

## Hill Care 3 Limited

# Bannatyne Lodge

### Inspection report

Bannatyne Care Home  
Manor Way  
Peterlee  
County Durham  
SR8 5SB

Tel: 01915869511

Date of inspection visit:  
20 June 2018  
21 June 2018

Date of publication:  
09 August 2018

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires Improvement	

# Summary of findings

## Overall summary

This inspection took place on 20 and 21 June 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. This was the first inspection of the service following the change in registration to a new provider for this location. Although the registration of the provider had changed, the service had the same staff and people living there remained the same.

Bannatyne Lodge 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.

Bannatyne Lodge accommodates up to 50 older people with residential and nursing care needs. On the day of our inspection there were 41 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with CQC 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 provider did not have effective procedures in place for managing the maintenance of the premises and records were not always up to date. Appropriate health and safety checks were not always carried out.

The provider had audits in place to measure the quality of the service however some of the audits had failed to successfully identify the deficits we found in the service.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff however the recruitment procedures for volunteers needed to be more robust.

Care records showed people's needs were assessed before they started using the service. Most care plans were written in a person-centred way and risk assessments were in place but were not always evaluated regularly. Person-centred is about ensuring the person is at the centre of any care or support and their individual wishes, needs and choices are taken into account. Care plans were in place that recorded people's plans and wishes for their end of life care.

People who used the service and their relatives were complimentary about the standard of care at Bannatyne Lodge. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The home was clean, spacious and suitable for the people who used the service. Accidents and incidents were appropriately recorded.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. Staff were supported to provide care to people who used the service through a range of mandatory and specialised training, supervision and appraisal. Staff said they felt supported by the registered manager.

The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults. Appropriate arrangements were in place for the safe management and administration of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. People had access to healthcare services and received ongoing healthcare support.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs, in the home and within the local community.

The provider had an effective complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint.

People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

During our inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

## 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.

The provider had procedures in place for managing the maintenance of the premises however records were not always up to date. Appropriate health and safety checks were not always carried out.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff however the recruitment procedures for volunteers needed to be more robust.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

People were protected against the risks associated with the unsafe use and management of medicines.

### Requires Improvement

### Is the service effective?

### Good

The service was effective.

Staff were supported to provide care to people who used the service through a range of mandatory and specialised training, supervision and appraisal.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs.

People who used the service had access to healthcare services and received ongoing healthcare support.

### Is the service caring?

### Good

The service was caring.

People who used the service and their relatives were complimentary about the standard of care at Bannatyne Lodge.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide

individual personal care.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

### **Is the service responsive?**

**Good** 

The service was responsive.

Most care plans were written in a person-centred way but were not always reviewed regularly.

People had access to a range of activities in the home and within the local community.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

### **Is the service well-led?**

**Requires Improvement** 

The service was not always well-led.

The provider had audits in place to measure the quality of the service however we found some of the audits had failed to successfully identify the deficits we found in the service in regard to recruitment of volunteers, health and safety and the maintenance of premises.

The home had a registered manager in place.

Staff told us the registered manager was approachable and they felt supported in their role.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

# Bannatyne Lodge

## 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 took place on 20 and 21 June 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used 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.

During our inspection we spoke with seven people who used the service and three relatives. We spoke with the registered manager, two regional managers, the deputy manager, one nurse, four care staff, activities co-ordinator, cook, kitchen assistant, two domestics and the administrator.

We looked at the personal care or treatment records of four people who used the service and observed how

people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as quality audits, surveys and policies.

# Is the service safe?

## Our findings

The provider did not have effective procedures in place for managing the maintenance of the premises and records were not always up to date. Appropriate health and safety checks were not always carried out. For example, the electrical installation condition report described the condition of the installation as 'unsatisfactory'. This meant dangerous or potentially dangerous conditions had been identified. We discussed our concerns with the registered manager who assured us the required remedial work would be completed on 9 July 2018.

Where required we saw evidence that some equipment had not been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). We discussed our concerns with the registered manager who assured us this would be addressed by 25 June 2018.

This was a breach of Regulation 15: Premises and Equipment of the Health and Social Care Act 20018 (Regulated Activities) Regulations 2014.

