



Inspection Report on

Balmoral House - Skyline Care Ltd

**22-24
Queens Walk
Rhyl
LL18 3NG**

Date Inspection Completed

21/03/2023

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About Balmoral House - Skyline Care Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Skyline Care Ltd
Registered places	18
Language of the service	English
Previous Care Inspectorate Wales inspection	29/10/2020
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People's personal plans are detailed and provide a good sense of the person and are reviewed regularly. Care staff are enthusiastic, treat people with dignity and respect and attend training relevant to their roles. There are opportunities for people to do things that matter to them within the home and the community. Autonomy and choice is encouraged and supported whilst risks are assessed and managed. People are fully consulted in all aspects of their daily routines, and their suggestions and preferences are catered for.

The Responsible Individual (RI) has good oversight with processes in place to identify any issues and make further improvements to the service. Staff are safely recruited through good vetting procedures.

People live in a suitable environment which is warm, clean, and safe. Environmental audits are completed which ensure people remain healthy and safe. People have their own bedrooms which are personal and contain personal belongings and people told us they like living here.

Well-being

People have choice and control regarding all aspects of the care and support they receive. Personal plans are devised with the people and their relatives so that specific aspirations and preferences are captured accurately. People can also attend regular resident meetings where they can express their opinions on a range of topics including food, décor and activities. People are included in decisions about their lives and treated with dignity and respect.

People's physical, mental, and emotional well-being is looked after by care staff who seek professional advice when required. People have access to health and other services to maintain their ongoing well-being. Staff assist and support people to attend and participate in health checks. People are supported with their mental and physical health through a range of personalised activities. Staff communicate effectively with people and the atmosphere within the service is friendly, calm, and relaxed.

People are protected from abuse. People receive support from staff who have been vetted; they are trained to practice safely. Ongoing competency checks are required to ensure staff are capable to carry out care. Security measures are in place to protect people from unauthorised visitors and environmental checks are routinely undertaken. People told us they had no concerns and knew how to raise any concerns if they had any. Staff have received training on safeguarding of vulnerable people and are guided by the service's policies and procedures.

People live in a spacious, clean and comfortable environment. People can choose where they want to spend their day. There is ample communal space inside and outside the home. Communal lounges are available, where people spend time socialising with others as well as having access to quieter areas if they want to. Bedrooms we saw have been personalised, reflected peoples own tastes and preferences, and were made homely. The home is clean and clutter free. Furniture is comfortable and of good quality. There are good systems in place to manage infection control to keep people and staff safe.

Care and Support

People's needs are assessed alongside a range of information to ensure care staff can meet their needs before moving into the home. Information is obtained from professionals such as previous placements and hospital discharge documents. All this information is then collated and used to create personal plans for staff to follow. Staff have access to people's care documents on the electronic handheld device. Risk assessments, such as risk of falls, are put in place to maintain people's independence.

There is an accurate and comprehensive personal plan for each person detailing how each person's care is to be provided. There is a 'Who am I' profile outlining what is important, the person's likes and dislikes, and how best to support the person. Personal plans include guidance for the staff team on all aspects of the person's support needs such as nutrition, communication, and personal care. Personal plans contain relevant information about people including what really matters to them and what is important to them and how they want to be supported. We saw people, their families, or their representatives are involved in regular reviews of personal plans to ensure they are kept up to date with people's current needs.

People are consulted about all aspects of their life in the home. People spoke very highly of the care they receive, how much they enjoy living in the home and praised the staff for all their hard work. We saw on numerous occasions natural caring interactions between staff and people. Regular resident meetings take place and people's views are sought on matters such as the décor in the home, menu choice and activities. People can access the management team at any time. Staff provide positive interaction and activities such as armchair exercises, bingo, karaoke, cooking, arts and crafts and skittles. One person commented they felt better after attending the exercise session. There is ample choice on the menus and people can request a different meal if they want. People spoke highly of the food and two commented they had put weight on. We saw fresh fruit being served alongside homemade cake.

