

Bannow Retirement Home Limited

Bannow Retirement Home

Inspection report

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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

Bannow Retirement Home is a residential care home providing personal care to 22 people at the time of the inspection. Bannow Retirement Home is registered to provide care and support for up to 26 older people. The care needs of people varied, some people had dementia care needs that included behaviours that challenged. Other people's needs were less complex and required care and support associated with old age, mild dementia and memory loss.

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

People were happy with the care they received and felt relaxed around staff who treated them with compassion and kindness.

People felt safe while there was sufficient staff deployed to ensure that their safety was maintained. People were safe at the home and protected from the risk of abuse.

People were supported to eat and drink well and received healthcare support when they required it. People received effective support from trained staff who knew their needs well.

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

People received a service which was responsive to their needs. Staff ensured that people were engaged and had meaningful occupation and activities.

The registered manager sought to continuously improve care for people, to change things when they went wrong, and to seek support to make these improvements. People told us the registered manager was visible in the service and took an active role in their support. People, their relatives and staff told us that the registered manager supported them. There were effective quality assurance systems in place that were used to drive service improvements.

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 Requires Improvement (published 7 November 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bannow Retirement 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 Care Act 2014.

Inspection team

The inspection team consisted of 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.

Service and service type

Bannow Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 Care Quality Commission. 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 the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who use the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, one senior care worker,

four care workers and the activities co-ordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance audits, complaints, incidents and accidents were reviewed.

After the inspection

We sought feedback from the local authority and professionals who work with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were consistently protected from abuse or risks of abuse. Staff told us that they received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. Staff had a clear understanding of the different types of abuse, how to recognise these and what to do should they witness any poor practice. Staff recognised that people living with dementia may not always be able to inform them of any concerns, and that they needed to be vigilant in identifying warning signs. One staff member said, "You recognise certain things and we look at their behaviour. You get to know the clients very well so that you can recognise things out of the ordinary."
- Records confirmed that the provider had raised appropriate safeguarding alerts with the local authority in line with their policy and had taken action to protect people from abuse.
- Recruitment checks were robust and ensured people were supported by staff who were safe before they started work at the service. Checks were made to ensure staff were of good character and suitable for the role. This included obtaining suitable references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable individuals from working with people who use care and support services.

Assessing risk, safety monitoring and management

- Risks to people were identified, and comprehensive assessments were in place. Some people had risks associated with their mobility and needed support to move around, and there was detailed guidance for staff in how to support people. One person said, "I am quite happy being hoisted. The carers are very careful and make sure I am comfortable because I have Parkinson's."
- Risks were monitored, care plans were reviewed regularly and when people's needs changed. For example, some people were at risk of developing pressure wounds. One person was identified at being at risk of pressure damage and their risk assessment had identified pressure relieving equipment to support them to maintain their skin integrity. People and their family members told us that staff were careful to manage these risks. One relative said, "(The person) can't weight bear. They turn her in bed and do half hourly checks. I was with her and the nurse when they dressed her wound. They manage it very well."
- Environmental risks had been assessed. The equipment used to support people had been monitored, checked and serviced regularly. Risks from fire were managed well. People had personal evacuation plans to ensure that they were supported properly in the event of an evacuation.

Staffing and recruitment

- People, their relatives and staff told us that there were enough staff to keep people safe and meet their needs. We observed sufficient members of staff to support people when they requested it. At lunch, there were enough staff to ensure that people received their food in a timely manner so that they could enjoy their

lunch together.

- People told us that staff responded to their requests for support promptly. When asked about staff responding to call bell requests, one person said, "They usually come quite quickly."
- The registered manager told us that they had taken the decision to increase the number of morning carers to ensure that people were supported to get up at times they wished. By ensuring there were four carers each morning to support the carer administering medicines, people were now supported effectively. One staff member said, "Mornings are good now with the extra staff member which has helped."

Using medicines safely

- People's medicines were managed, administered and stored safely. Staff had received training in the administration of medicines. We observed people receiving their medicines; the staff member administered these safely.
- Medication Administration Records (MAR) showed that people received their medicines as prescribed and these records were completed accurately.
- Where people had 'when needed' (PRN) medicines, staff were supported by comprehensive PRN protocols. These protocols guided staff about the prescribed medicine and when the person needed the medicine.
- People were supported to remain as independent as possible. One person had been assessed as being able to manage one aspect of their diabetes. Staff supported them to store their medicine and observed them while they self-administered. Their risk assessment stated clearly where the medicine was kept and ensured that staff checked the administration each time.

