

# Cartwright Care Balmoral Management Ltd

# Balmoral Care Home

## Inspection report

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Date of inspection visit:  
10 March 2022  
15 March 2022

Date of publication:  
31 March 2022

## 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

### About the service

Balmoral Care Home is a residential home that was providing personal care for up to 33 people aged 65 and over at the time of the inspection. At the time of the inspection there were 25 people living in the home.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had received training in safeguarding and were aware of their responsibilities. People told us they felt safe. Safe systems of recruitment were in place and there were sufficient staff to meet people's needs. Risks were well managed. Medicines were stored and administered safely. The home was very clean, and the risks associated with COVID-19 were well managed. People were supported to have visitors as per government guidance.

Staff received the induction, training and support they needed to carry out their roles effectively. People's needs were assessed before they started to live at the home. Their nutritional and health needs were met.

Staff were observed to have a kind and caring, unrushed approach. People were positive about the staff and the support they received. They told us staff were caring and kind and treated them with respect. One person said, "I feel that we are treated with dignity here and the carers speak to us nicely and with respect. Privacy is respected too, for example I can see people in my room in private."

Clear support plans and risk assessments were in place to guide staff on the support and care people needed. There was a programme of improvements to the decoration, furnishings and fittings underway. There were activities on offer within the home and plans to reintroduce and offer new activities were in place. Complaints were well managed. People's wishes for end of life care and support were identified and respected.

There were systems of quality assurance checks and audits. People spoke highly of the registered manager and the way the service was managed and organised. The registered manager was committed to providing a person-centred service, staff shared this commitment.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 11 March 2019.

### Why we inspected

This is the first inspection of this service under a newly registered provider.

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.

### Follow up

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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Balmoral Care 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

On the first day the inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was undertaken by one inspector.

#### Service and service type

Balmoral Care 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. Balmoral Care Home is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch about the service. Healthwatch is an independent consumer

champion that gathers and represents the views of the public about health and social care services in England. 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 four people who used the service and two relatives of people living at the service. We spoke with the registered manager, provider, deputy manager, cook, maintenance person, activity coordinator and three care workers. We reviewed a range of records. These included care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. Also a variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this service under a newly registered provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. Concerns raised were investigated and where required the local authority and CQC had been notified.
- Staff had received training in safeguarding and were aware of their responsibilities.
- People we spoke with told us they felt safe living at Balmoral Care Home. One person told us, "I am safe here." A relative said, "It's very safe here and everything seems to be fine. There have been no problems at all."

Assessing risk, safety monitoring and management

- The required health and safety and equipment checks were taking place.
- Risks to individuals and staff were identified and well managed.
- Care records gave clear guidance to staff on what needed to happen to keep people safe, whilst respecting people's choices.

Staffing and recruitment

- Safe systems of staff recruitment were in place. All required checks had been undertaken prior to people commencing employment.
- There were sufficient staff to meet people's needs and staff knew people very well.
- People we spoke with told us there was usually enough staff to provide them with the support they needed in a timely manner. One person said, "Staffing levels are okay, and the staff seem capable. If we ask for anything we don't have long to wait."

Using medicines safely

- Medicines were stored and administered safely.
- Staff had received training in the administration of medicines and had regular checks of their competency.
- People told us they got their medicines as prescribed. One person told us, "My medicine is correct and it's always on time too."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

● People were supported to have visitors as per government guidance. Everyone was very positive about how staff had helped maintain contact and encouraged and supported visits during the COVID-19 pandemic. A relative told us, "The home has done everything it could have done through the pandemic, such as enabling visiting in the room with the screen."

#### Learning lessons when things go wrong

- Records were kept of accidents and incidents that occurred to people who used the service and to staff.
- The registered manager and provider monitored accidents and incidents and identified any lessons that could be learned to prevent future occurrences.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to live at the home.
- Clear support plans and risk assessments were in place to guide staff on the support and care people needed.
- People told us staff provided good care and support. A relative said, "I would recommend this home. My [person who used the service] is in a safe environment and is well looked after. The staff are approachable and very caring. I think this home is a fine one."

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to carry out their roles effectively.
- The provider had recently introduced a new training system, with new courses and staff were in the process of updating all their training.
- Staff were very positive about the training and support they received. One staff member said, "We did it [training] last year, but it was under a different company, it's a lot better now." One person who used the service said, "The staff seem well trained."

Supporting people to eat and drink enough to maintain a balanced diet

- The cook had good knowledge of people's nutritional needs, likes and dislikes. Clear nutritional guidance was in place.
- People were positive about the food. They said, "It's wholesome food. Sunday lunch is great, and we have a choice of roast meats."
- Where people were at risk of losing weight, nutritional records detailed what support they needed and regular checks on their weights were undertaken.

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 a range of health care professionals including G.P's, district nurses, opticians and dentists.
- Staff worked closely with other agencies to ensure people's needs were met
- People told us staff would contact health care professionals if they needed to see someone. One person said, "The staff would call the G.P. if I was ill."