Medicines management is safe. Although we did not complete a full medication audit as this has very recently been completed by the Community Pharmacist Team. Very few actions were required from their audit, and these have already been addressed. The medication room was clean, tidy, and organised. Room and medication fridge temperature checks are carried out daily. Staff receive training in medication administration.

The home has detailed policies and procedures to manage the risk of infection. Staff have received training in infection control and there are good hygiene practices throughout the home. Care staff can refer to infection management policies when necessary. Infection control audits take place and staff clean high touch areas four times a day. Care staff are clear on these and their responsibilities around protecting people from infection and harm.

Environment

People live in a safe environment which supports their independence and individual needs. The outside area to the rear and front of the property is accessible and well maintained. Security to the property is taken seriously and CCTV is in place and signage is displayed alerting visitors to its use. There are various outdoor spaces for people to use if they wish and good quality garden furniture and seating areas are available. The home is clean, warm, uplifting and recently been decorated with bright colours. Different areas are available for people to use and socialise in including a dining room, lounges, and a quiet room. People said they liked the colour scheme and liked living in the home. Furniture is of good quality and cleaned regularly. Bedrooms are large and furnished to suit the preferences of people accommodated in them. A stair lift is available for people to access, and we were told plans are in place to install a lift in the future. There are ample bathing and toilet facilities, and equipment is available. The outside laundry room is equipped with industrial equipment, maintained regularly and the area is very organised.

The service provider identifies and mitigates risks to health and safety. We saw some lifting aids were stored in lower ground corridor; although they were stored out of the way and did not pose a trip hazard, the provider should monitor this. Some bathrooms did not have toilet roll holders and the upper bathrooms did not have disposable paper towels. Staff receive training which includes health and safety, first aid, food hygiene, infection control, moving and handling and Control of Substances Hazardous to Health (COSHH). Health and safety audits are completed to address any issues. Fire equipment and fire safety, portable appliance tests and the condition of the electrical installation are all checked. Fire drills are completed and recorded, and staff receive training in fire safety. Each person has a personal emergency evacuation plan (PEEP) in place. Improvements are required in checking all water outlets that are not used and shower heads, and a Legionella risk assessment needs to be implemented.

Leadership and Management

There are robust governance arrangements in place. The RI is also the registered manager and visits the home twice weekly and is available anytime for advice. An assistant manager supports the running of the home and is supernumerary. In addition, a care-coordinator also supports the management team. The RI completes the three-monthly Regulation 73 visits. CIW have received copies of their reports, which demonstrate the discussions the RI holds people and staff as part of the visits to the service are not fully documented. We discussed our findings with the provider who assured us evidence of their discussions will be logged on subsequent reports. We did not see this has a negative impact and we will follow this up at the next inspection. There are a range of monitoring tools and audits undertaken such as monthly medication, environment, and infection control. Actions from the audits are acted upon and reviewed regularly.

Staff are competent, knowledgeable, and supported to care for the people living in the service. Staff records show they receive a good induction, have regular supervision and an annual appraisal. Regular staff meetings take place and staff can contribute to the agenda. Most of the training is completed online, and mandatory training has recently been booked in manual handling and oral health. We saw in some instances staff had completed several modules in one day and there was lack of sufficient evidence staff competencies had been appropriately completed. The provider needs to ensure staff are competent in these areas.

The service operates a safe recruitment process to ensure care workers are suitable for the role. Staff personnel files have relevant documentation, with evidence that care workers are recruited safely. Vetting is in the form of disclosure and barring (DBS) checks and gaining satisfactory references from previous employers and employment history. DBS checks are completed prior to the staff member commencing their role. Each staff file should have an up-to-date photograph of the staff member. The assistant manager gave assurances that this would be done.

The provider has not declared any financial difficulties and invests in the home on an ongoing basis. There is ongoing maintenance and regular environment audits identify areas which require attention. Six new chairs have been purchased, additional staff have been recruited, there is ample good quality food stocks. Investment has been made in transferring care documentation to an electronic system.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Date Published 03/05/2023