

Elysium Neurological Services (Badby) Limited

Badby Park

Inspection report

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Date of inspection visit:
25 November 2020
26 November 2020

Date of publication:
06 January 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Badby Park is a care home providing personal and nursing care for up to 68 people with high dependency support needs, complex care and rehabilitation. At the time of the inspection 64 people were being supported.

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

Medicines required improvement. We found issues with the administration, documentation and storage of prescribed medicines.

We found concerns with the oversight of the service. We saw limited evidence of audits being completed.

Records were not consistently completed, we had concerns that care was not being delivered within the prescribed timeframes. For example, repositioning charts, fluid charts and safety checks all had gaps in recording.

People had risk assessments completed and staff knew people well. However, not all information within the risk assessments was consistent with care plans.

People were protected against abuse. Staff understood and were trained in understanding and identifying signs of abuse. Staff knew how to raise any concerns.

Infection control was managed appropriately. We saw appropriate personal protective equipment [PPE] being used. The environment appeared clean and tidy. Cleaning schedules were in place.

Staff felt supported within their roles. Staff, people and relatives were encouraged to give feedback on the service. New surveys had been implemented to gain everyone's feedback and suggestions for improvement.

Complaints had been well managed. Relatives and staff all knew how to complain.

Referrals were made to professionals as required. We saw evidence of speech and language therapists, dietitians and occupational therapists being involved in people's care and support needs.

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

Rating at last inspection

The last rating for this service was good (published 29 December 2018).

Why we inspected

We inspected due to concerns relating to the number of safeguarding alerts received. As a result, we

undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at 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 coronavirus and other infection outbreaks effectively.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines and oversight of the service at this inspection.

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

Follow up

We will request an action plan for 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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Badby Park

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.

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

This inspection was carried out by two inspectors and a specialist nurse advisor.

Service and service type

Badby Park 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

We gave the service 48 hours' notice of the inspection. This supported the service and us to manage any potential risks associated with Covid-19.

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. 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 one person who used the service and four relatives about their experience of the care provided. We spoke with thirteen members of staff including the registered manager, service leads, nurses and care staff. We observed the interactions between people and staff.

We reviewed a range of records. This included nine people's care records and multiple 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 audits, feedback and procedures were reviewed

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 now deteriorated 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.

Using medicines safely. Assessing risk, safety monitoring and management

- Medicine management required improvement. We found concerns relating to the recording and administration of medicines.
- Diabetes medicine management was not consistently recorded and there was confusing information documented regarding when to administer additional medicines. The registered manager referred to the diabetes service immediately after the inspection to clarify all information and ensure correct procedures were followed.
- Specific medicine instructions were not consistently followed. For example, people who required medicines to be administered separately to other medicines did not consistently have these medicines administered correctly. The registered manager immediately changed the medicine administration to avoid continued errors.
- Prescribed Thickeners were shared by people within the same unit and not correctly stored. For example, we found tins of opened thickener with the prescription label removed being given to multiple people. In one unit the thickener was seen on a worktop in an open kitchen area. This put people at risk of harm from accessing other people's medicines. The registered manager implemented changes immediately.
- As and when required medicines did not always have a protocol in place to support staff in understanding the reason the medicine should be administered. One person had a protocol in place for medicine that was no longer required.
- Transdermal patch monitoring was not always in place. (A transdermal patch is a patch that attaches to your skin and contains medication. The drug from the patch is absorbed into your body over a period of time). Monitoring checks are important as patches are prone to falling off or accidentally being removed by the person which could result in unnecessary pain.
- People had individual risks assessed and strategies to mitigate the risks documented. However, not all strategies had been followed. For example, repositioning check forms did not always match the timeframe documented within the risk assessment. Hourly checks in place to ensure people were safe, were not consistently completed. We found gaps in the recording. However, we found no evidence of harm.
- Care plans, risk assessments and records contained conflicting information within them. For example, one person's file documented they could mobilise with a Zimmer frame, another part of their file documented they were hoisted whilst daily notes stated they mobilised by pushing along the floor. This meant some staff may be unaware of all the risks for a person.

We found no evidence that people had been harmed however, the provider had failed to ensure that care and treatment was provided in a safe way for all service users. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. Staff were aware of the safeguarding and whistle blowing policies and procedures and who to contact should they feel it necessary.
- Staff had received training in safeguarding and understood how to recognise signs of abuse and who to report to. One staff member told us, "I know the channels to go through and I would report them straight away".
- People and their relatives told us they felt safe. One person told us, "I feel safe, staff are nice and kind".

Staffing and recruitment

- Staff were recruited safely. Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks, including references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- Staff received appropriate training for their roles and responsibilities. Staff told us they felt supported with the training programmes in place.
- Staffing levels were appropriate to meet people's needs. The provider completed a dependency tool to review staffing levels.

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.

Learning lessons when things go wrong

- The registered manager made changes and adapted tasks when concerns were found. For example, a staff signature sheet was implemented after an incident and how information was shared with relatives was also changed after a complaint.
- The Manager was very receptive to the feedback given and gave assurances of the improvements to be implemented.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager did not have systems in place to identify when support and care was not delivered consistently. We saw evidence of gaps in recording on daily records, repositioning charts, food and fluid charts, bowel charts and safety checks. This put people at risk of not receiving safe care.
- We saw limited evidence of audits being completed for records of care. We found that records within care plans were not always kept up to date or accurate. For example, we found there to be missing information within care plans in relation to people's health conditions such as epilepsy and diabetes. This evidenced a lack of oversight.
- There was a monthly audit in place for medicines which was completed by an external partner. This audit had not identified concerns that were found during the inspection in relation to medicines management. An internal medicines audit had not been completed.

We found no evidence people had been harmed however, the provider failed to have sufficient systems to improve the quality and safety of care and maintain a good oversight. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood the regulatory requirements to report incidents and events to CQC. Our records showed these had been submitted as required.

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

- Staff demonstrated that they knew people well including their likes, dislikes and personal preferences. A relative told us, "They [Staff] know [person] well, we feel 100% trust in staff".
- Staff told us they felt supported in their roles. One staff member said "I feel supported. I feel staff take care seriously and we all try our best to make sure everyone's individual needs are being met."

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

- People and their relatives were asked for feedback on the service. A new survey had been implemented and feedback had not yet been analysed to identify improvements.
- Relatives told us they were able to feedback on the service and felt involved in the planned care. One

relative said, "We have regular reviews, staff are really good at keeping us updated, we can give suggestions and feel listened to".

- Staff received supervisions and there were regular staff meetings. One staff member said "I have a supervision meeting once a month. I am able to give feedback."
- People's communication needs were met. Information was made available in different formats to meet individual needs. For example, easy read, large print or pictorial.

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

- Complaints were appropriately recorded and managed. People and relatives told us when they had concerns these were listened to and the concerns rectified.
- The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

Continuous learning and improving care; Working in partnership with others

- The registered manager, nurses and care staff were open and transparent throughout the inspection and some areas of concern were addressed immediately during inspection.
- The service had an internal multi-disciplinary team including occupational therapists and physiotherapists. We saw evidence of referrals being made to external agencies when required including doctors, dietitians and speech and language therapists.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider failed to ensure medicines were managed safely.
Treatment of disease, disorder or injury	The provider failed to ensure that care and treatment was provided in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider failed to have sufficient systems in place to monitor and improve the quality and safety of care and maintain good oversight.
Treatment of disease, disorder or injury	