

# Review of compliance

## Four Seasons Health Care (England) Limited Balmoral Care Home

<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	6 Beighton Road Woodhouse Sheffield South Yorkshire S13 7PR
<b>Type of service:</b>	Care home service with nursing Care home service without nursing
<b>Date of Publication:</b>	May 2012
<b>Overview of the service:</b>	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. Balmoral is a large home (85 places) and accommodation is provided over three each floor.

	There is a separate unit on the second floor where people with dementia are provided with residential care.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Balmoral Care Home was meeting all the essential standards of quality and safety inspected.**

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

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 23 April 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

People who we were able to verbally communicate with told us that they were happy living at the home and that they were satisfied with the care they received. People said, "The staff here are good and I get on well with them all," "I'm fine, I have everything I need," "I didn't think I would like it here but I'm settled" and "I would like to go home but I can't so I'm OK here."

We spoke with three relatives. They spoke fondly about the staff and the care that was provided. They told us "We are very happy with the care here, we have no issues or worries," "Staff are approachable and make sure I'm included in my relatives care" and "The staff are always around to carry out care tasks and have a chat."

We spoke to two visiting health professionals. They said "We have never had any concerns about the way people are treated. The staff know people well and assist us to do our job. The staff are very good at making sure people's healthcare needs are met." Sheffield Local Authority Contracting and Commissioning had recently (March 2012) carried out a full monitoring visit. Their report showed that they believed that the service met all aspects of the Essential Standards of Quality and Safety.

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

**Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

Overall people's privacy, dignity and independence were respected. The provider was

meeting this standard.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

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. The provider was meeting this standard.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

There were enough qualified, skilled and experienced staff to meet people's needs. The provider was meeting this standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

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

**Other information**

Please see previous reports for more information about previous reviews.

**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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

We used a number of different methods to help us understand the experiences of people using the service, because many people had complex needs which meant they were not able to tell us their experiences. We sat with people in the communal areas of the Dementia Wing and made observations about their care and support and the way staff interacted with them. We found that staff were patient, supportive and friendly. Staff moved around the unit, giving support and care to people whilst engaging in pleasant conversation. It was evident that people living in the home had a friendly relationship with staff members.

Whilst sitting and talking to people on the nursing wing we found that most staff were skilled in making sure that people's privacy and dignity was maintained. Staff spoke quietly to people about their care needs and included them in making decisions about their daily life. A small number of staff were seen moving a person using the hoist. The person was shouting out and staff did not respond to the person. Throughout the moving and handling staff did not try to console, speak with or support the person. This staff interaction did not involve the person or show them respect.

Relatives told us that they had no concerns about the way staff treated people. They said people were treated well and their views were taken into consideration.

**Other evidence**

Care plans seen had information about who was involved in making 'best interest' decisions about the person. If people had capacity they had signed consent forms to either request or decline support and assistance with such things as medication and care planning. Where people had been assessed as not having capacity their families and advocates had been involved in making decisions about their care and support needs and this was recorded in the person's care plan. This protected people's rights. Staff told us that the issue of privacy, dignity and choice was discussed at all training events. Some staff were undertaking an additional training module about dignity and respect. Staff that we spoke to were able to describe how they maintained people's privacy and dignity and how important this was for people. This helps to ensure people's dignity and privacy is respected.

The manager told us that the staff that were observed not showing a person respect would be asked to complete the additional dignity training module.

**Our judgement**

Overall people's privacy, dignity and independence were respected. The provider was meeting this standard.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

During our visit we found that people were provided with support when they needed it. We found that people were clean, wearing clean clothing and had received a good standard of personal care and support. There was clear and respectful communication between staff and people who used the service and staff treated people in a kind manner.

People said they had regular contact with their GP and other health care professionals. We asked one person if they had access to a doctor, they told us that the doctor came every week and they could request to see them if necessary. Another person said that the chiropodist, dentist and optician also came on a regular basis. People told us "We just ask and they get them in to see us".

Relatives told us that staff were very good at letting them know if there was any problems or issues with their relative. Relatives said that whenever they visited people looked well cared for and there was always staff around to attend to people. Two relatives said: "We have recently been invited to come and review our relatives care plan with the staff at the home."

Two visiting health professionals said "The staff here know people well and are aware of their individual needs. People always look like they have received a high standard of personal care. We have noticed that people are well dressed and the ladies are wearing their nice jewellery."

**Other evidence**

The service was in the process of changing the format of the care plan's. New plan's had been devised by the provider and the staff were undertaking training in how to implement them. The manager told us that the new care plans would be "very thorough" and include additional information so that the care and support needs of each individual would be clearly documented. The new care plans contained good information about the person's biography, individual wishes and their medical and support needs. Risk assessments were included within the documentation and included moving and handling and other risk factors. The service had been given a timescale of 1 July 2012 to have all the new care plans completed. Due to the size of the home and the work needed to make sure everyone's care plan was fully completed and up to date the manager had arranged for the senior staff to work additional hours. This time would be spent solely on getting accurate information into the new care plans. Relatives that we spoke to told us that the staff had invited them to meet with them and be involved in the reviewing and updating of the care plans. Staff we spoke to showed a good knowledge of the health and personal care needs of the people they cared for.

