Cheriton Care Centre Limited

# Badbury Care Home

## Inspection report

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Date of inspection visit:
14 January 2019
15 January 2019

Date of publication:
04 February 2019

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The inspection took place on 14 and 15 January 2019 and was unannounced. □

Badbury Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Badbury Care Home is registered to accommodate 33 older people. The home was split over two floors with the first floor having access via stairs or a lift. On the ground floor there are various lounges, smaller seating areas and a dining room. There was level access to the outside patio and garden areas. There were 24 people living at the service at time of inspection.

At our last inspection in November 2017 we rated the service 'requires improvement'. At this inspection we found that improvements have been sustained and further positive developments have been made.

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse and who to report this to if abuse was suspected.

Staffing levels were adequate to provide safe care and recruitment checks had ensured staff were suitable to work with vulnerable adults. Staff had received an induction and continual learning that enabled them to carry out their role effectively.

Staff received regular supervision and felt supported and confident in their work.

When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm.

Medicines were administered and managed safely by trained and competent staff. Medication stock checks took place together with daily and monthly audits to ensure safety with medicines.

People and their relatives had been involved in assessments of care needs and had their choices and wishes respected including access to healthcare when required. The service worked well with professionals such as doctors, occupational therapists and social workers.

People had their eating and drinking needs understood and were being met. People had mixed views about the quality, variety and quantity of the food.

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

The registered manager actively sought to work in partnership with other organisations to improve outcomes for people using the service.

People, their relatives and professionals described the staff as caring, kind and approachable. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they could communicate their needs. Their life histories were detailed and relatives had been consulted.

The home had an effective complaints process and people were aware of it and knew how to make a complaint. The service actively encouraged feedback from people, their relatives and professionals.

People's end of life needs were assessed. The records showed that people and their relatives had been involved in these plans. Feedback received by the service showed that end of life care provided was of a good standard.

Activities were provided and these included staff, people and their relatives. Individual activities were provided for those that preferred them.

Relatives and professionals had confidence in the service. The home had an open and positive culture that encouraged the involvement of everyone.

Leadership was visible within the home. Staff spoke positively about the management team and felt supported.

There were effective quality assurance and auditing processes in place and they contributed to service improvements. Action plans were carried out and lessons learnt.

The service understood their legal responsibilities for reporting and sharing information with other services.

## 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.

There were sufficient staff available to meet people's care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained and competent to give medicines.

Lessons were learnt and improvements were made when things went wrong.

### Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and effective systems were in place to deliver good care.

Staff received training and supervision and they were confident in their role.

People were supported to eat and drink enough and dietary needs were met.

The premises met people's needs and they were able to access different areas of the home freely.

The service worked well with health professionals and people had access to services when they needed them.

### Is the service caring?

Good

The service was caring.

People were supported by staff that treated them with kindness and respect.

Staff had a good understanding of the people they cared for and supported them to make decisions about their care.

People were encouraged to be independent.

There was a relaxed and friendly atmosphere in the home.

## Is the service responsive?

Good

The service was responsive.

People were supported by staff who had a person-centred approach to deliver the care and support they required.

People were supported to access the community and take part in activities within the home.

A complaints procedure was in place and was effective, people knew how to complain.

People's end of life preferences had been discussed and plans were in place.

## Is the service well-led?

Good

The service was well led.

The management team promoted inclusion and encouraged an open environment.

The service worked well in partnership with other agencies and were developing their relationships with professionals.

Quality assurance systems were in place which ensured the management had a good oversight of the service.

The home was continuously working to learn, develop and improve.

# Badbury Care Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 14 and 15 January 2019. The first day was unannounced and the second day announced. The inspection team consisted of two inspectors and an expert by experience on day one and two inspectors on day two. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We reviewed monthly improvement progress plans the service had sent us.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people who used the service and two relatives. We spoke with the registered manager, deputy manager, operations director, activities co-ordinator, one senior carer, six staff and the chef. We received feedback from three health and social care professionals who worked with the service.

We reviewed six people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at four staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

# Is the service safe?

## Our findings

At our last inspection, in November 2017, we found that improvements had been made to ensure the service was safe. However, we wanted to be sure the service could sustain these improvements. At this inspection, we found that those improvements had been sustained and developed further.

