

Hallmark Care Homes (Banstead) Limited

Banstead Manor Care Home

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Banstead Manor Care Home provides nursing and residential care for up to 77 older people. On the day of the inspection 36 people were living at the service. Banstead Manor Care Home accommodates people across three floors in a newly built setting. One floor specialises in providing care to people living with dementia.

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

People told us they felt safe and that staff were kind and caring towards them. People told us they were supported with their healthcare needs and we confirmed this from records we reviewed. People received their medicines on time and were supported to administer their medicines independently if they wished to.

There were sufficient staff at the service to support people with their needs. Staff were aware of risks associated with people's care and ensured people were provided with the most appropriate care. Care plans including the management of risks were recorded in a comprehensive and person-centred manner. Safety checks of the premises and equipment were undertaken and plans were in place to protect people in the event of a fire.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Staff were supervised in their role and told us they felt supported. Staff were clear on the governance structure of the service and knew their roles and responsibilities.

There were systems in place to monitor the quality of care provided. People and relatives told us they knew how to complain and were confident that complaints would be listened to and addressed.

Staff told us they felt they could approach the leadership team if they had any ideas on areas of improvement in the running of the service.

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

Why we inspected

The inspection was prompted in part due to concerns we received in relation to infection prevention and control practices and the management of the service. We undertook this focused inspection in line with our current methodology in the COVID-19 pandemic. We reviewed the information we held about the service. This report only covers our findings in relation to the key questions Safe and Well-led. Because we did not inspect all five key questions as part of this service's first inspection, we have not given an overall rating for the location.

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.

We found no evidence during this inspection that people were at risk of harm in relation to infection prevention and control practices. Please see the Safe section of this full report.

The overall rating for the service is Inspected but not rated. The service has been rated as Good in the key areas of Safe and Well-led. This is based on the findings at this inspection .

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 well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Banstead Manor 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 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.

This service was registered with us on 24 May 2019 and this is the first inspection .

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Banstead 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 recently appointed manager who has submitted their application to the Care Quality Commission to become the registered manager. This means that the provider is 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 reviewed information we had received about the service. We sought feedback from the local authority and healthcare professionals who work with the service.

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 used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the registered manager, hospitality manager, the registered nurse on duty, senior care workers, care workers and the chef. We observed communal areas of the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate information we received and evidence we found. We looked at training data and quality assurance records. We spoke with five relatives, one healthcare professional, the local authority and an external professional.

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 for this newly registered service. 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 told us they felt safe with staff. One person said, "The staff are really lovely here and they go out of their way. I feel very safe." A relative said, "I have no doubt Mum is safe. I can do nothing but praise everybody."
- Staff understood what constituted abuse and the actions they would take if they suspected abuse. One member of staff said, "I have had training. I would have no concerns reporting it. There is a policy in the office. I would inform my manager and I would whistleblow without hesitation."
- Staff received safeguarding training and held regular meetings to discuss potential safeguarding incidents, including daily heads of department meetings.
- We saw that when concerns had been raised, the service reported these to the local authority and investigated appropriately.

Assessing risk, safety monitoring and management

- Care plans were in place to identify and manage known risks. Risks had been assessed and there was comprehensive information on the steps staff should take.
- We reviewed records including those relating to the management of falls, the risk of malnutrition and the management of seizures. For example, one person who was at risk of falls had a sensor mat in place and staff were required to support them to walk with their frame.
- The provider had a fire emergency plan in place and people had personal emergency evacuation plans. Fire exits were clearly marked and free from obstruction. Staff understood what to do in the event of a fire.

Staffing and recruitment

- The provider followed effective and safe recruitment practices. This included requesting and receiving references from previous employers and checks with the disclosure and barring service (DBS). A DBS check is a record of a prospective employee's criminal convictions and cautions. Where necessary, these included evidence of up to date registration with the Nursing and Midwifery Council (NMC).
- People and relatives told us that there were enough staff. One person said, "I never have to wait long [when using the call bell]." Another person said, "Sometimes I have to wait a little longer at night but I do think there is enough staff. On the whole the service is wonderful." A member of staff told us, "I think there are sufficient staff. We highlight if we need more staff and people get care when they need it."
- We observed call bells being answered quickly and there were sufficient staff during meal times to support people.