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

- There was a programme of improvements to the decoration, furnishings and fittings underway. This included redecoration and installation of easy clean, non-slip flooring. There was an improvement plan in place for the continuation of this.
- Bedrooms were bright, spacious and personalised. People said, "I was able to bring some of my own furniture and ornaments from home to decorate it and make it mine" and "I have lots of knick-knacks from home in my room which makes it comfortable. The room has a lovely outlook from the window with trees, squirrels, rabbits and birds. A robin comes to be fed at my window every morning."
- Relatives were positive about the improvements. One relative said, "The environment inside the home has improved a lot in the last two years. There's new flooring in most rooms and new furniture in the dining rooms and lounges downstairs."

#### 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 and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was meeting the requirements of MCA.
- Where conditions had been placed on DoLS authorisations, the provider had ensured these conditions were being met.
- The provider was implementing a new electronic care record system that would improve how people and, where people did not have capacity, those with relevant legal authority would be able to access care records remotely.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Throughout the inspection staff were observed to have a kind and caring, unrushed approach.
- People were positive about the staff and the support they received. They said, "They're a good group of staff here. They are very attentive and come very quickly when I use the buzzer in my room" and "Staff members are good, and they seem to know what they're doing. Staff speak to me nicely." Staff spoken with spoke with warmth and fondness about the people who live at Balmoral Care Home. One staff member said, "99 % of the time its relaxed and caring. I sit and talk to residents. Definitely people get a good standard of care." Another said, "I like the job, I like the resident's personalities. It's like a second family."
- Peoples beliefs, faiths and cultures were respected. There were four religious or faith groups offering services at the home.

Supporting people to express their views and be involved in making decisions about their care

- People told us staff involved them in decisions and always asked them before providing care or support. They said, "I can make everyday choices, such as what I want to wear and whether I want to stay in my room or not and the staff support my choices" and "The staff would always ask for my permission before doing anything for me."
- Staff we spoke with described how they ensured people were involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.
- One person described how staff supported them to bathe safely whilst maintaining their dignity. They said of staff, "They leave me to enjoy the bath for five minutes on my own too, which is lovely."
- People told us staff were caring and kind and treated them with respect. They said, "The staff are kind and caring. I'm quite comfortable here. Staff speak to us nicely and 'normally'. They treat us with dignity and also respect privacy, leaving us in peace if we want it" and "I feel that we are treated with dignity here and the carers speak to us nicely and with respect. Privacy is respected too, for example I can see people in my room in private."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's needs were assessed, and support plans and risk assessments were in place to guide staff.
- Records were person centred and had good detail about how people liked their support to be provided.
- People told us the activities and opportunities to do activities in the community, had reduced during the pandemic. We saw that a new activity coordinator was in place. There was a range of activities on offer within the home and plans to reintroduce and offer new activities were in place. One person told us, "I can go out shopping with the staff."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was following the Accessible Information Standard (AIS).
- Information was available in alternative formats including pictorial and easy read formats.
- The electronic records system could translate information into many languages.

Improving care quality in response to complaints or concerns

- There was an appropriate system in place to manage complaints.
- People told us they knew how to complain. They said, "I would speak to a manager if I needed to complain", "Staff listen and act on any concerns" and "They care for you here and you can go to them with any problem and they'll do their best to solve it for you."

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished.
- Records identified advanced decisions about resuscitation so these could be found easily if needed.
- There was a compassionate approach to end of life care. People's faiths and beliefs were respected, supported and encouraged.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a clear commitment to good quality care, staff we spoke with shared that commitment. One staff member said, "I love it here and the people I work with. It's different every day. I love them [residents] all. I just want to make them happy."
- People told us the registered manager and staff knew and treated them well. They said, "Most of the staff are pleasant and nice. People address me nicely and I'm treated with respect. I don't really get involved with the staff much but I'm grateful for the support they give" and "I would recommend this home because I find everything satisfactory whether it's the food, the carers, or the environment, everything is very good."
- Relatives said, "There's a good team of staff here and there's always a nice atmosphere. This seems to be quality care. We've been informed of changes such as in health, or about any falls" and "There always seems to be a relaxed atmosphere."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a range of quality monitoring and auditing in place to ensure managers had oversight of the service and any actions that needed to be taken.
- There was a new electronic system which was not yet fully operational. This allowed managers and the provider to have real time oversight of all records, auditing and monitoring.
- People spoke positively about the registered manager and new provider. Staff members said, "I think it's good and managed well. Here all the visitors are lovely. [Registered manager] I really like. She is really hard working and if you need anything she is always there" and "She definitely cares about the residents and staff. Whatever I ask her she is happy to help me." A person who used the service said, "I think there is good management here. I can talk to the managers and they listen to me. The staff know me and it's like a big family. I feel it's well run generally, the kitchen staff, cleaners, maintenance staff and laundry are all very good. I would recommend this home because the staff members are pleasant."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Satisfaction surveys had been completed. We saw that action had been taken where people had suggested things that could be improved. The provider was implementing a new system for gathering people's views more frequently.
- People told us they could speak with staff if they had any concerns. One person said, "Now and again,

there are residents' meetings and questionnaires."

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; Continuous learning and improving care; Working in partnership with others

- Records confirmed managers of the service and the provider understood and acted on the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC as required.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
- We found there was a positive approach to ensuring continuous development and the service had a range of policies and procedures to guide staff on what was expected of them in their roles.
- Throughout the COVID-19 pandemic the registered manager had worked very closely with health and social care professionals to ensure people's needs were met.