Preventing and controlling infection

- Staff were observed using personal protective equipment (PPE) including gloves and aprons when supporting people. They had received training in the prevention and control of infection and food hygiene. The service was odour free throughout the inspection. One relative said, "Her room is always clean and tidy."
- The provider had appropriate policies in place to guide staff in how to provide care safely to avoid spreading infection. Infection control audits were completed to ensure that cleaning schedules were completed effectively.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, staff contacted relevant health professionals after any specific incidents, such as the falls service, to prevent reoccurrence.
- Incidents and accidents were recorded by staff. For each incident the registered manager had recorded what subsequent actions and potentially any changes had been made. For example, one person had a fall in their own room. Appropriate medical support was sought, and staff made and recorded regular checks on the person for the next 24 hours following the fall. A sensor had been implemented in the person's room to alert staff when they get out of bed. The incident form had also recorded how this change had benefitted the person in terms of support.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The provider carried out assessments regarding people's physical, mental health and social needs prior to them moving into the service. The provider had ensured that protected characteristics, such as people's religion, race, disability and sexual orientation were explored and recorded appropriately.
- Some people had been assessed as sometimes exhibiting behaviours that may challenge. There were risk assessments and guidelines in place for staff to manage this effectively and safely. These focussed on triggers for any changes in people's behaviour and the specific actions that staff should put in place to support that person.
- Relatives told us that staff were able to deliver care in line with the provider's guidance. One family member said, "They support (the person) with their challenging behaviour. From what I see they manage it very well. They talk to her and reason with her to calm her down."

Staff support: induction, training, skills and experience

- Staff had received the training and support they needed to care for people effectively. People told us they had confidence in the skills and knowledge of the staff. One person said, "The staff seem to be well trained."
- Training had been identified according to the needs of the people living at the service. These included dementia training, safeguarding, Mental Capacity Act (MCA) and moving and handling. Staff told us that training courses were informative and supported them to meet people's needs. One staff member said, "We can now have conversations and discussions with the trainer and she makes it so easy to understand. We use some of our own examples to help ourselves and others do the job."
- Our observations showed that staff used their skills effectively. We observed two people being transferred safely into their wheelchairs. Staff were patient and guided people throughout the process. One relative said, "She couldn't weight bear and was incontinent. Moving and handling, they manage it brilliantly here, I've watched them do it. It's all done very securely."

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

- People were supported to have enough to eat and drink and told us that they liked the food they received. One person said, "I like the food here."
- We observed people enjoying their meals during lunch. The food looked nutritious and staff ensured that food was kept warm prior to serving it. People who required additional support to eat were assisted by staff patiently.
- People were given choices of what they wished to eat and were provided with alternatives if they requested. One person who was a vegetarian was provided with omelette and salad.
- People's specific dietary needs were known and met effectively by staff. For example, some people

required their food to be modified as they had difficulty swallowing. We observed those people receiving their meals either pureed or cut up as per the guidance in their care plans. One person, who was diabetic, was observed being offered diabetic ice cream for their dessert.

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

- The design and decoration of the service was suitable and adapted to meet people's needs, keep them safe and promote social interaction. The main lounge was split into two areas, one of which was used by people as a quieter area to relax. Staff told us that the library was often used by people for quiet reflection and for use on special occasions.
- Staff ensured that the environment was safe for those who required support with mobility and for those living with dementia. We observed communal areas and corridors were free from trip hazards and contained signs and pictorial references to guide people to bathrooms and communal rooms.
- Staff ensured that moving and handling equipment was accessible and available to support people to move to and from communal areas.

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

- When people moved to the service from their homes, records showed that staff used information from local authorities and hospitals to inform their assessments and care planning to ensure consistent care was provided. One relative said, "It was a big change for her, from when she was at home. She had assessments and lots of meetings when she moved in."
- People had access to a range of healthcare professionals. Records showed that referrals to specialist services, such as the falls service and Speech and Language Therapists (SALT) were made in a timely manner.
- People told us that staff supported them to access healthcare when they needed it. One person said, "I know my own GP who is called in if I am not well". Another person said, "The GP came yesterday because I fell over, he said I was alright."

