

# Bath Centre for Voluntary Service Homes Bathampton Manor

## Inspection report

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## 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

### About the service

Bathampton Manor is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. One of the people was on a short stay at the home. The service can support up to 21 people. Some people had limited verbal communication, so we captured their views through observations.

The home is a listed building and each person had an individual bedroom. There were communal spaces downstairs including a conservatory, dining room and lounges. People always had access to the outside space during the inspection.

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

People told us they were happy living at the home and they felt safe. All people were comfortable in the presence of staff. Medicines were now managed safely, and further improvements were made around storage during the inspection. However, risks still were not always identified with ways to mitigate them for people with specific health conditions.

Improvements had been made for people who were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager had completed a range of audits to identify concerns and issues at the service. They strove to be open and constantly develop and improve the support people were received. When systems had identified issues, actions were being taken to rectify them. However, the provider was more informal in their approach of monitoring the service. The registered manager was aware of their responsibility to notify the Care Quality Commission of certain events in line with their statutory obligations.

Care plans had been improved since the last inspection. People had care plans which were personalised and provided a range of information for staff to use to support their needs and wishes. There were good links with other health and social care professionals which was important due to the complex needs of those living at the home.

People were supported by enough staff to meet their needs. Opportunities were created for people to participate in activities in line with their interests. Staff had received a range of training including specialist training in health and social care.

Staff were kind and caring and knew the people living at the home. Staff respected privacy and dignity throughout the inspection. Links had been developed with the community which had a positive impact for people. Independence was promoted, as were the values of treating each person as an individual.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 7 September 2018) and there were multiple breaches of regulation. The provider had positive conditions on their registration and were reporting monthly to us on the improvements they had made. At this inspection the provider had made improvements in most areas. Although, risks for people with specific health conditions were not always mitigated.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified one breach in relation to risks for people with specific health conditions at this inspection.

We have also made a recommendation in relation to external scrutiny by the provider.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Bathampton Manor

## 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

This inspection was carried out by one inspector, a member of the medicines team 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.

#### Service and service type

Bathampton Manor 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.

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

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 who work with the service. 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 12 people who used the service. We spoke with the registered manager and two of the board of trustees. We also spoke with seven members of staff.

We looked at three people's care records. We observed care and support in communal areas. We looked at two staff files. We looked at information received in relation to the general running of the home including medication records, auditing systems, policies and procedures, and environmental files.

After the inspection

During the inspection we asked for further information including about training. The registered manager also sent additional information in relation to their service. All the information was provided in the time scales given, and the information has been included in this report.

# 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 now 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.

### Assessing risk, safety monitoring and management

At our last inspection the provider had not always assessed or updated risks to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, a condition was placed on the providers registration in relation to risks to people.

We found some improvements had been made to details in people's care plans around risks. Although, not enough improvement had been made around mitigating risks to specific health conditions and the breach remained.

- People with health conditions had risk assessments and care plans which contained inconsistencies or lacked detail. One person's health had declined and their care plan did not reflect the new risks.
- Care plans and records did not contain enough information about repositioning needs for people at risk of pressure ulcers. Those who had special equipment in place had care plans which lacked guidance for staff to follow to ensure it was safe.
- One person had risks in relation to their eating and drinking. Their care plan stated the guidance for the staff was in their bedroom. It was not, although staff did have some knowledge about it.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate risks were always effectively managed when people had specific health conditions. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took action to update some of the care plans. They explained the transfer to the new electronic care plan system had meant staff were still learning how to use it. They told us they were also going to source additional training for the staff.
- Equipment was not always stored in a safe manner to prevent fire escape routes being clear. One walking frame and two wheelchairs were stored in a way which was restricting people's access to a corridor with their bedrooms in. The registered manager ensured they were moved by the second day of inspection.
- Staff knew people and their needs well. One person told us they were not allowed to go to lunch on their own because they could fall. They continued to tell us staff always support them to move around the home.
- People's oral health had been considered. There was a policy in place and care plans for staff to follow about checking and cleaning people's teeth and dentures.
- The registered manager took health and safety seriously. They had recently ensured an up to date fire risk

assessment was completed. Other health and safety checks were completed as well.