People felt they were safe living at Badbury Care Home. Staff told us that people were kept safe, they felt confident about this, with one staff member saying, "We have a good team here, we help each other and the residents come first". We saw that risk assessments, policies, audits, quality assurance and support systems were in place. People told us, "I do feel safe here, my possessions are safe also". "Yes, I do feel safe here". One relative told us, "I think my loved one [name] is very safe here, we have no concerns for them".

People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines, were trained and had had their competency assessed by the management. The service had a medication lead and they were responsible for audits and stock checks. Medicine Administration Records (MAR) had a photograph of the person, their medical conditions and allergies. Staff cross checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR's were completed and audited. We observed a member of staff explaining to a person what each medicine was for when supporting them. Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. These were recorded on the reverse of the MAR. Body map diagrams were used to show where prescribed creams needed to be applied. A health professional told us, "Staff are vigilant regarding medication".

The service had enough staff on duty to meet people's needs. The registered manager used a dependency tool to determine how many staff were needed and each person's needs were assessed. A person told us, "I never feel rushed, they have time to deal with me". Another said, "The staff are available when I need them". A staff member told us, "We have enough staff and we have been recruiting more staff recently". Staff told us they were happy with the hours they worked within the service. A relative told us, "In our observations the staff are always available". A professional said, "Staff are always busy but there are enough". The registered manager told us, "One of our biggest challenges is recruiting the right staff". Records showed staff retention was good within the service.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection prevention and control and this

contributed to keeping people safe. All areas of the home were tidy and clean, the service employed domestic staff. A relative told us, "This home is kept clean, as is the equipment". We observed staff changing gloves and aprons throughout the day. There were gloves, aprons and hand sanitiser supplies in various places throughout the home. Staff received training for the prevention and control of infection and could tell us their responsibilities. A health professional we received feedback from described the service as 'very clean'.

All staff members prepared and served food from the kitchen and had received food hygiene training. The service had received the highest Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

Staff demonstrated a good knowledge of recognising the signs and symptoms of abuse and who they would report concerns to both internally and externally. Records showed all staff had received training in safeguarding adults. A staff member said, "I would look for a change in mood, a person may become withdrawn. I would talk to the person and then speak with my manager. If this was not possible I would speak to the police or safeguarding". The registered manager was very clear of the homes responsibility to protect people and report concerns.

Accident and incidents were recorded and analysed by the registered manager. Actions were taken and lessons were learned and shared amongst the staff through daily handovers. Measures were put in place to reduce the likelihood of reoccurrence. Examples were a person who had frequent falls was referred on for specialist input with a view to reducing the falls. The registered manager analysed the reports to try and identify patterns. In addition to accident and incident forms, people who had frequent falls had a falls diary. The registered manager told us the falls diary helped them communicate with relevant professionals quicker as the information was on one page. They told us this made identifying trends easier. The registered manager told us that analysis was now easier to complete. An example was that the registered manager was looking at the time of day that people fell to see if there was a pattern.

Lessons were learnt when things went wrong. We saw evidence of this within the accident and incident follow up and in the complaints process. The registered manager told us, "You need to understand where you have gone wrong. It's a learning curve each day. We put measures in place to ensure it doesn't happen again".

Risk assessments were in place for each person for all aspects of their care and support along with general risk assessments for the home. The risk assessments were reviewed regularly or as things changed and staff had access to them each day when delivering care through the electronic care plan system. An example was that a person had fallen and sustained a fractured hip. The risk assessment had been updated with clear instructions for the staff to ensure the person was not put at further risk while they recovered. A staff member told us that the electronic care planning system is updated with people's risk assessments and any changes. They said, "It's information that's readily available so we know more about each resident".

Environmental risk assessments were in place which assessed risks in the home such as heating, hot water and equipment. The service had maintenance staff who managed health and safety within the home and carried out various visual and maintenance checks both weekly and monthly. All electrical equipment had been tested to ensure its effective operation. People had personal emergency evacuation plans (PEEPS) which told staff how to support people in the event of a fire. Staff accessed these on the electronic care planning system. All staff had received fire safety training.