All the people we spoke with told us they felt safe at Bannatyne Lodge. One person said, "Yes I feel safe, I just press the buzzer and they (staff) are here straight away" and another person said, "Yes I like it here, the girls are nice and I don't have to worry about anything." A relative told us, "Seeing how the staff work, I feel fine."

The provider had a recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We found the security and identification checks had not been extended to the employment of volunteers. We discussed our concerns with the registered manager who assured us this would be addressed immediately.

There were sufficient numbers of staff on duty to keep people safe. The registered manager told us that the levels of staff provided were based on people's dependency needs. Staff, people who used the service and visitors did not raise any concerns about staffing levels. One person told us, "There's plenty of staff, there's always three of them on" and another person said, "Somebody comes straightaway." One relative told us, "When he's pressed the buzzer, they've come" and another relative said, "They are very helpful. They come straightaway."

The provider's safeguarding adults policy provided staff with guidance regarding how to report any allegations of abuse. Where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had been trained in how to protect vulnerable people. The staff we spoke with demonstrated a good awareness of safeguarding and whistleblowing procedures.

Entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. Accidents and incidents were recorded and the registered manager reviewed the information monthly in order to establish if there were any trends or lessons to be learned and made referrals to professionals when required, for example, to the falls team.

Equipment was in place to meet people's needs including hoists, pressure mattresses, wheelchairs and pressure cushions. People had risk assessments in place relating to, for example, falls, bed rails and choking. The assessments were detailed to ensure staff were able to identify and minimise the risks to keep people safe however not always evaluated on a regular basis. We discussed this with the registered manager who assured us this would be addressed.

The service also had premises risk assessments in place which contained detailed information on particular hazards and how to manage risks. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

There were arrangements in place for keeping people safe in the event of an emergency. The provider's business continuity plan provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. A fire emergency plan was displayed in the reception area, a fire risk assessment was in place and regular fire drills were undertaken. The checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date. People who used the service had Personal Emergency Evacuation Plans (PEEPS). This meant appropriate information was available to staff or emergency personnel should there be a need to evacuate people from the building in an emergency situation such as fire or flood.

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. The records for portable appliance testing and gas safety were all up to date. Wardrobes in people's bedrooms were secured to walls and window opening restrictors were in place.

Appropriate arrangements were in place for the safe management and administration of medicines. The provider's medication policy covered all key areas of safe and effective medicines management. Staff were able to explain how the system worked and were knowledgeable about people's medicines. Medicines were stored appropriately. Temperature checks for treatment rooms and refrigerators were recorded and all were within recommended levels by the British Pharmacological Society. There was a copy of the British National Formulary available, which is a pharmaceutical reference book produced by the British Medical Association and the Royal Pharmaceutical Society of Great Britain, available for staff reference however it was dated 2016. We discussed this with the registered manager who assured us this would be updated.

We looked at people's medication administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. Records we viewed were up to date. Medicine administration was observed to be appropriate. Staff who administered medicines were trained and were required to undertake an annual competence assessment. Medicine audits were up to date and included action plans for any identified issues. One person told us, "I have a certain time to get my tablets. They (staff) are very good" and another person said, "Yes, I know what my tablets are for. I get them on time."

The home was clean and tidy. There was sufficient, well maintained, communal bathrooms/shower rooms for people who used the service however some were in need of repair/replacement and were being used as store rooms. We discussed this with the registered manager who assured us this was being addressed as

part of the ongoing refurbishment of the home. Appropriate personal protective equipment (PPE) and hand washing facilities were available. Staff had completed infection control training. Infection control audits and cleaning schedules were up to date to ensure people lived in a clean environment.

# Is the service effective?

## Our findings

People who lived at Bannatyne Lodge received care and support from well trained and well supported staff. Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

New staff completed an induction to the service and the majority of staff mandatory training was up to date. Where gaps were identified, training was planned. Mandatory training is training that the provider thinks is necessary to support people safely. In addition, staff had completed more specialised training to help them understand people's needs in, for example, pressure area prevention, use of syringe drivers and dementia awareness. Records for the nursing staff showed that all of them held a valid professional registration with the Nursing and Midwifery Council.

People's needs were assessed before they started using the service. Pre-admission assessments included details of the person's medical history and an assessment of the person's care needs, including the level of support required and details on people's communication needs.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this 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. The registered manager had a good understanding of their legal responsibilities with regard to the MCA and DoLS and staff had received training in the MCA. Applications for DoLS had been submitted to the supervisory body, mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Consent to care and treatment was documented in people's care records.