Using medicines safely

- People's medicines were managed in a safe way. People's medicines were recorded in electronic medicine administration records with a photo of the person, allergies and guidance including for 'as required' (PRN) medicines.
- Where topical medicines needed to be applied, there were body maps in place informing staff where to apply these.
- Medicine competency checks were carried out regularly to ensure staff had the appropriate skills required to administer medicines.
- People were supported to administer their medicines independently if they wished to .

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 provider had monitored accidents and incidents to look for trends and lessons that could be learnt. For example, the accident analysis relating to moving and handling practices was reviewed and in response, the service appointed a further in-house moving and handling trainer to work with staff to further develop knowledge in this area to better support people.
- Action had been taken to reduce the risks relating to accidents and incidents and appropriate management plans were in place to reduce the likelihood of it happening again. For example, where one person had fallen, staff had contacted the GP and care plans were reviewed. The person's falls had reduced as a result of the actions taken.

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

- People and relatives were complimentary about the manager. One person said, "I know the manager and who to complain to if I need to." Another person said, "I think it's managed well."
- Staff were positive about the Management of the service. One member of staff told us, "I feel well supported." Another member of staff said, "I definitely do feel supported. I feel I can speak to the manager about my wellbeing"

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

- There was a clear structure in place for staff to follow and staff had received regular supervisions. One member of staff told us, "We have open and honest relationships."
- Staff told us that the communication in the service and the leadership structure is clear on what was expected. One member of staff said, "There is good communication with carers and nurses." Another member of staff said, "I have regular supervisions and can ask for one-to-ones if I want to talk about a concern."
- Where we pointed out any areas of concern on the inspection, the manager communicated with us during the day of the inspection to inform us when these had been addressed. For example, where an issue around the administration of medicines was identified, the leadership team took the concerns seriously and put plans in place to monitor this. The provider confirmed this during and after the inspection.
- Audits of care took place including for the risks of developing pressure areas, health and safety, infection prevention and control, care plans and weight loss. Where actions could be completed immediately following the audit this was done. Where actions were more complex, these were added to the home's long-term action plan.
- Daily meetings took place in the mornings when heads of department met to discuss changes in people's needs and what care was required.

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

- People and relatives had the opportunity to attend meetings to feedback on the service. The meetings were also used to update people, such as when an activities lead had been recruited to the service. The

provider had sent regular surveys to people and staff. The service had recently held a virtual relatives' meeting and was planning a virtual staff meeting.

- The service looked at recruitment strategies including conducting exit interviews and staff surveys to highlight areas of improvement during the recruitment and induction process in order to reduce staff turnover.
- Staff told us they felt valued and supported. One member of staff said, "I definitely feel well supported." Another member of staff said, "If I have an issue I will go to [head of department]. She has an open-door policy. I feel I have a voice."

Continuous learning and improving care; Working in partnership with others

- People and relatives told us they felt the service would take action if they identified areas for improving care. One relative told us when they raised a concern about an element of care, the staff at the service ensured they reduced the risk of this happening again.
- We saw from care plans that people had involvement with healthcare professionals including the speech and language therapist and community mental health team. Where recommendations had been put in place, staff were ensuring this had been incorporated in people's care.
- Staff told us that they discussed incidents and accidents during morning meetings and how to reduce the risk of these happening again. For example, where staff had identified that they required further support, the provider deployed a further member of staff to the unit.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of significant events including significant incidents and safeguarding concerns.
- Relatives had been contacted when there had been changes to healthcare needs or when there had been an incident. One relative told us, "They phone me each day with an update on [person]." Another relative said, "[The service] always call me and would talk to the doctor [if there are concerns]."