

Bannow Retirement Home Limited

Bannow Retirement Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Bannow Retirement Home is a residential care home providing personal care to 25 people at the time of the inspection. Bannow Retirement Home is registered to provide care and support for up to 26 older people. The care needs of people varied, some people were living with dementia while others required support with mobility and behaviours that challenge.

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

People and their relatives told us they were happy with the service they received. They described the care workers as kind and caring.

Systems for monitoring quality and managing risks continued to be effective. People told us they were happy with the care they received, and that staff helped them to feel safe. Risk assessments and care plans guided staff in how to provide care safely and in the way the person preferred. There were enough suitable staff employed to ensure people were safe.

Appropriate infection control procedures for the Covid-19 pandemic were in place to keep people safe. Staff had received additional training and used appropriate Personal Protective Equipment.

People, their relatives and staff told us that communication was good and that staff listened to them and involved them in their care. Staff and professionals were complimentary about the registered managers person centred approach and responsiveness to people's changing needs. One staff member said, "(The registered manager) has good leadership skills and loves to get things done."

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.

Rating at last inspection

The last rating for this service was Good (published 21 November 2019)

Why we inspected

The inspection was prompted in part by notification of a specific incident, following which a person using the service died. This incident was not subject to a criminal investigation. The information CQC received about the incident indicated concerns about the management of falls, medicines management and policies and procedures around seeking medical support. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. The provider had taken action to mitigate the risks and these had been effective. Please see the safe and well-led

sections of this report.

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.

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

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.

Bannow Retirement 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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Bannow Retirement Home 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

We gave a short period of notice of the inspection. This was to establish the safest and most appropriate way of carrying out our inspection visit during the Covid-19 pandemic.

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.

Before the inspection we reviewed the information we held about the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with three people and three members of staff including the registered manager, the deputy manager and a care worker. We reviewed records that included care plans, risk assessments and medicine administration records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at records relating to the management of the service, including policies and procedures and quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures relating to the management of Covid-19.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong;

- The provider had learnt lessons from a serious incident that had occurred. The registered manager had acted quickly to address safety issues that ensured that staff responded appropriately when things went wrong. Policies and procedures around falls injuries, as well as recording and reporting protocols, had been reviewed and updated. The registered manager had ensured that all staff members were aware of this updated guidance. Our conversations with staff confirmed this.
- Staff understood their responsibilities of when to raise concerns and report them internally. Staff were knowledgeable on the updated guidance that instructed them. One staff member said, "I would assess the person for injuries without moving them. If injured I would call 999. If it was a head injury, I would call 999 straight away, if the person was on blood thinners, I would call 999."
- We reviewed incidents and accidents that had occurred following the incident and found that staff had responded appropriately.
- Where accidents and incidents had occurred, the registered manager had assessed the causes and taken action. For example, staff had contacted professionals such as the mental health team, district nurses and falls team for support in order to reduce the likelihood of a reoccurrence.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and managed for people's safety.
- For example, some people were at risk of falls and people's physical and mental health needs were considered in the support they needed to mobilise safely. For example, the impact of medicines, the person's mental health and the effect of conditions such as Parkinson's on the person's mobility.
- People had the equipment they needed to mobilise safely and reduce the risks of falling. One relative said, "They have provided a special bed for my father that lowers to the floor once he is in it, to decrease the risk of further falls, he is also monitored hourly by night duty staff."
- Staff had ensured that people received prompt and appropriate support from professionals to mitigate risks. One mobility specialist said of the provider's actions, "We are happy and satisfied you are doing everything possible to minimise the risk of falling again."
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Fire safety checks had been conducted and the provider had carried out the necessary changes identified. Personal Emergency Evacuation Plans were in place to ensure people would receive the right support in the event of a fire.

Using medicines safely

- People needed support with their medicines and staff ensured that they administered these safely.

