

Maria Mallaband Limited

Batley Hall Nursing and Residential Home

Inspection report

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Batley
West Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Batley Hall Nursing and Residential Home is registered to provide nursing and residential care for up to 51 older people, some of whom live with dementia. On the day of our inspection, 31 people were living in the home.

At the time of our inspection the home was being managed by a peripatetic manager who had been at the home for three weeks. We refer to them in this report as the 'home manager'. A new home manager had been appointed and was set to start in September 2019.

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

We found poor examples of team working. Our conversations with staff and care records we looked at showed staff were not always supporting each other to provide a good service. Staff supervisions had been infrequent and a process to commence appraisals had recently started.

We saw minimal recording in response to complaints and concerns. Records did not show how complaints had been investigated and there were no written responses.

We saw incidents where staff did not have the skills to positively respond to behaviour which may challenge others. The registered provider had not given staff training in end of life care. The home manager told us they were addressing both these areas.

Staffing levels were reduced on an afternoon and we observed some people demonstrating behaviour which may challenge others when no staff were present. High levels of agency usage were deployed at the time of inspection. Safe recruitment procedures were being followed.

Improvements had been made to the safe management of medicines at this inspection. Systems to receive, store, administer and dispose of medicines were safe.

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

People and relatives were happy with the service they received and consistently said the care and support they received from staff was good. Staff knew how to respect people's privacy and dignity.

Electronic care records were used to show people's needs, preferences and wishes. There was sufficient, person-centred information for staff to follow, although key information was not always easy to find.

Risks to people were assessed and handovers identified people most at risk and the associated reasons.

Systems relating to fire management were up-to-date.

People told us they enjoyed the food and their dietary needs were being met. We observed people had a positive mealtime experience. Care records showed people received access to healthcare when this was required.

We have made a recommendation for the registered provider to review staffing levels and deployment of staff during the afternoon and evening periods.

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made as the provider was still in breach of one regulation. The regulations were now being met in two areas where breaches were previously found. However, two new breaches of regulation were found at this inspection. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

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

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to good governance as management oversight was not evident over key aspects of the service. This demonstrated that systems to assess, monitor and improve the service were not sufficiently robust

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Batley Hall Nursing and Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an assistant inspector as well as 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

Batley Hall Nursing and Residential 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.

Notice of inspection

This inspection was unannounced.

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 and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 14 people who used the service and five relatives about their experience of the care provided. We spoke with 13 members of staff including the home manager, compliance and quality inspector, human resources manager and a further 10 members of staff.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and 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 evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 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.

At our last inspection the provider was unable to demonstrate they were safely managing medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Staffing and recruitment

- Staffing levels were usually sufficient to meet people's needs. However, in the afternoons, staffing levels reduced meaning staff were not always readily available at this time of day. Some staff told us there was not always enough staff.
- Rotas we looked at showed some afternoon shifts were not fully staffed.
- We saw one person with behaviour which may challenge others was able to approach other people who found this distressing. There were no staff available at these times to redirect this person.
- We observed staff responded to nurse calls bells which sounded in a reasonable time frame.
- High levels of agency nursing staff were deployed to meet people's needs. The home manager told us these were usually the same workers. The registered provider was attempting to recruit to vacant nursing positions.

We recommend the registered provider reviews staffing levels and deployment of staff during the afternoon and evening periods.

- Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People living in the home felt safe, although due to valuables going missing, there were some concerns about this. One person told us they planned to ask for a key to their room to be able to secure their valuables as they were concerned about monies going missing.
- Since our last inspection, the registered provider had made us aware of instances where valuables or cash had gone missing. We have commented on this under the well-led section.
- Staff had received safeguarding training and knew how to recognise and respond to abuse. A staff member told us, "I would report it immediately, to the manager."

Assessing risk, safety monitoring and management

- The registered provider had systems in place to identify and manage risks relating to people's care. People had a range of risk assessments for different areas of their care such as falls, skin integrity and use of bed

rails.

- A vulnerable residents list was discussed at handover to ensure the whole of the staff team knew which people were at risk due to skin integrity, hydration needs, falls and infections.
- Personal emergency evacuation plans were up to date and staff had attended fire training and a fire drill. All actions from the January 2019 fire risk assessment had been actioned.
- Key safety checks were undertaken on the building and equipment was regularly maintained to help keep people safe.

Using medicines safely

- People told us they received their medicines when they needed them.
- The administration process was observed and we saw the staff member responsible for this demonstrated a caring approach.
- Medicines systems were organised and people were receiving their medicines when they should. The registered provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff responsible for medication had received up-to-date training in this area.
- Medication audits were being completed to ensure medication management was suitably managed.