Care records provided information on people's preferences, whether they had any specific dietary needs and guidance for staff to follow to support the person. They also demonstrated people's weight was monitored regularly. The cook was knowledgeable about people's special dietary needs and preferences. The provider had a nutrition policy in place and staff had completed training in food safety, hygiene and nutrition. The home had been awarded a "4 Good" Food Hygiene Rating by the Food Standards Agency on 4 June 2018.

At lunch time we observed staff assisted people to their tables in the dining rooms. One person told us, "Four of us get on very well, we get a table near the window." We saw staff supporting people on a one to one basis if they required assistance with their meal. Staff chatted with people and the mealtime was not rushed. Lunch was a sociable experience. People were supported to eat in their own bedrooms, if they preferred. One person told us "Food is great, absolutely excellent. We get a roast dinner on Wednesday and Sunday. We can ask for sandwiches during the day and in between 2.00pm and 2.30pm you can get tea and biscuits" and another person said, "The food's been lovely. They have a supper trolley. The night shift come on at 8.00pm and they bring the supper trolley with cakes, biscuits, sandwiches and sometimes fruit."

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including, GPs, speech and language therapists (SALT), dietitian and chiropodists. One person told us, "I go to hospital every month for my eyes and a staff member takes me", another person said, "The chiropodist has been recently" and a third person commented, "The mental health nurse visits me every two weeks and when I need physio the care staff take me."

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and the home was suitable for the people who used the service. The provider had a maintenance schedule in place and the registered manager told us about the plans to refurbish the home.

# Is the service caring?

## Our findings

People who used the service and their relatives were complimentary about the standard of care at Bannatyne Lodge. One person told us, "Here is like home." A relative told us, "Care staff are absolutely brilliant."

We observed staff chatting to people in communal areas and engaged with them in meaningful conversation. Staff knew people's names and talked with, and listened to, people in a kind and caring manner. One person told us, "Staff are lovely, everyone of them comes to talk to you" and another person said, "They'll come to ask you if you want a drink." A relative said, "I'm pleased with the interest the staff have in the residents, they all speak and are friendly."

People were well presented and looked comfortable in the presence of staff. We saw staff assisted people, in wheelchairs in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. We saw that staff were very kind and thoughtful and interacted with people in a friendly and reassuring way. One person told us, "I have no complaints, they (staff) are very good."

People had a good rapport with staff. Staff knew how to support people and understood people's individual needs. One person told us, "You can get up and go to bed anytime you want", another person said, "They read it (care plan) to me cos I can't read and write" and a third person commented, "I felt embarrassed at first asking for help so they asked me if I want a man or a woman (to help with personal care)."

People were encouraged and supported to maintain their relationships with their friends and relatives. Staff were able to tell us about people's relatives and how they were involved in their care. One person told us, "Visitors can be sitting here 'til 10.00pm", another person said, "Friends can come anytime and stay as long as they want" and a third person told us, "My brother comes every night after work and my sister can take me out to Weatherspoons for a coffee." One relative told us, "They (staff) are all nice, they make time for you as a relative."

Staff worked well as a team giving individualised care and attention to people. Our observations confirmed staff treated people with dignity and respect. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. Staff supported people to maintain their independence. One person told us, "The staff encourage me, telling me to use my arm."

People's bedrooms were individualised, some with their own furniture and personal possessions. Many contained photographs of relatives and special occasions. A member of staff was available at all times throughout the day in most areas of the home.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. At the time of our inspection no person in the home had an advocate. Advocacy information was made available to people who used the service.

People were provided with information about the service in the provider's 'statement of purpose' and 'service user guide' which contained information about the staff, facilities, services, safeguarding, activities, meals, fire safety, spiritual support and complaints. Copies of the service's June newsletter were on display which detailed activities and proposed events. Information about health and local services was also prominently displayed on notice boards throughout the home.

We saw that people's care and treatment records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

# Is the service responsive?

## Our findings

People's care records demonstrated a good understanding of their individual needs and preferences. Most care plans were person-centred and covered a range of needs including, personal hygiene, eating, communication, sleep, mobility, falls, breathing and elimination. Care plans included the person's identified need in that area, the anticipated outcome and the approach required from staff. Care records were not always regularly evaluated. We discussed this with the registered manager who assured us this would be addressed.