Good

# Is the service effective?

## Our findings

At our last inspection, in November 2017, we found that improvements had been made to ensure the service was effective. However, we wanted to be sure the service could sustain these improvements. At this inspection, we found that those improvements had been sustained and developed further.

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.

The home met the requirements of the MCA. Assessments had been carried out for people who lacked capacity to make certain decisions. Following this the service had held best interest decision meetings which involved the person, family members and medical professionals. The service had clear documentation for assessment and planning for those who lacked capacity to ensure people's rights were protected. Staff had received MCA training and were able to tell us the key principles. Staff records showed training had been completed.

Consent to care was sought by the service from those that had capacity and this included consent for photographs, medicines and bed rails. People's records showed signed consent for care or decisions made in people's best interest if required. A person told us "The staff always seek my consent".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. Records and observed practice showed conditions were being met. The registered manager had a good understanding of MCA and applications made under DoLS had been completed where necessary.

The service had an induction for all new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Many of the staff told us they held or were completing the Care Certificate and health and social care diploma's which were supported by the home.

Staff received training and support needed to carry out their role effectively, they told us they felt confident. Staff received training on subjects such as safeguarding, dementia, infection control and fire safety. A staff member told us, "Our training is regular, we have question booklets, it keeps us up to date". People told us; "They do have well trained staff here". A relative said, "The staff do have the skills to deal with my loved ones needs".

Staff told us they had regular supervision and appraisals, they felt these were positive experiences and that they were a two-way process. Supervision records showed they were completed jointly between the registered manager or deputy manager and staff. One staff member told us "Supervisions are regular. I have one booked for this week. I usually have the registered manager [name] or the deputy manager [name]". Another staff member said, "When I have supervision I feel supported and appreciated".

People were supported to eat and drink enough and they gave us positive feedback about the food. We observed staff supporting people to eat and drink by giving various levels of support. A relative told us, "The staff are always available when my loved one is eating, to assist them". Staff had a good understanding of people's needs regarding food intake and special diets. We saw people had input and assessments by Speech and Language Therapists (SALT) and their instructions were being followed. The chef told us, "I have a list of the special diets and it is updated as there are changes". There was a four-week rolling menu, this was discussed with people during resident's meetings and suggestions added.

Where people were at risk of losing weight, there were plans in place to offer them more regular food and drinks with higher calories such as fortified milkshakes. People and relative's comments about the food were; "The food is good here and there is always a choice". "My loved one likes the food here and they will make them something different if they want". "There is always a choice of meals, I like the food here very much". "The food is good, there is a choice, they will always make me something I fancy". "Our relative does enjoy the food here".

We observed the meal time to be a calm and relaxed social occasion with people having various discussions between themselves and with staff. Food looked appetising and plentiful. Tables were laid with condiments and a selection of soft drinks was available and offered to people throughout the meal. Tea and coffee were served with biscuits and cakes throughout the day. Various snacks were offered to people in the mid-morning and again in the afternoon. The service had individual portions of butter and jams for people to have choices at breakfast and encourage independence.

People were supported to receive health care services when they needed. All records seen showed evidence of regular health care appointments and medical or specialist involvement. The registered manager said they had improved their links with medical professionals and were comfortable to seek their input when needed. A person told us, "I use the visiting doctor if needed". A medical professional who was visiting the home told us, "They request us in a timely way. They always follow the plans and call us for further advice".

The service was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. There was stairs and a lift in place for access from the ground to the first floor. People's bedroom doors were brightly coloured and included a name plate to aid orientation. There were various lounges and smaller seating areas and we saw people using these to meet with their relatives. There was level access to the rear gardens and patio area's and out onto the pathways at the front of the home.

Good

# Is the service caring?

## Our findings

People, their relatives and professionals thought staff were kind and caring. People told us; "They [staff] are all kind and caring, they are lovely". "The staff are very caring and supportive". "The staff are caring towards me and other residents". "The staff are respectful and we do like to have a joke between us". "The staff are marvellous, supportive and caring always". A relative said, "The staff are very caring towards my loved one".

