011. The manager had not started the process to apply to be registered. We reiterated the importance of starting this process immediately so that this timescale would be met.

Our judgement

People who use services are protected from the risk of abuse and their human rights respected and upheld.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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