

Brooklands 2 Limited

Banbury Heights Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

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 

Overall summary

We inspected Banbury Heights Nursing Home on 20 and 21 May 2015. Banbury Heights provides nursing care for people over the age of 65. Some people at the home were living with dementia. The home offers a service for up to 56 people. At the time of our visit 46 people were using the service. This was an unannounced inspection.

We last inspected in June 2013 and found the service was meeting all of the required standards.

There was a registered manager at the service. 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.

Summary of findings

People were cared for by caring, kind and compassionate staff. Care and nursing staff took time to talk with people, reassure them and support them when they needed it.

People were supported to follow their interests. There were a range of activities available for people. People's preferences were clearly documented and respected. Staff knew the people they cared for, and spoke positively about providing personalised care to people.

People were free to move around the home as they pleased and access the home's garden. People and relatives spoke positively about the environment and the activities available to people within the home

Nursing and care staff were supported and encouraged to develop professionally by the registered manager and provider. Staff were able to talk about their needs and were able to suggest improvements to the service.

Nursing and care staff had good awareness of safeguarding and whistle blowing procedures. People told us they felt safe and relatives spoke positively about the way their loved ones were cared for.

Staff understood and acted in accordance with the legal requirements when supporting people who lacked capacity to give consent to care and treatment.

Where medicines were administered from monitored dosage systems people received their prescribed medicines as expected.

There were enough nursing, care and domestic staff to meet the needs of people in the home. When people needed help staff were quick to assist them.

The registered manager encouraged involvement of nursing and care staff in projects around health and social care. The registered manager attended social care conferences to gain knowledge to develop the quality of service people received.

The registered manager had strong systems in place to ensure people received a good quality service. People's views were sought regularly and these views were acted upon. People, their relatives and staff were given the information they needed around changes to the service.

Summary of findings

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 safe. People felt safe. Staff understood their responsibilities around safeguarding and knew how to raise concerns.

There were enough staff to meet people needs. Nursing staff identified and managed the risks of people's care.

People received their medicines as prescribed.

Good



Is the service effective?

The service was effective. People were cared for by trained and skilled staff. Staff were encouraged and supported to develop professionally.

Staff had a good knowledge of the Mental Capacity Act (2005) and people were supported to make decisions around their care.

People had access to a variety of food and drink. Where people had specific dietary needs, staff ensured these were met.

Good



Is the service caring?

The service was caring. People were involved in planning their care and where possible made decisions regarding their care.

People were positive about the support they received from nursing and care staff. Staff were kind and compassionate and took time to talk to people.

Staff knew the people they cared for. Staff were concerned about the welfare of people, and ensured people were comfortable and happy.

Good



Is the service responsive?

The service was responsive. People had access to a variety of activities and events. People were supported to follow their hobbies and interests.

People's care plans were personalised and people's preferences were documented.

The registered manager and provider responded to complaints and took action to ensure people's concerns were dealt with. People were encouraged to make their views known.

Good



Is the service well-led?

The service was well led. Staff felt supported by the registered manager and provider.

The registered manager and clinical lead had effective systems in place to ensure people were cared for safely. The registered manager was involved, and supported staff to be involved in projects around people's healthcare needs.

Good



Banbury Heights Nursing 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 checked 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 May 2015. This was an unannounced inspection. The inspection team consisted of two inspectors and 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.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a

notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams as well as two healthcare professionals.

We spoke with 21 of the 46 people who were living at Banbury Heights. We also spoke with eight people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two nurses, five care workers, an activity coordinator the home's cook, the registered manager and the providers. We looked around the home and observed the way staff interacted with people.

We looked at 10 people's care records, and at a range of records about how the service was managed. We reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

People told us they were safe. Comments included: "I'm happy here and definitely safe", "I feel very safe because people treat me very kindly and the carers will sort out any little problems that I have", "I feel safe and very well looked after. It is a very good safe place here, couldn't be better" and "I feel safe here. I've got the security I need." Relatives told us they felt their loved ones were safe. One relative said, "I have no criticism what so ever. I am confident that [relative] is very safe because of the way the staff treat her and listen to what she wants. Staff all know her very well and she is always happy."