People were treated with dignity and respect. We observed many respectful interactions during the inspection, staff were attentive to people when they asked for them. A relative said, "The staff do treat our loved one with dignity and respect". A person said, "The staff are respectful at all time towards me". Another person told us, "The staff are respectful and always polite to me". Staff members told us they knew how to show dignity and respect to the people they cared for. A member of staff told us, "I always knock the door, offer them choices, give privacy and encourage independence". Another said, "I give them eye contact, offer choices, I ask them what they want".

We observed staff encouraging people to be independent. An example was a member of staff walking with a person who was uncertain of whether they could do it. The member of staff was giving verbal encouragement and reassurance, the person thanked the member of staff for their help. The member of staff said, "It's important that people do what they can". The registered manager told us, "It has always been my passion to promote dignity and independence".

People's cultural and spiritual needs were respected. People's cultural beliefs were recorded in their files and they were supported to attend religious services which visited the home monthly. The registered manager told us they had made good links with local churches.

People told us they were happy with the care they received. Comments from people and their relatives included; "The staff always knock on my door first, they always say 'you're welcome' when I thank them for something". "I am treated properly with respect". "It's a nice place to live". A health professional told us, "When they [staff] are with a resident, they focus on them, they give them their time". There was a calm and relaxed atmosphere in the home. We observed staff spending time with people individually and in groups in the lounge and seating areas. A professional said, "It's a homely home".

People were encouraged to make decisions about their care. People and their relatives were as involved as they could be in their care plans. Records showed input from the person, their family and professionals. There was a system for review in place and records showed this was regular. Life histories contained information that was important to people and these were being developed further by the activities coordinator. A person told us, "I can do what I want each day rather than what is planned". Another said, "You can choose what you do, there is no pressure". We observed staff asking people what they want to do and offering choices.

The service had received many compliments about the care they give. These read; 'Thank you for all the care and happiness you have given to our relative [name]. They felt part of a family and community again, they

were no longer lonely'. 'Thank you all for the care that you gave our loved one [name] which we have appreciated. This was delivered with such dignity and respect'. 'I don't know where to start in thanking you all for all the loving care that you gave our loved one'.

Good

# Is the service responsive?

## Our findings

People's needs and choices were assessed and care and support was provided to achieve effective outcomes. People had individual care plans for each aspect of their needs, some examples were, personal care, medication, oral care, nutrition, hydration, mobility and dexterity. Records showed people were involved in these plans and they were reviewed regularly. This meant people were receiving the care that was important to them and met their individual needs. The service was responsive when things needed to change. The service had an electronic care planning system that updated information immediately to all staff handsets. We saw that special instructions following a GP visit were added to the system as an alert. A member of staff told us, "You can instantly go into an alert and find out more information for the residents". The registered manager told us they were responsive to people's needs and said, "We are a home for life, their [people] needs change and we make sure we recognise and review that".

People told us that there were a lot of activities inside and outside of the home. The home had a variety of activities for people to enjoy and had a photo book of past activities. The service produced a weekly plan of activities and employed an activity co-ordinator and activity staff including a staff member who works with people on a one to one basis. People and relative's comments about the activities were; "I do enjoy the activities, there is something on everyday". "They take us out on trips from time to time". "I love the activities". "My relative [title] has health problems but they do try and include them in the activities". "If you want to do something then they try to fit it in, that's if it's not already included". A health professional told us, "They [people] are offered good stimulation. Sometimes residents choose to decline activities. Staff always look for other ways to engage them". We saw flower arranging, musical entertainers and one to one activities.

The service arranged both group and individual one to one activity sessions for people. The service prepared the activity schedule weekly and we saw these were displayed around the home and in people's bedrooms. The activity co-ordinator told us, "Everyone has a chance to contribute. It's important that everyone has a voice". The activity co-ordinator told us they were passionate about the activities and said, "I love life, I want to bring that to others". The registered manager told us, "We have invested a lot of time and effort into the activities within the home. We have employed staff and they are far more engaging and varied. Feedback from people is that they enjoy the level of activity offered". Records showed people were involved in either group activities or one to one sessions each day. Their level of engagement was noted and this was monitored within the care plan reviews.

