Bath Centre for Voluntary Service Homes

Bathampton Manor

Inspection report

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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
Bathampton Manor is a residential care home providing personal care to people aged 65 and over. The service can support up to 21 people. At the time of the inspection 16 people were living at the home.

The service is a listed building, with extensive gardens and grounds. There were communal spaces downstairs including a conservatory, dining room and two lounges. There were well-maintained gardens with level access.

People's experience of using this service and what we found
People were not fully protected from the risk of infection. Published guidance and best practice in infection prevention control had not always been embedded in the service's policies and procedures to fully reduce the risk of transmission of COVID-19. Staff were not always following guidance on the correct use of masks.

Notifications of important events had not been submitted to the Commission as required. Although governance systems were in place these did not identify shortfalls in the management of safeguarding concerns and accidents and incidents.

Medicines were managed and administered safely. Risk assessments were in place for people and contained plans to guide staff on how to care for people safely. Staff were recruited following safe recruitment procedures.

People were happy living at Bathampton Manor and were supported to retain their independence. We received positive feedback from people and their relatives about staffing levels and the care received by people. People could access a range of communal spaces. There was a happy and calm atmosphere. People were able to enter the garden freely and enjoyed the outdoor space available.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 13 November 2019). A targeted inspection was conducted (published 08 October 2020). At this inspection a previous breach in Regulation 12 (Safe Care and Treatment) had been met.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive comprehensive inspections.

Why we inspected
We conducted this focused inspection to assess if improvements had been made at the service in the domains of Safe and Well-Led. 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.

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.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bathampton Manor 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 Regulation 12 (safe care and treatment), Regulation 17 (Good Governance) and Regulation 18 registrations (Notifications of other incidents) at this inspection.

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

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

Follow up
We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Bathampton Manor

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
The inspection was conducted 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.

Service and service type
Bathampton Manor 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
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since

the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection-
We spoke with three people and six staff members which included the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, accident and incident records and audits were reviewed.

After the inspection
The Expert by Experience spoke to seven relatives after the inspection. We spoke to another staff member. We continued to seek clarification from the provider to validate evidence found in relation to procedures, health and safety information and audits.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. 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.

Preventing and controlling infection

- Infection prevention and control (IPC) was not always managed safely. We observed staff, including senior staff, not wearing face masks in line with government guidance. For example, the mask being positioned under the nose or repeatedly slipping down to expose the nose and mouth and requiring readjustment.
- Entry arrangements for staff and visiting professionals were not in the homes policies and procedures. This meant entry systems had not been considered sufficiently in terms of reducing the risk of COVID-19 entering the service
- Some staff entering the home to work walked through the communal areas of the building before they had put on their Personal Protective Equipment (PPE), including face masks. When staff entered the home through the lounge area this increased the risk of COVID-19 entering the service as PPE and hand sanitiser was not available at this point of entry.
- There were not suitable points on the lower floor to dispose of used PPE safely and reduce the risk of cross infection.
- The service was observed to be clean. However, records of cleaning were not being kept to demonstrate how COVID-19 IPC cleaning guidelines were being met and when frequent cleaning of high risk areas was being carried out.
- The coronavirus policy, dated August 2020, had not been updated and provided inaccurate guidance for staff. For example, around self-isolation periods and symptoms.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults from abuse. Staff were clear about how to recognise abuse and their duties to report concerns.
- Whilst concerns were reported, records did not always show what actions had been taken in response or if the service's safeguarding procedures had indicated further action. For example, on three occasions unexplained bruising was found on people but records did not show what, if any, action had been taken.
- People and relatives said they felt safe at the home. One relative said, "I think [Name of person] is very

safe." Another relative said, "[Name of person is extremely comfortable here, they do everything to keep [Name of person] safe."

Learning lessons when things go wrong

● Accident and incidents were reported and recorded. However, we found records were not always fully reviewed to ensure sufficient actions had been taken to reduce the risk of reoccurrence. For example, one person who had fallen in November 2020, December 2020 and been found on the floor in January 2021. There were no recommendations or post incident records to demonstrate how the risk of future incidents had been reduced.

● There was limited analysis of accidents and incidents for patterns and trends. Further consideration of when and how accidents happened, and the subsequent adjustments made would enable the service to review if actions taken had been effective in reducing reoccurrence. The nominated individual said this would be addressed.