Staff we spoke with had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Staff members told us they would document concerns and report them to the nurse in charge, the manager, or the provider. One staff member said, "If I have a concern I have to report this to the nurse in charge on duty." One staff member added that, if they were unhappy with the manager's or provider's response, "I would raise any concerns to the local authority, to safeguarding and to CQC." Staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

The registered manager and provider raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the registered manager and provider had ensured all concerns were reported to local authority safeguarding and CQC. They also ensured all action was taken to protect people from harm.

People had call bells in their bedrooms and we saw these were always within their reach. We observed care staff responded promptly when call bells were used. One person said, "carers come as quick as they can. I'm never left waiting for too long." Another person pressed their call bell, a care worker came immediately to see if the person was okay, and said they'd come back in a minute, which they did. We observed staff spend time with people, talking about their days and their interests. The atmosphere in the home was calm.

People had assessments where staff had identified risks in relation to their health and wellbeing. These included

moving and handling, mobility, social isolation and nutrition and hydration. Risk assessments enabled people to maintain their independence and stay safe. Staff had identified one person who was able to use their call bell, however was at risk of pulling the call bell cord and breaking it, or injuring themselves. Staff ensured the call bell cord was secured to the side of the bed, so the person could reach it and be safe from harm.

Nursing and care staff took action to ensure people were protected from the risk of pressure area damage. Where nurses had identified people were at risk of pressure damage they ensured a risk assessment was in place. One person was nursed on pressure relieving equipment, assisted to reposition frequently and assisted with their personal care to ensure they were protected from risk. Care for people's skin integrity was effective. Most people had automatic 'nimbus' pressure relieving mattresses. Repositioning charts we reviewed had been completed three hourly. These measures helped to reduce the possibility of developing a pressure ulcer.

People were supported to take risks and given the information they required so they understood the risks. One person told us, "I can do what I like to do and nobody tries to stop me doing what I want to do. They know me well and listen to what I want."

People and their relatives told us there were enough staff. One person told us, "staff are very good. If they have the time they chat with you." A relative said, "We have access to the home and can come at any time. There is always staff around, I have no concerns."

Staff told us there were enough staff to meet the needs of people. Comments included: "We have enough staff. The manager always make sure we have enough resources and staff", "I think we have enough" and "We can sometimes be short, however we manage."

The Registered Manager had a system which enabled them to identify how many staff they needed to meet the needs of people within the service. Staff rota's showed there were enough staff deployed in accordance with the registered manager's system. The registered manager and provider regularly reviewed the amount of staff needed within the home, this enabled them to ensure there were consistently enough staff deployed to meet people's needs.

Is the service safe?

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

All medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked monthly by nursing staff. These checks showed staff monitored stock to ensure medicines were not taken inappropriately and people received their medicines as prescribed.

One person was supported with managing their prescribed medicines as they regularly stayed with family at weekends. Medicines were supplied in different storage devices to ensure the person could access their prescribed medicine without the risk of taking too much medicine. A nurse told us, "they take their medicine with them. This is the easiest way and ensures they spend their time as they choose."

We observed two nurses assist people with their prescribed medicines. They always ensured people had time and support to take their medicines. They gave people time to refuse medicines and provided encouragement if needed.

Is the service effective?

Our findings

People and their relatives spoke positively about care staff and told us they were skilled to meet their needs. One person told us, "The staff know everybody by name and they know all about you. They ask you what you would like to be known as." Another person said, "The staff are brilliant they really know what they are doing here." Staff told us they had the training and skills they needed to meet people's needs. One staff member said, "I honestly think the staff have the skills they need."

The registered manager supported care staff to develop professionally. A staff member we spoke with had achieved a National Vocational Qualification (NVQ) level 4 in health and social care. They told us they felt well supported with training, they said, "They [provider] are providing loads of training." They also told us they were undertaking a six month training programme on medication and team leading. The provider was funding this training activity. Other staff told us they had been supported to develop and complete training which would enable them to better meet people's needs.

