

Mr Robert Lambert and Mrs Brenda Lambert

Balmoral Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Balmoral Rest Home is a residential care home providing accommodation and personal care to up to 32 older adults. At the time of our inspection there were 28 people using the service.

People's experience of using this service and what we found

The service was not always safe. Not all staff had completed the necessary training to keep people safe. We found care records were not always accurate. Where risks to people were identified recorded documentation to lessen the risk was not in place. We found concerns with the cleanliness and maintenance of the environment.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The governance and quality checks in the home did not consistently promote the delivery of safe care and treatment. The registered provider had not established good governance in line with best practice and to ensure compliance with regulation.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People told us they liked living at Balmoral Rest Home, comments included, "They are very good staff without exception, very kind and thoughtful." And "It is nice, its lovely here."

We found the management team receptive to feedback and keen to improve the service. The registered manager and provider worked with us in a positive manner and provided all the information we requested. Additionally, they responded immediately to our concerns during and after the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 08 November 2018).

Why we inspected

We received concerns in relation to the management of medicines and the environment. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only. For those

key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence the provider needs to make improvements. Please see the safe, effective, and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Balmoral Rest Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, consent, staffing, fit and proper persons employed and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Balmoral Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Balmoral Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 31 August 2023 and ended on 15 September 2023. We visited the service on 31 August 2023 and 15 September 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 1 visitor about their experience of the care provided. We spoke with 6 members of staff including the registered manager. Following the inspection, we also spoke with the provider and two visiting professionals. We walked around the home to make sure it was homely, suitable, and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed multiple medicine administration records, medicines stocks and storage and observed medicines administration. We reviewed 5 people's care records and looked at 6 staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were not always protected from avoidable harm. Risks to people's health, safety and wellbeing had not been consistently assessed and managed. Documentation did not include all the information to guide staff around how to provide safe care and treatment. Care records did not always reflect accurate information relating to people.
- We found concerns around fire safety documentation at the service. The document to assist staff in evacuating the building in the event of a fire held incorrect information for 2 people. We found missing documentation in relation to fire safety for 2 people.
- People were at increased risk of harm as systems for monitoring and learning from accidents and incidents were not robust.
- We viewed accident and incident records there was not enough information to look for themes and prevent the events from happening again in the future. Documentation around accidents and incidents was not always reviewed by the registered manager to ensure all actions had been completed.
- Incidents of anxiety or distress were identified in the daily notes for one person. These had not been analysed to help identify how staff could change or develop their approach in future to better meet people's needs.

We found no evidence that people had been harmed however, documentation and systems were not in place or robust enough to demonstrate risk was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke to were aware of peoples needs and wishes. Staff had developed good relationships with people. We observed care was delivered in a safe way. We observed one person being supported to use a piece of lifting equipment which was completed safely by the staff.

Staffing and recruitment

- People were at risk of harm because safe recruitment systems were not followed for all staff. We looked at 6 staff recruitment records and found inconsistencies in all of them.
- Records in relation to staff already employed did not show they had been safely recruited or they were safe to continue working at the service.
- There were gaps in records relating to staff's employment histories and appropriate references had not

been obtained for all staff. Checks had not been completed to explore whether there were any health conditions which might impact on staff's ability to work safely.

We found no evidence people had been harmed however, recruitment records were not complete. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us, and we observed, there were enough staff to meet people's needs. Staff were deployed effectively, during the inspection we observed staff responding to calls for assistance.

Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises.
- During the inspection, we found the environment was unclean in several areas. We found equipment in communal bathrooms and people's personal equipment such as sensor mats and pressure relief cushions were visibly unclean.
- We found the premises were not well maintained. We saw paintwork was chipped in some areas and flooring was poorly fitted which could prevent adequate cleaning.
- Records in relation to cleaning and the monitoring of infection prevention and control practices did not support effective oversight or show a robust approach to ensuring the cleanliness of the environment.

We found concerns with regards to preventing and controlling infection. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely.
- Body map documentation was not in use for topical treatments in line with best practice.
- Where people had been prescribed additional medicines on an as required (PRN) basis. PRN protocols were not in place, and there was no guide for staff around why people might require additional medicines.
- The time given, for 'time specific' medicines were not recorded so we could not be sure people received their medicines on time.
- People's medicine records did not contain the information care staff needed to make sure people receive their medicines as intended.

We found no evidence people had been harmed however, documentation did not always contain a complete and accurate record of the person's needs. This is a breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Medicines stock checks were completed for oral medicines, and these were correct. One person told us, "I always get my medicines morning and evening."

Systems and processes to safeguard people from the risk of abuse

- Not all staff had received training in safeguarding awareness. The staff we spoke with demonstrated they were aware of how to recognise and respond to safeguarding concerns.
- The provider had policies to guide staff on how to report concerns of neglect or abuse.
- We received feedback from people stating they felt safe living at the home. One person told us, "I feel very safe here because it is well run. Everything is excellent."