People and their relatives were aware of and involved in the care planning and review process. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. We saw appropriate end of life care plans were in place for people and some staff had received training in end of life care, death and dying. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

Staff used a range of assessment and monitoring tools. For example, the Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, was used to identify if people were malnourished or at risk of malnutrition. Waterlow assessed the risk of a person developing a pressure ulcer and body maps were used where they had been deemed necessary to record physical injury.

The service employed an activities co-ordinator and were also supported by volunteers who visited the home on a regular basis. People and their relatives were complimentary about the activity co-ordinator and the activities in the home. Planned activities, outings and events were displayed in communal areas and included bingo, movie morning, chair exercises, dominoes, music morning and reminiscence. One person told us, "When there's singing on, they always come and get me" and another person said, "Little bairns come from the school at Christmas." A third person told us, "We went to a park, it was a lovely day with sunshine, I enjoyed myself" and a fourth person said "They've got bingo."

People informed us that they were treated as individuals and were able to make choices for themselves if they were able to do so. One person told us, "I go to church services" and another person said, "You can do all sorts of things, like I did that plant pot." A member of staff told us, "It is important that residents are able to make choices for themselves."

The provider's complaints policy was on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and who to contact, if the complainant was unhappy with the outcome, for example the local authority. Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed.

# Is the service well-led?

## Our findings

We looked at what the provider did to check the quality of the service and to seek people's views about it. The regional manager visited the service on a regular basis. Visits included speaking to people, relatives and staff, monitoring incidents and complaints and inspecting the premises and prioritising improvements.

The provider had audits in place to measure the quality of the service which included audits of care documentation, kitchen, health and safety and medicines. Audits were up to date and included action plans for any identified issues. We found some of the audits had failed to successfully identify the deficits we found in the service in regard to the recruitment of volunteers, health and safety, records and the maintenance of premises. We also found not all records were up to date. We discussed this with the registered manager who assured us this would be addressed.

This was a breach of Regulation 17 [Good Governance] of The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

The home had a registered manager in place. The registered manager had been registered with CQC since 25 May 2017 and told us they felt supported in their role. The registered manager told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time.

People who used the service and their relatives spoke positively about the registered manager and the staff. They said that they were very approachable and visible. They would have no concerns in approaching them if they had any worries or concerns. One person told us, "The Manager's been round a few times, she's a lovely woman" and another person said, "When I go downstairs she often comes and talks to you and asks if there's owt you need."

Residents and relatives meetings were held regularly. Discussion items included the ongoing redecoration of the home, the registered manager's open door policy, activities and the formation of a resident's committee. A person told us, "My brother and daughter have been to meetings here."

The quality assurance surveys for 2017 for people who used the service and their relatives contained mostly positive responses. Themes included staff team, care planning, dignity, dining experience, activities, cleanliness and laundry. Where improvements were identified these were actioned and communicated to people.

The home was rated as 9.1 out of 10 by a care home review website which was based on the reviews of 11 people who used services, relatives and friends. Comments included, "Staff are caring and attentive", "My mother was a resident for 8 years. She was very well looked after" and "All the staff very helpful and extremely friendly."

Staff we spoke with felt supported in their role and felt they were able to report concerns. A member of staff

told us that the registered manager was "Approachable and listened to concerns." Another staff member described the morale as, "Fine, most of the staff have been here a long time, so it must be a good place to work."

Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings were held regularly and showed staff were able to discuss any areas of concern they had about the service or the people who used it.

The quality assurance surveys for 2017 for staff contained positive responses. Themes workload, teamwork, training, supervision, job satisfaction and management. We also saw the service operated an award scheme for staff nominated for good work performance by people who used the service and their relatives.

The service had close links with the local community. Local school children came into the service to join in with the activities. Volunteers supported the service with activities. Religious services were provided for people by the local churches.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. These provided staff with clear instructions and the staff we spoke with told us they were accessible and informative. The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider did not have effective procedures in place for managing the maintenance of the premises and appropriate health and safety checks were not always carried out.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's audits had failed to successfully identify the deficits we found in the service in regard to the recruitment of volunteers, health and safety, records and the maintenance of premises.</p> <p>Records for managing the maintenance of the property were not always up to date and care records and risk assessments were not always evaluated on a regular basis.</p>