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 Act 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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to consent to their care and treatment had been considered and was documented appropriately. Where people lacked capacity to make specific decisions, appropriate assessments had been made. Decisions made in people's best interests were recorded to show how the decision had been made in accordance with the legislation. The registered manager had made appropriate applications for people where DoLS could apply.
- Where DoLS applications had been submitted, the registered manager monitored when they needed to be renewed and how conditions on authorisations were being met by staff. Records showed that staff were meeting the conditions on the relevant authorisation. For example, records showed that the registered manager had worked with a person's GP to ensure that appropriate records were in place for one person's

covert medication. Where necessary people had independent advocates involved to review the conditions on their DOLS. One person's conditions had been recently reviewed by their IMCA and found that conditions relating to monitoring weight loss and hearing aids were being met.

- Staff understood their responsibilities regarding the MCA and demonstrated a good knowledge on seeking consent and people's capacity to make decisions.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Since the last inspection, improvements had been made to ensure that people's dignity was maintained when they accessed communal bathrooms. We observed staff supporting people when they needed to use the toilet and ensuring that doors were closed to maintain their dignity. The registered manager had also ensured that door closers had been fitted so that should people access toilets independently, that they would close automatically, preserving their dignity.
- Staff treated people with dignity and respect when helping them with personal care tasks. One person said, "They are very good and cover me with a towel. By helping them I am trying to keep my independence." One family member said, "She is always clean and washed with new clothes on."
- People's dignity was ensured and respected when staff supported them with their mobility needs. We observed staff ensuring that people were comfortable and protected when supporting them to move. One relative told us, "My wife is always treated with dignity and respect, especially when she is hoisted into her chair – they are kind and compassionate."
- People were supported to be as independent as possible. Staff encouraged people to complete their own personal care and supported them when needed. One person said, "I can wash my front and they do the parts I cannot reach." One relative said, "Their approach to him is good. Because he is more independent, he is less needy. They seem very respectful to him."

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

- People and their family members told us that staff were kind and considerate. One relative said, "I am completely happy with the care my wife receives. I have peace of mind knowing she is well looked after. I would recommend Bannow to everyone. I give them 10 out of 10."
- We observed positive interactions between people and staff throughout the inspection. People appeared to be comfortable around the staff and there was a relaxed and friendly atmosphere.
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors could come to the service at any time and could stay as long as they wanted.

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

- People were supported to make their own decisions about how they wanted their care. People could choose when they wanted to get up and how they wanted to spend their day.
- Staff recognised that people may need support to be involved in their care and information was available if people required the support of an advocate. An advocate is an independent professional who can support

people to make decisions and express their views, and access information on their behalf.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- Improvements had been made since the last inspection to support people, including those living with dementia, to follow their interests and provide positive engagement. The registered manager had recruited a new activities co-ordinator and their approach had had a positive impact on those living at the service.
- People and their family members told us that they felt involved and looked forward to the activities available. One person said, "I always have something to look forward to." One relative said, "It's nice to see there's a new activities lady as he enjoys this more and is into activities. It's nice that he's gone out today, it keeps him interested and his brain going. He enjoys the stuff they do. Making models, drawing. He used to watch a lot of TV but he can't hear the TV on. Staff supported him to find other occupation. He is more able to do the activities they put on. When he talks to me about it he talks about what he likes."
- We observed people engaging actively in the lounge throughout the inspection with activities and interests. Staff were engaged in one to one conversations with people while others were involved in a range of activities that included music, arts and crafts, quizzes, and exercise. Staff were ensuring that more people were able to access the local community. One person, who was interested in gardening, had been supported to visit the local garden centre.
- People living with dementia were supported by staff who understood their needs and ensured they avoided social isolation. One person said, "I am never lonely." One relative said of their family member, "She won't join in with activities. She's always been like that. However, staff make attempts to engage with her. I've heard music being played. They went mad at Halloween and made a really good effort. They supported her to go out in the garden in the summer."
- All staff had received dementia training which they told us helped them greatly. One staff member said, "They gave us booklets that helped us afterwards. There was a lot I didn't know about the different variations of dementia. I'm more aware of what resident has what type of dementia now. This is really helpful." Another staff member said, "We go with the conversation and respond accordingly. There are lots of activities and we do reminiscence stuff. We support one person with a scrap book of old pictures so that they can reminisce."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences. Staff were knowledgeable about people's needs, including their personal history, their preferences and their cultural and religious needs.
- Changes in people's needs had been responded to effectively. For example, one person who had moved

to the service was experiencing periods of sleeplessness and agitation at night. Staff worked with the GP as their dementia had caused disruption to their sleep pattern and memory. Staff had worked towards encouraging a sleep pattern, providing a warm drink, lowering lights to encourage the person to sleep and to establish a good bedtime routine due to their dementia.