Preventing and controlling infection

- People told us they lived in a clean environment.
- Infection control checks were routinely carried out and the living environment was found to be clean and tidy.

Learning lessons when things go wrong

- The home manager looked to make improvements where things had not gone as planned. They shared examples of incidents where action was taken to reduce the risk of the same thing happening again.
- When one person was able to exit the building without staff knowledge, steps had been taken to ensure the risk of this happening again were minimised.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We observed two instances where staff did not have the necessary skills to manage behaviour which may challenge others. At the time of inspection, staff had not received the relevant training. The home manager had identified this and following the inspection, they confirmed this training had started.
- End of life care training was not provided for staff. This service was regularly supporting people with such needs, meaning training in how to do this well was needed.
- The human resources manager told us it was policy for staff to receive a minimum of four supervisions and one appraisal annually.
- There was a backlog of supervision and staff confirmed this. One staff member said, "I haven't had one for ages. I haven't had one for over a year." The supervision matrix confirmed staff feedback about gaps in this support.
- Staff told us they had been asked to start their own appraisal, but no further progress had been made.

This was a breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A pre-assessment was completed before people moved into the home. This meant the registered provider admitted people to the home whose care needs they could meet.
- People's care and support needs were reviewed regularly by staff including when people's needs changed.

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

- People were complimentary about the quality of food provided.
- We saw a water cooler in the lounge area and a supply of fresh fruit in the home.
- The registered provider was monitoring people's weights and actions were taken where required to assist people who had lost weight.

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

- People's rooms were personalised with pictures and other cherished items including furniture, and communal areas were homely and welcoming.

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

- People told us they received access to healthcare services when they needed it.
- Care records we looked at showed people were being supported by, for example, GPs, district nurses, opticians, physiotherapists and speech and language therapists.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff said they offered people options around meals, clothing and how they wanted to spend their day.
- Staff had received training in the MCA and DoLS. The 'home report' dated June 2019 stated five people were in need of a DoLS application. During the inspection, the quality inspector for the registered provider checked this and found only one person needed an application.
- The registered provider used a tracker to record the status of DoLS. At the time of inspection, four applications had been granted and these were all in date.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People and relatives spoke positively about the care they received.
- Staff got on well with people and we observed mostly positive interactions. Staff and people looked comfortable together.
- We observed a staff member involving one person in conversation with their relative. This was important as the person experienced communication difficulties.
- We observed staff ensured people's appearance was well maintained.
- Staff supported people to maintain their religious beliefs. Religious leaders regularly attended the home. People who had special dietary requirements related to their religious beliefs had this need met.

Respecting and promoting people's privacy, dignity and independence

- Staff described how they ensured people's privacy and dignity. One staff member said, "I always ask them (people) if they would like a bath or shower. I put a towel on them, I make sure the doors are shut. I treat these [people] as if they are my parents."
- We observed staff treated everyone with dignity and respect. They respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas.
- Staff used a privacy screen when completed moving and handling transfers which helped to ensure people's dignity was maintained.
- One staff member told us that on the morning of our inspection, they assisted someone with personal care and said they gave them a flannel to wash themselves as they could manage to do this.

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

- An annual satisfaction survey had been carried out in 2018. We saw 'You said, we did' feedback was on display in the home. Two relatives told us they found the information on display useful.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

At our last inspection care records did not provide staff with consistently accurate details of people's care needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy. People and their relatives told us they knew how to complain. They told us they would inform the home manager if they were unhappy with their care.
- One relative had reported a concern which they told us was not responded to appropriately by the home manager who they felt was reluctant to deal with the complaint.
- The last registered manager had dealt with complaints informally and whilst brief notes were made, there was no evidence of investigation or robust recording of outcomes.
- One complaint dated February 2019 showed a person had expressed concerns about the way a staff member spoke to them. The registered manager had not dealt with these concerns in a way which reflected the nature of the concern raised.

This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and Acting on Complaints.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were maintained on an electronic system. There was sufficient information for staff to follow. They were person-centred, but key information was not always easy to find.
- The home manager told us people's behaviour which may challenge others was not been routinely documented. They recognised the need to have clear recording and discussed this with staff in the morning handover.
- We saw records which stated one person should be offered a daily walk to help keep them mobile. Care records noted the person was staying in their own room. A staff member spoke to the person and said this was their preference. The staff member said they would update the care plan.