Staff told us they felt supported by the registered manager and provider. One staff member said, "the owners are really supportive. If we have any doubts, the manager helps us." Another staff member said, "The manager and owners are very good at supporting us." Staff had access to supervision and appraisal from the registered manager. Staff supervision records showed staff were supported and challenged to improve. The registered manager and provider used unique ideas to assist staff to improve, and provided support to people regarding language and behaviours. Where learning objectives had been set these were followed up at future supervisions to ensure staff development was supported.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists, district nurses, community mental health nurses and speech and language therapists.

Staff had knowledge of the Mental Capacity Act 2005 (MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time). Staff told us how

this affected their role. One staff member said, "We assume people have capacity. If someone can't make a decision about where they live, it doesn't mean they can't decide what they want to wear, we support and promote choice."

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made as the person wished to return to their home, however they did not have the capacity to understand the risks associated with this choice. The registered manager made a Deprivation of liberty safeguard (DoLS) application which was approved following a meeting to consider the person's best interests. This meeting included the person's family and social worker. DoLS is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety.

The registered manager and provider were aware of the supreme court ruling regarding DoLS and following our inspection had made relevant applications for people who were being deprived of their liberty.

People told us they had plenty to eat and drink. Comments included: "They feed me very well here, plenty to eat and it is very nice food", "I've enjoyed the food here. Very tasty and it's appetising. I'm going home today after my respite care and they have even made me some sandwiches to take home with me", "Yes the food is very good. I'm a very fussy eater and they go out of their way to give me what I like. I didn't eat much at home but I enjoy my meals here" and "the food is pretty good. We never go without."

Food and drink was available to people throughout the day, fresh fruit was available in lounges for people. We observed one care worker assist a person to choose some fruit. The person told us they enjoyed eating grapes. Squash was available for people and some people were supported to make cups of tea for themselves. One person told us, "I'm supported to do as much as I can. I like making my own drinks, and some for other people."

People told us they had a choice of what they wanted to eat and were always offered more food. One person said, "I enjoyed my dinner very much. I could have had more but it filled me up so I couldn't manage any more. Hot and tasty." Another person told us, "there is always two choices of meals at lunch, and there is a choice of sandwiches. It's good." Where people had specific dietary or cultural needs

Is the service effective?

we saw these were provided for. One person required a vegetarian diet and staff were aware of this and ensured the person received this diet. One member of staff told us they had supported one person who was lactose intolerant and had ensured this person had a diet to meet their needs.

Other people were supported by staff with thickened fluids because they were at risk of choking. Where people had

been assessed as at risk, speech and language therapist (SALT) guidance had been sought and followed. We observed staff prepare people's drinks in line with this guidance. Where care staff had concerns over people losing weight they contacted the person's GP. People were supported with dietary supplements and were given support and encouragement to meet their nutritional needs.

Is the service caring?

Our findings

People and their visitors told us they were treated with kindness and compassion by care staff. Comments included: "I can't say too much about the staff. The care and attention is excellent", "We couldn't wish for anything better the care here is very good 10 out of 10" and "Very kind, caring people here and very comfortable place to be." One relative told us, "I have known her [person] for years I was shocked to see her when she first came in here from the hospital. There has been an amazing difference in her since she came to the home a few months ago. The care that she has been given has meant that she has come on in leaps and bounds."

People told us staff knew them and respected their wishes. One person said, "When I first came in to the Home they asked me what name I would like to be called when they are speaking to me. Everyone knows how I like to be spoken to because they know me so well." Another person told us, "The staff know everybody by name and they know all about you. They ask you what you would like to be known as."

One person spoke positively about how they were greeted and supported to settle when moving to the home. They told us how staff had promoted their independence to enable them to return to their own home. They said, "When I came here I was not in a good state. I had lost confidence and was frightened because of a bad home care experience. When I arrived I was met by two nurses and they made me a cup of tea. They were so kind. I've got my confidence back and I am able to go back home thanks to the staff here."

We observed a number of positive caring interactions between care staff and people. For example, one staff member assisted a person with their lunch time meal. The staff member encouraged the person to eat their meal independently and asked if the person needed any support. The staff member provided gentle prompts and worked at the person's pace. When we spoke with the person after lunch, they told us they'd had a good meal.

A staff member told us about one person who preferred to spend time lying on a sofa. We observed a staff member notice this person was uncomfortable and brought the person a cushion and a blanket to make sure they had everything they wanted. This person when asked confirmed

they were happy. Another person told us they could spend their time as they wished, and spent it with their relative who also lived at the home. They said, "it's really good here, I can do what I want to do, it's relaxing."