- Staff were trained in handling and supporting people to take their medicines. The provider had policies and procedures regarding the handling and administration of medicines.
- Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately.
- The registered manager ensured that medicines were managed appropriately for people through regular reviews with GPs. One professional said, "The medicines management has greatly improved over the years. We now prescribe a lot less medicines and the Bannow team keep up to date with it and keep track of the stock. Many residents at Bannow have challenging behaviour and there is a refreshing emphasis on managing behaviours through supportive behaviours and care and not on prescribed medication."

Systems and processes to safeguard people from the risk of abuse;

- The registered manager had consistently made the local authority aware of safeguarding incidents in line with their safeguarding policies to ensure people were protected from potential abuse and that they were thoroughly investigated. One professional said, "I have experience of them ensuring they raise safeguarding's in a timely way to (local authority) and are proactive in considering safety measures for residents."
- Staff were able to explain and recognise signs of potential abuse and knew what to do when safeguarding concerns were raised.
- People and their relatives told us they felt safe at the service. When asked why they felt safe, one person said, "Just being here, I've been here long enough."

Staffing and recruitment

- There were sufficient staff in place to ensure people remained safe and met their needs. People who required additional staff to mobilise or to eat at mealtimes were supported safely and patiently.
- Staff told us, and our observations confirmed this, that there were enough staff on each shift. One staff member said, "Staffing levels are pretty good, there are three at night which are good numbers. In the day we can't complain, here we work as a whole team and all work together. All staff help residents and are trained."
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people.

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.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had used information from the serious incident and the subsequent investigation to drive improvement in quality. They demonstrated an openness and willingness to address any shortfalls in policies and staff practices.
- The registered manager continued to use quality assurance systems effectively to ensure that services were delivered consistently and to improve care. Audits had been regularly undertaken in areas such as personal care, care plan reviews, health and safety, infection control, fire safety and medicines.
- There was a registered manager in place as well as a newly recruited deputy manager. Responsibilities were clear and they worked constructively together with a shared vision to continuously improve the care provided. One professional said, "The staff are knowledgeable about their residents and clear on their responsibilities." One staff member said, "I think the manager is approachable, she has no issues on bringing up things I can improve on, I can learn a lot from her."
- The registered manager had been proactive in seeking guidance from partners, health and social care professionals and an external quality assurance advisor to help drive improvement. For example, information and guidance was used from reviews with medicines professionals, Parkinson's reviews and occupational therapists to improve the support provided.

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

- There was a culture of openness and inclusiveness. People and staff told us that the registered manager was approachable. Staff told us they could raise any issues, and these would be addressed. One staff member said, "(The registered manager) will listen attentively."
- The service had a person-centred culture where knowledge of people's needs and risks meant that good outcomes were sought. One professional said, "In the information I need for my (stated event) has been provided by manager immediately and is always detailed and communicated well. The manager has good person-centred knowledge on the residents. I have visited recently to see one of my clients who has recently moved there and was fully satisfied his needs were being fully met and manager had good knowledge of him when he had only been there a short while."
- The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- People and their family members could give feedback about the service through annual quality assurance surveys. The registered manager confirmed that these had not been as frequent during the Covid-19 lockdown but would now continue as per the providers policy.
- Staff stated that the registered manager considered their views and acted upon them. One staff member said, "This is one of the most responsive homes I have ever worked in."
- Relatives told us that communication had continued to be effective. One relative said, "Bannow are especially good at keeping me informed with what is taking place, I have spoken with the nurse who visits daily and I have also been kept informed with their Deprivation of Liberty Safeguard (DoLS) status. In a time of unprecedented world pandemic, I believe that the staff at Bannow have been and are doing an excellent job."

Working in partnership with others

- Staff had developed positive working relationships with a range of health and social care professionals. One professional said, "The team work hard with the other members of the team, namely GPs and Community pharmacy, plus Sussex Partnership. They are good advocates and understand the scope and limits of their role and others."
- Staff had formed good links with professionals in areas such as the GPs, Speech and Language Therapists and the falls service to meet people's needs. One professional told us, "I discuss the residents with next of kin and they often comment on the warm atmosphere at Bannow, the realistic approach to caring for their residents and the open door to discuss any concern."