Meeting people's communication needs

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- In one person's room, useful words and phrases were listed to assist staff in communicating with this

person as their first language was not English. Another person was using a picture board and a relative was able to translate.

- The home manager told us information could be printed in different languages, but we found this hadn't been done for three people whose first language wasn't English. However, these people understood some English and staff gave them choices around their care.

End of life care and support

- People said that they were involved in the planning of their care and confirmed end of life choices had been discussed and agreed.
- We looked at one person's end of life care plan and found an absence of information regarding their religious beliefs, which were relevant.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The activities co-ordinator was seen offering one-to-one time with people to provide manicures which people said was enjoyable.
- A range of activities were shown on display in the home. A barge trip had taken place in May 2019 and another was planned for September 2019.
- The home had a cat which had been adopted. The 'zoolab' had visited the home to show people different animals for them to experience.
- A summer garden party and fundraiser was set to take place with funds raised going to charity. The deputy mayor and a church leader planned to attend.

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.

At our last inspection the provider was unable to demonstrate they had effective systems of governance including records relating to complaints. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

At the time of our inspection, there was no registered manager in place. A peripatetic manager was in day-to-day control of the home. The registered provider had appointed a new manager who was scheduled to commence in September 2019. Once they started their employment, the registered provider expected them to submit an application with the Care Quality Commission to become registered.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Meeting minutes, records of complaints, our observations and staff comments to us demonstrated the culture staff worked in was not united. Staff told us the number of changes in management had not provided stability and morale had suffered as a result.
- Staff did not feel recognised for their contribution. Staff comments included, "We don't feel appreciated. Just a thank you sometimes, that's all it takes", "I don't feel supported whatsoever" and "Sometimes I feel like nobody is listening to me."
- Staff provided mixed comments about the two peripatetic managers who had been running the home since the last registered manager left the service in April 2019.
- The registered provider did not always fulfil their statutory reporting duties to the Commission. Since our last inspection, the registered provider had sent us statutory notifications concerning valuables and cash going missing, although one incident from April 2019 was not reported. The provider reports did not address this theme and what action had been taken to reduce this risk.
- A notification of death which occurred in April 2019 was not submitted to the Care Quality Commission.
- There was no meaningful analysis of accidents and incidents in March, April and May 2019. For example, which people were at highest risk and had repeatedly experienced accidents or incidents had not been identified.
- The registered provider had not identified the dependency tool was not being used to calculate staffing levels.
- The annual record management audit dated January 2019 asked, 'If appropriate is there evidence on file

that the person has special needs under Accessible Information Standard'. 'No' was selected. However, three people living in the home had a first language which was not English.

Systems were not effective to assess, monitor and improve the quality of service people received. This was a continued breach of regulation 17(1)(2)(a)(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The home manager said a 'resident' meeting was planned for February 2019, although no one attended. A further meeting had been scheduled for August 2019 by the home manager.
- A staff meeting took place in April 2019 to provide an update about the home, to discuss ongoing issues and to invite new ideas. Nurses and kitchen staff had separate meetings.
- In October 2018, a group of professionals involved in the care of people living at Batley Hall were sent a satisfaction survey. The results were analysed and we saw action was taken.

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; Continuous learning and improving care

- Records showed people and relatives were consulted when things went wrong which showed openness and transparency.
- In 2018, a staff satisfaction survey was completed by 11 staff members. At this time, staff identified as being motivated, working well as a team and generally happy with their role.
- A system of audits were regularly taking place and we saw action plans were generated from these and followed up. However, these were not effective in identifying the issues we found at this inspection.

Working in partnership with others

- The registered provider was taking in part in the National Care Home Day on Friday 28th June (2019). This is used to invite members of the public to visit homes across the country.
- Commenting on infection control, the home manager told us, "I've been working quite closely with Kirklees Council." They wanted to access equipment for staff to use which shows levels of hand hygiene using an ultra-violet light. Following our inspection, the infection control team reported they had visited the home twice recently and action was being taken to improve hygiene and cleanliness.
- On occasions, children from local schools visited the home to sing to people.

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 Treatment of disease, disorder or injury	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The management of complaints was not robust as there was insufficient evidence of robust investigation. There were no records of written responses.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not receiving regular formal supervision and appraisal. Training in end of life care and behaviour which may challenge others was not provided.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Management oversight was not evident over key aspects of the service. This demonstrated that systems to assess, monitor and improve the service were not sufficiently robust.

The enforcement action we took:

Warning notice served