People told us they were supported to make choices and live their days as they chose. Comments included: "You can have a shower any time you want", "the staff do what you want, they're pretty good" and "I can spend time as I choose." One person told us they had made choices around their care. They said, "I have a gate on my door which I wanted, it makes me feel safe in my room."

People were involved in their care and their wishes were recorded. One person was asked for their views of where they would wish to be treated in the event of their health deteriorating. The person, with support from their family had decided they wished to be cared for in the home. A Do Not Attempt Cardio Pulmonary Resuscitation form was in place which stated they did not want to receive active treatment in the event of heart failure. The person and their family's wishes around their end of life care had clearly been recorded, meaning their wishes would be respected by care staff.

Staff knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. One staff member told us about a person who chose to spend their time in their room. They told us when another room became available they suggested the person be moved, if they wanted, to a room with a view. The person and their family agreed to this change, and the person was happy with the change. One person's relative told us their relative was always assisted to dress as they chose. They said, "it's a great home, the staff always help her to change and wear what she wants. She continues to look like a lady."

People were treated with dignity and respect. We observed staff assisted people throughout the day. One person liked to spend most of their day in their room. Staff checked on this person, knocking on their door and introducing themselves. When staff assisted this person with personal care they ensured their room door and curtains were closed to ensure their dignity was protected. People were asked if they preferred a male or female care worker providing their personal care. Their preferences were recorded in care plans and people told us their choices were respected.

Is the service caring?

Staff told us how they ensured people were treated with dignity and respect. One staff member told us, "It's people's homes, they have to be comfortable and respected." One person living in the home was living with dementia and required support to keep their room clean. A staff member

told us they ensured the room was kept clean and fresh to ensure the person's health and dignity was promoted. We observed staff ensuring the person's needs were met and their room remained clean.

Is the service responsive?

Our findings

People spoke positively about their social lives within the home. Comments included: "There's a lot to join in with if you want. I love it when the dog comes in and I really enjoy having my nails done", "they come around with games. I enjoy reading the paper" and "there is lots going on if you want it, I spend time with friends." A relative told us, "they're very happy here, they enjoy it."

The provider employed two full time activity co-ordinators, who were supported by care staff to deliver a full programme of activities and events. Throughout our inspection we saw people being assisted with activities, such as quizzes, bingo, indoor bowling, board games, movement exercises and massage sessions. We observed care staff assisting people with activities on a one to one basis. They played dominoes with people and discussed their lives.

People were supported to access the local community. For example, care staff told us one person enjoyed going to a local restaurant for dinner occasionally. This person's care plan showed how staff supported them and clearly showed their preferences and what was important to them.

Activity co-ordinators organised trips for people to local places of interest. People told us they liked the fact that the mini-bus was driven by the owner of the Home and felt that he was really part of it all. One person said, "I enjoy going out on trips. We've been to Upton House and Hook Norton Brewery so far."

Where people were at risk of social isolation, the registered manager and provider had sought support to meet their needs. This included contacting a local befriender service to ensure people who chose to stay in their rooms, or who had no relatives, had additional support. The home had portable plant potting baskets which could be moved from the gardens to people's rooms. This ensured that people who were cared for in their own rooms had access to stimulation from staff.

Activity co-ordinators had a clear vision of how they planned to further develop the activities programme. They told us they had plans to have an arts and crafts room to make it easier for people to paint. They also were looking at getting a simulator baby, which people could relate to, which met their well being needs.

People's care plans included information relating to their social and health needs. They were written with clear instructions for staff about how care should be delivered. They also included information on people's past work and social life as well as family and friends.

The care plans and risk assessments were reviewed monthly and where changes in need were identified, the plans were changed to reflect the person's needs. Relatives told us they were involved in planning their relatives care. We also saw, where appropriate, people's relatives signed documents in their care plan which showed they wished to be involved. One relative explained how they were involved in discussing their relatives changing care needs with staff. This was clearly recorded in the person's care plan.