The home employed an activities worker who worked 30 hours per week. There was a programme of activities on offer that included bingo, coffee morning, music and gentle exercise. Outings outside the home were also provided. Posters around the home showed that trips to the countryside, shopping malls and an outing on a barge were all planned. The activities worker divided their time between the two floors and also spent time with some people on a one to one basis. On the day of the inspection a vocalist entertained people and there was also a gentle exercise session that people could participate in. People told us that they enjoyed the activities provided and could choose if they wanted to "join in or not".

**Our judgement**

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

## Outcome 07: 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 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People told us: "I feel safe living here", "I am safer here than I was at home " and "I get on well with everyone and everyone is kind". Relatives that we spoke with said that they had no concerns or worries about the service and that they thought the staff made sure people were kept safe.

##### Other evidence

On the day of the inspection we were aware of one outstanding safeguarding referral that was being investigated. This was a concern that had been reported to the Local Authority Safeguarding Team and the Police by the manager at the home. The concern related to a staff member who had worked at the home and was currently on sick leave. The safeguarding investigation could not be concluded until the police had completed their own investigation. Therefore there was no outcome to the referral at this time.

We spoke with eight staff. They were fully aware of adult safeguarding policies and procedures and what action they would take if they saw or suspected any abuse. We saw a training matrix that told us that staff had received adult safeguarding training and training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOL's).

Whilst sitting with people in the communal areas of the home we saw a member of staff administering medication. The member of staff left the medication trolley open, on the corridor, whilst they went into the dining room to give out medicines to people. People living in the home were walking on the corridor and the medication trolley was not in

sight of the staff. This act of omission could cause harm or place people at risk of harm. This was brought to the attention of the staff member and the registered manager. The member of staff was seen on a one to one basis by their line manager and arrangements were made to update the staff member's medication training. All other staff seen administering medications made sure that the trolley was locked when they moved away from it.

**Our judgement**

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. The provider was meeting this standard.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

People that we talked to praised the staff and used words like "fabulous," "good girls" and "nice" to describe them. One person said "The staff are kind and helpful." Another person said "I can talk to them all, no problem".

Relatives told us that they were able to go to any of the staff to discuss issues or concerns. They said if they raised any issues with them, they were immediately sorted out. Relatives also said "Most of the time there seems to be enough staff on duty, although when staff phone in sick the remaining staff can be rushed off their feet."

Two visiting health professionals said that they had visited the home regularly and had on one occasion only noticed that the home was "short staffed."

##### Other evidence

On the day of the inspection there were 73 people living in the home. There were two vacant rooms. The home was on two floors and divided into three units. One unit provides residential care for people with Dementia. On this unit there was a unit manager, a senior care assistant and three care assistants, caring for 25 people. The other two units provide nursing and residential care. In total there were two nurses and seven care assistants on duty throughout the morning, caring for 48 people. An activities worker, ancillary staff and a maintenance worker were also on duty. Staff told us that staffing numbers were the same on each day as they were on the day of the inspection. They said "The staffing numbers are usually OK." Staff also said that extra staff were brought in if people needed to attend the hospital and required a member of

staff to escort them.

Our observations were that staff were able to meet people's support and care needs in a timely way. Although staff were busy they did not rush people and the atmosphere within the home was relaxed and friendly.

Staff said that they had received training in all mandatory subjects including adult safeguarding and moving and handling. They said they had also attended training in specialised topics for example dementia care, palliative care and challenging behaviour. The staff training matrix confirmed this to us. We saw that there was a 'traffic light' system in place that highlighted when updated and refresher training was due. Staff said that they were reminded about what training they needed to complete by both their line manager, in supervision and by the registered manager during staff meetings.

**Our judgement**

There were enough qualified, skilled and experienced staff to meet people's needs. The provider was meeting this standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We gathered evidence of people's experiences of the service by reviewing the 'Customer Satisfaction Survey' that was completed in March 2012. Results in most areas were in the 'good' and 'fair' categories. Comments included, "The staff are very good with people, easily approachable and only ready to discuss any aspect of my relatives care" and "Residents always appear to be content" and "The staff should be complemented, overall pleased and well satisfied." The survey also showed that six people had added 'additional comments' that raised concerns about the laundry service, the quality of care provided, poor communication and slow access to the home at the weekend. The manager told us that she was currently looking at the issues raised with the area manager and a letter would be sent to people and their relatives telling them what action had been taken in response to their concerns.

##### Other evidence

The homes manager had been in post for a number of years and is registered with CQC. She was a very experienced and skilled manager that was able to meet the homes aims and objectives.

We saw evidence of internal auditing of the homes environment, services and records. Staff meetings were held every two/three months and we saw minutes of these. Rather than formal resident and relative meetings, the home invited people and their relatives to social events, for example, beetle drive and fish and chip night and during these events people and their relatives were given the opportunity to tell the staff what they thought about the home and if they had any ideas to improve the service. The staff told us that this worked much better than arranging a meeting, as many more people

attended.

The provider may find it useful to note that the Quality Assurance Audit is sent out to relatives of the people that live in the home. Professionals and staff do not have the same opportunity to give their views in relation to the standard of care and treatment provided to people. Visiting professionals and staff told us that they would welcome the opportunity to do this.

The manager was well supported by the area manager and head office staff, who regularly visited the home. Staff working in the home told us that the manager was "approachable" and "fair."

**Our judgement**

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

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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