- Records showed that changes to people's needs had been transferred to their care plans. For example, changes had been made to one person's "Important information you need to know" and medication charts following a hospital visit that had identified they had developed an allergy.
- One relative told us staff had made a difference in their family member's life since moving to the service. They said, "Yes they are diligent. He had terrible mood swings at home. His diet is now good, and he gets his medicines when he needs to. It's changed him as a person. Since moving to the service, they've changed his whole way of eating and diet and it helps he's having his medication at regular times."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- Staff were aware of the need to meet people's communication and information needs effectively, and records showed that their obligations under the Accessible Information Standards had been discussed in staff meetings. Care plans had included details of how people's specific communication needs should be met.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and said they would be comfortable to do so if necessary. One person said, "I have no reason to complain, but I would tell the manager if anything was wrong."
- The registered manager responded well to any concerns raised. One complaint regarding staff behaviour was fully investigated and an appropriate written response was given to the complainant.

End of life care and support

- There was no one currently in receipt of end of life care although staff were provided with training on how to support people with support at the end of their lives.
- However, staff had ensured that, where appropriate, people's wishes and advanced information had been captured in end of life care plans. Staff had received training in supporting people at the end of their lives. They had also received guidance from a local authority frailty team who support people following hospital admissions.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had ensured that changes put in place following the last inspection had been embedded into practice. For example, the leadership team had ensured that opportunities for people's occupation and engagement had increased and our observations confirmed these improvements. The registered manager had hired a new and proactive activities coordinator who had sought to understand people's individual histories and wishes in order to provide a more person-centred approach.
- The registered manager had recognised the issues that were raised in the last inspection about preserving people's dignity and made adjustments to ensure that staff were more diligent, and that people's dignity was preserved.
- Professionals that worked in partnership with the service had recognised the approach of the registered manager in ensuring people received good care. One professional said, "My experience of working with the manager is that she presents with a genuine commitment to providing positive outcomes for clients, I also found the manager to be focused on what was required in order to develop and improve the service."
- The registered manager undertook a range of quality assurance audits to ensure a good level of quality was maintained. These included checks on medicine management, personal care, accidents and incidents, infection control and maintenance. The manager used these audits to drive improvements, identify trends and ensure quality care was provided. For example, one person had not been accepting support with a particular element of their personal care, the registered manager was able to address this.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check that appropriate action had been taken.
- Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. The provider understood their responsibilities under duty of candour. There were policies in place to support staff to respond appropriately should anything go wrong.

Working in partnership with others

- The registered manager had worked closely with local authority commissioners and care management teams. There was good partnership working with healthcare professionals such as GPs, Speech and Language Therapists and the falls service to meet people's needs.
- Staff and the registered manager understood the importance of partnership working in ensuring

continuity of care and seeking to improve. The service had received a quality assurance visit from the Medicines Optimisation in Carer Homes (MOCH) team. The registered manager had taken recommendations from their action plan to further improve medicine management.

- The registered manager had sought to improve their management of MCA and DoLS by working closely with the local authority's market support team. One professional said, "The manager has always received and acted upon my feedback positively."

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

- People, their relatives and staff provided positive feedback about the registered manager and how the service was run. One person said, "She is always in the lounge and talks to everyone." A relative said, "She is very friendly and openly answers questions." Our observations throughout the inspection supported this.
- The registered manager had worked towards promoting a positive culture in the service that was person centred and open. One relative said, "(The registered manager) is very much involved in getting in touch with the doctor or social services. I've always found her incredibly helpful. If I need to find out about anything, she always welcomes me in to chat." Another relative said, "The support from manager has been very good. There have been a few issues with finances and she has been helpful sorting those out. When she's not here, the next one down has been as helpful as they can be."
- Staff told us that the registered manager provided individual support to them both professionally and personally to allow them to be effective in their roles. One staff member said, "She's great when I have concerns. She shows me how to document things properly. If something needs improving, we have a discussion to see what will help. She will look for everyone's point of view and knows what they are doing." Another staff member said, "The manager is absolutely brilliant. My personal life when I came wasn't the best and she was very understanding and accommodating. She doesn't give herself enough credit. She doesn't realise how good she is."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their family members could give feedback about the service through annual quality assurance surveys. The provider had completed an action plan to use the comments received to inform improvements of the service.
- The registered manager told us that they had discontinued the key worker system as they felt it was not effective enough. Individual care staff now reviewed one person's care and care plans periodically so that they got to know people better and became more familiar with their support. The registered manager stated that this made the process more robust and allowed individual carers to become involved.