Assessing risk, safety monitoring and management

● Risk assessments were in place for people, for example around mobility, fire safety and accessing the community. People were encouraged to maintain their independence.

● Assessments were conducted on equipment to ensure it was safe for the intended purpose. This included electricity, gas and the lift. However, records were not available to fully review in relation to legionella, safe water temperatures and environmental risks.

● Fire procedures were in place. Regular checks were undertaken internally and externally in relation to fire safety. A business continuity plan was in place should an unforeseen situation occur such as flooding or power failure. We found that a fire drill had not taken place since 2019.

Staffing and recruitment

● Staffing levels were kept at the level deemed safe by the provider. A staff member told us, "Yes there is enough staff." The service had a consistent staff team and rarely used agency staff. Observations demonstrated staff had enough time to spend with people.

● Recruitment procedures were followed. This included a Disclosure and Barring Service check (DBS) and satisfactory references. One staff member did not have their education and employment fully documented.

Using medicines safely

● Medicines were stored, managed and administered safely. Medicine Administration Records (MAR) were completed accurately.

● We identified four people where their known allergies were not showing on the printed MAR. However, this information was clear on the medicine profile. The deputy manager said this would be addressed.

● Temperatures of medicine storage areas were monitored. Medicines that required additional storage in line with legal requirements were stored and checked appropriately.

● Protocols for, 'as required' medicines were in place. These guided and recorded when people had additional medicines and monitored the effectiveness.

● Medicine audits were conducted monthly and identified areas for improvement.

Requires Improvement

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 remained the same. 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; Continuous learning and improving care

- All registered services must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. We use this information to monitor the service and to check how events have been managed.
- Notifications were not always submitted as required. Two notifications in relation to a serious injury and two Deprivation of Liberty Safeguards (DoLS) notifications had not been submitted.

The failure to submit notifications was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service and on their website. It was highlighted that the assessment rating on their website could be more visible. This was addressed immediately.
- Provider visits and manager audits were completed. However, some audits were not detailed and therefore did not identify areas to take forward for improvement. The health and safety audits were generalised and did not show what had been found in different parts of the service. For example, work required on first floor hallway.
- There was a lack of effective audits in operation at the service. During our inspection we identified shortfalls in the management of accidents and incidents, safeguarding and IPC. The provider did not have systems in place which identified this. The provider had failed to ensure important events were notified to the commission as required by the regulations. There was no system of oversight in place to monitor these responsibilities were being met.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Refurbishments needed were being completed. These were reviewed at board meetings and had been carried out. One staff member said, "The manager has a programme." However, there was not a formal plan of identified work to review.
- Relatives were positive about managers and staff. One relative said, "The managers are excellent and have patient and understanding staff."

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

● The service had a calm and cheerful atmosphere. One person said, "I am happy at Bathampton." One relative said, "The care and support they provide is very good". Another relative said, "[Name of person] enjoys the food and is happy."

● We observed people sitting outside enjoying the sunshine and the grounds at Bathampton Manor. People told us about the Easter hats they had decorated and were wearing. Staff spent time talking with people.

● The service had kept people stimulated and engaged through a variety of in house activities. This had been especially important when visitors were limited.

● Due to the current restrictions at funerals the home had held a remembrance day so people could pay their respects and celebrate a person's life.

● Staff said they had come together and worked well as a team during the pandemic.

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 a full understanding of the duty of candour. Relatives told us they were kept well informed. For example, one relative told us they had been updated after their family member had a fall.

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

● Relatives said there was good communication. One relative said, "They email family and relatives to inform of all changes and how they are handling visits safely."

● Staff meetings took place. One staff member said, "Things get discussed and we can bring things up." Daily handovers took place and staff said they were apprised of relevant information and changes.

Working in partnership with others

● The home had established links with the local community. Due to the COVID-19 pandemic this had been restricted in the previous 12 months.

● The home had a good working relationship with their local health professional who visited the service regularly. The registered manager said, "The relationship is good."

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not always ensured notifications had been submitted as required. Regulation 18 (1) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not always ensured governance systems were effective in assessing and improving the quality and safety of the service. Regulation 17 (1) (2) (a) (b)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not fully assessed and minimised the risk of the spread of infections. Regulation 12 (1) (2) (h)

The enforcement action we took:

We issued a warning notice