One person's care needs had changed prior to our inspection. Nursing and care staff had identified this change, which meant for the short term the person needed to be cared for in bed. The registered manager had ensured a pressure relieving mattress was provided for the person, as they were at risk of pressure damage. They had also informed the family of this change and ensured they were involved in their relatives care. In agreement with the person and their family, bed rails had been put in place to ensure the person remained safe.

People and their relatives told us they knew how to raise concerns if they needed to. Comments included: "I've never needed to complain much but if some small thing happens then people help me and sort out my little complaint. Carers started getting me up really early so I told the manager and she sorted it out for me. I don't have any real worries", "If I had an concerns I would go to the manager" and "I've got nothing to grumble about, however I would let the staff and manager know if I did."

One person told us how staff had responded to their concerns. The person told us they had a painful hand condition and sometimes they felt staff were a bit rough when they assisted them to move. They also told us when they told staff they apologised and have since been really gentle when assisting them to move. The registered manager had used this feedback to inform discussions during staff supervisions.

There was a complaints policy which clearly showed how people could make a complaint and how the registered manager and provider would respond to this complaint. Complaints had been responded to in accordance with the

Is the service responsive?

provider's complaints policy. The registered manager kept a record of all the compliments they had received from people and their relatives and these were available for people and their visitors to look at.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and provider. Comments included: "the owners are always around, they take time to talk to us" and "the manager and owners are approachable." One person told us, "they [owners] make sure we're happy and comfortable."

During the day we observed the registered manager and provider were visibly present in the home. People knew them. People and relatives felt that managers listened to what they had to say and they responded to their comments.

The provider sought people's views on their care to help improve the service people received. A customer satisfaction survey was carried out which identified people's views on their individual care and how the home was run, including activities, food and staff. Where people made individual comments, these were acknowledged and individual actions were implemented. One person wanted more support to access the local community. This person's care plan showed the registered manager had spoken with the person and there was a plan in place to meet the person's needs.

The provider and registered manager identified trends in people's views from the survey and ensured action was taken. People had used the service's annual satisfaction survey to say the food they received was not always hot. The provider agreed to speak with the chef and that action would be taken to improve these concerns. The registered manager and provider had discussed the concerns with the chef during supervision and people told us the temperature of the food was now better.

Relatives views were also sought through relative meetings. These meetings provided relatives with the information they needed about the service. Recent meetings discussed the safety of the premises and ensuring the front door was closed. The provider agreed to put posters up at the front door to ensure this message was communicated to everyone. These posters were up at the time of our inspection.

The registered manager and provider carried out a range of audits to ensure people were receiving a good quality service. These included audits on medicines, infection

control, data protection and training. Where concerns had been identified, actions were taken, such as preventative measures taken to ensure people's confidential information was stored securely.

Incidents and accidents were recorded by nursing and care staff when they occurred. The registered manager looked at these records to identify any possible trends when accidents had occurred. The registered manager was proactive in identifying these trends and had ensured information was shared with local healthcare professionals and CQC. People could be assured that the registered manager used all the information they had to ensure the service people received was meeting their needs.

The provider involved a local "falls" team (a team who specialise in assisting people who frequently fell) and local pharmacies to help ensure people received a good quality service. Where improvements had been identified these informed the provider's development plan.

Banbury Heights provided "winter pressure" beds (beds contracted through a local hospital, to provide short term care to enable people before they returned home). When a person left the service to return home, their views were sought. The provider carried out a discharge audit to see what could be improved to ensure people's short term care was effective. The provider involved a consultant GP from a local hospital and ensured other healthcare professional's views were sought.

The provider and registered manager had a clear view of how they wished to develop the service. The registered manager of Banbury Heights had been supported to attend a dementia conference. Following this conference actions were added to a development plan to continue to improve dementia care within the service.

The management team, which included the registered manager and owners, met four times a year to discuss the home's development plan. When an action had been completed, the outcome of the action was documented to show if it had led to improvements to the service.

Staff were supported to make decisions and told us they were supported and involved in discussing improvements within the home. One member of staff told us, "I am able to request equipment if I think it will help. I also asked to

Is the service well-led?

access end of life care training as I think it would have big improvements in the home." Staff also had the information they needed to meet people's needs. They told us they received this through team meetings and handover notes.