Visiting in care homes

- There were no restrictions on people receiving visits in place at the time of the inspection. One person told us, "My daughter visits and she comes when she wants."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People had not had their needs assessed. We found for 3 people their diagnosed health conditions were not included in the care records. There were no instructions or guidance for staff to follow to support peoples' needs and choices in any of the care records we looked at.
- People's needs were not always reviewed and reassessed when their needs changed. For example, one person had been prescribed equipment for pressure area care and this was not reflected in the care records.
- People's needs for nutrition and fluids had not always been considered. Peoples' dietary preferences were not always recorded in their care plans. We found 2 peoples care records were not reflective of their current dietary needs.
- Detailed and clear plans were not in place relating to the support people required with their nutritional needs.

We found no evidence people had been harmed however, documentation did not always contain a complete and accurate record of the person's needs. This is a breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with were complimentary about the food, one person told us, "The food is excellent." We observed one person request additional food and this was provided for them.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the provider was not working within the principles of the MCA. We saw consent to care had not always been adequately recorded. We saw examples where consent had been signed by someone who did not have the legal right to do so.
- We found people's capacity to consent to care had not always been assessed and decisions had not been recorded. When we spoke with staff, they were not always clear on whether a person had mental capacity to make specific decisions
- The staff we spoke with did not demonstrate a satisfactory level of understanding of the MCA. They lacked awareness of how to complete the appropriate assessments and whose responsibility this was.

The provider failed to protect people's rights under the Mental Capacity Act. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The provider had not established and operated a robust system for ensuring staff were provided with training. Staff had not been provided with training in key areas in line with people's needs. This included safeguarding, diabetes and infection prevention and control.
- The staff member working in the kitchen on the day of the inspection was not trained in food hygiene.
- No staff had completed The Care Certificate which was documented as essential in the policies for Balmoral Rest Home. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- We spoke to the registered manager who was not aware of which staff had completed the required training.

We found no evidence people had been harmed however, staff had not received appropriate training. There was no systematic approach to determine the skill mix of staff needed to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were complimentary about the support they received from the registered manager.
- Staff told us they were provided with opportunities to discuss their responsibilities, concerns and to develop their role

Adapting service, design, decoration to meet people's needs

- Areas of the service were cluttered, unclean or in need of maintenance and repair.
- Environmental risks were not always effectively managed.
- People were able to personalise their rooms where they wanted to.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services. One person told us, "Anything you need, they [staff] get the doctor in, they [staff] look after me well."
- Information about any input from health and care professionals was recorded in people's daily notes. This made it difficult to get a clear oversight of the professionals involved in people's care and any advice or

guidance they had given.

- We saw evidence of district nurses and GPs being contacted as required. There was a weekly ward round completed and one visiting professional told us, "The staff are reactive to peoples' needs."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home was not well-led, there were significant shortfalls in the oversight and leadership.
- There was not a structured, systematic, effective approach to assess and monitor the service to identify shortfalls and drive improvements. For example, audits had not identified and resolved the shortfalls we had identified on inspection in relation to care records and infection prevention and control concerns.
- We expect providers in all health and care sectors to review what training and support they provide to staff in various roles, to ensure they are meeting their legal responsibilities. Staff skills and knowledge had not been assessed or monitored to ensure people's safety and assessed risks were minimised.
- Records relating to people's care and treatment contained inconsistencies and did not include all the information required for staff to follow.
- The provider had no oversight for quality assurance to ensure that regulations were met.
- While the registered manager and the staff team were aware of their roles and responsibilities, they had not followed required standards, guidance, and their own policies in various areas.
- The registered provider did not have systems for promoting person-centred care.
- People were not routinely involved in the development or management of the service. Staff and the management team were not promoting or championing people's rights in this way.
- There was evidence of some attempts to gain feedback from people using the service through meetings and questionnaires, but this approach was inconsistent. It was not clear how feedback was used to drive improvements.

We found no evidence people had been harmed however, systems were not robust enough to demonstrate leadership and quality assurance was effectively managed. This is a breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Management and staff knew people well and staff told us they felt supported and valued by the management team.
- The manager had an 'open door' policy, so people could approach them directly to discuss any concerns

openly and in confidence. People we spoke with were consistently positive about the registered manager and felt they could approach them with any concerns.

- Following the inspection, the registered manager and provider took immediate action to start addressing shortfalls we identified.

Working in partnership with others

- Discussions demonstrated the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. We raised some concerns with the documentation to evidence this. We spoke with a visiting professional who told us, "The deputy manager does contact us if they need to, and they seem to recognise when people require care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities and statutory notifications had been submitted to the Care Quality Commission (CQC).

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to act in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice. The provider had failed to follow the best interest process in accordance with the Mental Capacity Act 2005.</p> <p>(1)(2)(4)(d)(5)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not operate robust recruitment procedures.</p> <p>(1)(2)(a)(b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider had failed to ensure staff were suitably qualified and competent to make sure they can meet people's care and treatment needs. The registered provider did always not have a systematic approach to determine the range of skills required in order to meet the needs of people and keep them safe.</p> <p>(1)(2)(a)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess the risks to the health and safety of people using the service and do all that was reasonably practicable to mitigate any such risks. (1)(2)(a)(b)

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have established and effective systems in place to assess, monitor and improve the quality and safety of the service. The provider had failed to maintain accurate, complete and up to date records for people and the management of the service. The provider had failed to gain and act on peoples feedback to improve the service. (1)(2)(a)(b)(c)(d)(f)

The enforcement action we took:

Warning notice