People knew how to make a complaint and the service had a policy and procedure in place. Records showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction. A person told us, "I have raised one problem and it was dealt with straight away". Another person said, "If I had any problems I would talk to the senior nurse". A relative told us, "If there was a problem I would speak to the manager".

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard (AIS) is a law which requires services make sure people with a disability or sensory loss are given

information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with the AIS. People had a communication care plan where it stated their individual needs and gave instructions to staff on how to effectively communicate with the person.

At the time of the inspection no one at the service was receiving end of life care. People's individual end of life wishes were recorded by the service in their care plan. Some people had made advanced care plans. Records showed staff have received training in end of life care. There were compliments about the service regarding their end of life care and support. We read, "We cannot thank you enough for making our loved ones [name] stay at the home a 'happy one'. We know they loved it there. The exceptional dedication and care given to them within the last month was very much appreciated".

Good

# Is the service well-led?

## Our findings

At our last inspection, in November 2017, we found that improvements had been made to ensure the service was well led. However, we wanted to be sure the service could sustain these improvements. At this inspection, we found that those improvements had been sustained and developed further.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had a clear vision for developing the service. The registered manager told us, "I don't think you should ever stop learning and improving". They told us that they felt the service had improved over the past 12 months and said, "It's been about developing the team, for them [staff] to take ownership of things". The registered manager said they maintain oversight of the service by, "being here, talking to people. Ensuring I see professionals when they come into the home. Sometimes I sit in the dining room and work just to be in amongst it all".

The registered manager had created an open working culture and told us, "It's their [people] home, we are privileged they let us come in. The residents, it's all about them". People, relatives and staff told us that the registered manager was approachable and accessible. The registered manager told us, "Our staff are genuinely caring and it shows. You have to have passion".

Staff, relatives and people's feedback on the management of the home was positive. Staff felt supported. The comments included, "The home runs very smoothly, it must be well managed". "The manager is very nice and always helpful". "If you have an issue, they [registered manager] will sort it". A health professional who worked with the service told us, "The registered manager is very approachable and staff seem happy in their work".

The service sought people's feedback and involvement through meetings and minutes of those meetings were available. The service had conducted various surveys with people and relatives, we saw recent surveys had been about general satisfaction, menus and activities. Survey results showed that satisfaction of the service was positive. However, the response rate was reduced from the previous year. The results were analysed and action plans created. An action plan example was to improve the response rate from surveys in 2019 and to ensure meeting minutes are sent out to people and their relatives.

The service had made links with various community organisations such as local churches, preschools and charitable organisations. The activities co-ordinator told us that they are part of a group in the community to raise awareness of dementia. The service has been engaging with the shops and businesses in the local community to become 'dementia friendly'. The activities coordinator was working with the registered manager to build links between the service and the community. The service has provided 'care talks' for members of the public to educate and inform. It was a focus of the service to get people back into their

community. The registered manager told us, "Our relationship with the community, we have tried to improve that. We have worked really hard at those relationships". The activities co-ordinator told us it was important to get people back into their community, many people are from the local area.

Learning and development was important to the management of the service. The registered manager attended quarterly managers meetings, regular learning hubs, care home provider forums and used online guidance and publications to keep updated. The registered manager told us they had attended training regarding employment law and received support from the providers quality manager. The registered manager told us they link with other registered managers in the organisation and feels these support networks are vital for sharing good practice.

The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They confidently told us the circumstances in which they would make notifications and referrals to external agencies and showed us recent records. The registered manager told us they were supported well by the operations director and senior management team. Where the registered manager had not completed the audits, themselves they had signed them off as reviewed. They told us, "It's important for me to have the oversight".

Quality assurance systems were in place to monitor the standard of care provided at the service. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. Systems were in place for learning and reflection. The registered manager and deputy manager had completed various audits such as infection control, medication, accidents, incidents and health and safety. An example was that the health and safety audit had identified damaged carpet in a communal area, the action from this was a temporary repair and an arrangement had been made to replace the carpets.

The registered manager told us they have worked hard at improving their relationships with professionals and have received good feedback from many of those who work with the service. A health professional told us, "I enjoy working with everyone, staff and residents in the home".