

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

## Balcombe Place Care Home

Haywards Heath Road, Balcombe, Haywards  
Heath, RH17 6QJ

Tel: 01444811066

Date of Inspection: 17 December 2013

Date of Publication: January  
2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

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

**Safeguarding people who use services from abuse** ✓ Met this standard

**Records** ✓ Met this standard

## Details about this location

Registered Provider	Balcombe Care Homes Limited
Registered Manager	Ms. Irene Kemmony Piet
Overview of the service	Balcombe Place is a nursing home providing accommodation and support for up to forty older people
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Balcombe Place Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We carried out this inspection to follow up on concerns identified at our previous inspection in July 2013. We found that improvements had been made.

We spoke with the manager, three members of care staff, five people who lived at the home and one visiting relative. People were generally positive about the care and support they received. Comments included "I can do what I want", "Staff are very friendly", "They look after you, although agency staff are not as good", "I'm fed well" and "They look after you properly".

We found that care plans had been improved since our last inspection. Care records were well organised and kept up to date. Records and feedback from staff and the people at the home showed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We found that call bells were answered in a timely manner and were regularly monitored by the manager.

Policies and procedures for safeguarding had been updated and most staff had received recent training in safeguarding vulnerable adults. We saw that action was taken where risks to people had been identified.

We found that people's personal records including medical records were accurate and fit for purpose. The system for record keeping had been improved since our previous inspection. Records were kept up to date and completed as necessary. Care plans had been reorganised and information was easy to find and understand.

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

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### **More information about the provider**

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

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

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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At our last inspection in July 2013 we found that care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. This was because care plans were did not always give clear details about the care to be provided to ensure people's needs were met. We also found that there were delays in answering call bells which meant that people were not always protected in the event of an emergency. The provider wrote to us and told us that they had taken action to make improvements.

At this inspection we looked at the care records for three people who lived at the home. These all contained up to date care plans which showed evidence of recent review. This meant that staff had the most recent information which reflected people's current needs.

Care plans included details of people's needs and how they were to be met. Areas covered included communication, nutrition, skin care, mobility and nursing. We saw that where people required regular monitoring, for example due to diabetes or pressure sore risks, daily charts were completed. For example one person required regular turning in bed due to the risk of pressure sores. Records showed that turning was carried out as stated in the person's care plan. This demonstrated that care and treatment was planned and delivered in line with people's individual plan of care.

The people we spoke with were generally positive about the care they received. Comments included "It's very nice here", "They look after you properly" and "I'm well looked after". A visitor told us "The staff are friendly and I've never had a problem". However, one person said "It's not such a happy place anymore" and explained that staff were busier and had less opportunity to socialise with people.

Risk assessments were in place which identified areas of risk to each person and how they could be minimised. These covered areas such as mobility, nutrition and skin integrity. For example one person's nutrition assessment identified a high risk of weight

loss. There was a plan in place to manage this risk which included a soft food diet and regular weight checks. Records showed that weight was checked in line with the care plan. This meant that risks to people's welfare were identified and action taken to minimise them.

Where people had complex health needs there was evidence that external professionals had been involved in their care. One person was prone to falling due to a particular health condition. Records showed that there had been a high number of falls for this person which had resulted in minor injuries such as bruising. There was evidence in their care record that a GP and psychiatric nurse had supported the home in managing the risks. We also spoke to a social worker after the inspection who confirmed that they were aware of the falls and that the home had involved a falls team to make sure that risks to the person's welfare were minimised. This showed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We looked at a log of call bell answering times for a recent period of 24 hours. This showed that most calls were answered within one or two minutes. The longest recorded response was eight minutes. We noted that in the rooms we looked at, call bells were within easy reach of the occupants. The people we spoke with gave mixed responses about call bell waiting times. One person said "They take too long" however other people commented "I call the bell they come in seconds" and "The call bell is answered quickly". There was no evidence that people had come to harm as a result of waiting for call bells to be answered.

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

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## **Our judgement**

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The provider was meeting this standard.

People who used 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.

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## **Reasons for our judgement**

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At our last inspection in July 2013 we found that people who used the service were not being protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. This was because of a lack of training for staff in dealing with safeguarding concerns, safeguarding concerns not being reported appropriately and a lack of up to date policies and procedures around safeguarding. The provider wrote to us and told us that they had taken action to make improvements.

At this inspection we looked at the policies and procedures in place to safeguard people at the home. These had been recently updated and contained relevant information about how to identify possible abuse and what action to take in the event of any concerns. We saw that there was a copy of the local safeguarding authority multi-agency policy which was kept in the office. This meant that staff had access to up to date information on safeguarding procedures.

Training records showed that the majority of staff had attended recent training in safeguarding and that more training had been booked for those staff that needed it. The manager was also booked onto more in depth training in January 2014. The staff we spoke with confirmed that they had received safeguarding training and told us that they were confident about identifying any concerns and taking appropriate action. We noted that at a team meeting in August 2013 safeguarding responsibilities had been discussed. This meant that staff had the skills and knowledge to protect people from the risk of abuse.

We noted that one person who lived at the home had had a large number of falls recently. Care records for this person showed that the home recorded the falls accurately and had involved external professionals in order to promote the safety of this individual. This showed that the provider took appropriate action where risks were identified.



## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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At our last inspection in July 2013 we found that people were not protected from the risks of unsafe or inappropriate care because accurate and appropriate records were not maintained. This was because there were problems identified with the organisation of people's care records. The provider wrote to us and told us that they had taken action to make improvements.

At this inspection we looked at the care records for three people. We saw that these had been reorganised so that all relevant information was kept in one file. Each record held up to date information which was clearly written and easy to understand. Daily records and clinical monitoring records, such as weight charts and turning charts had been filled in as required and there were no gaps evident. This meant that people's personal records including medical records were accurate and fit for purpose.

We saw that the care plans for people who used the service were stored in lockable cabinets in the main office. These were accessible for the staff that needed to use them. Confidential management records were also kept in an office in locked cabinets. This meant that records were kept securely and could be located promptly when needed

## About CQC inspections

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

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

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

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

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

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

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

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

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

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

## How we define our judgements

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

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

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

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

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

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

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

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

## Glossary of terms we use in this report

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### Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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