#### Using medicines safely

At our last inspection the provider had failed to manage medicines safely for people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, a condition was placed on the providers registration in relation to risks associated with medicines.

At this inspection improvements were found with medicine management. There was no longer a breach in regulations, although some small improvements were still required.

- People were receiving medicine as prescribed and in line with their preferred methods. One person said, "My medication is well managed and on time".
- Medicine was stored securely including those requiring additional checks or cold storage. Although the minimum and maximum fridge temperature had not been recorded. Therefore, the service could not ensure medicines which require cold storage were always kept at appropriate temperatures.
- Keys to access all medicines were not stored securely. By the second day of inspection the registered manager had resolved this. They put a system in place where authorised staff had keys on their person at all times.
- Protocols for medicines which were prescribed to be taken 'when required' were in place. Some required more details to aid staff in deciding if it was appropriate to administer these medicines.

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

- People and their visitors thought they were safe. They said, "I'm safe here", "Yes of course I feel safe" and, "You do not feel you are on your own here". One relative told us, "She [person] is safe here. Staff keep careful watch on her."
- Staff knew how to keep people safe from potential abuse. They recognised signs and who to report concerns to. All staff agreed they thought the registered manager would do something about it.
- Systems were in place to manage cases of potential abuse. The registered manager was aware of their responsibilities.

#### Staffing and recruitment

- People told us they were supported by enough staff. One relative said, "There seem to be enough staff numbers at the present. It seems stable at the moment. Agency are only ever used to fill in."
- Call bells were answered quickly throughout the inspection. One person knew about their call bell. They said staff come quickly when they pull it. Other people said, "I have only rung it once or twice, but they came quickly" and, "I pulled it by accident. Staff came running. They were very nice about it."
- Systems were in place to ensure staff recruited were suitable to work with vulnerable people.

#### Preventing and controlling infection

- People were kept safe from the spread of infection because staff had access to equipment such as gloves and aprons. Laundry was managed in a way to keep soiled clothes separate from clean clothes.
- The home was clean and smelt pleasant.

#### Learning lessons when things go wrong

- The registered manager had put systems in place to demonstrate learning was taking place when things went wrong. They would share information with staff, so they could all learn and make improvements together.



# 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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had not always made decisions in line with statutory guidance for people who lacked capacity. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, a condition was placed on the providers registration in relation to decision making for people who lacked capacity.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People were asked for their consent prior to any actions being taken by staff.
- People who lacked capacity had decisions made in their best interest involving those important to them. These were recorded in their new electronic care plans. However, for one person there was a clear misunderstanding by staff and in the records about what this should look like. Following the inspection, the registered manager made changes to the care plan. They had also supported staff to improve their understanding.
- Systems were in place to monitor DoLS. Applications had been made to the local authority when people were at risk of have their liberty deprived.

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

- People's needs were assessed every month using the new electronic care plan system. Staff would talk

through people's care and needs with them and, where appropriate, family members. Any changes were recorded as part of this approach. However, there were still occasions that key information had not been updated in a timely manner.

- The registered manager was aware of current standards, guidance and law. They were working hard with staff and the provider to ensure it was all being followed.

Staff support: induction, training, skills and experience

- People were supported by staff who had a range of skills and experience to support their needs. One person said, "The staff are well trained."
- Since the registered manager had started they had focussed on ensuring staff had enough training. One member of staff said, "Training is so thorough. Training is spot on."
- Staff had received training around people's specific health needs and had opportunities to complete health and social care qualifications.
- Systems were in place to make sure new staff received an induction and support until they were happy.

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

- People were positive about the food they were offered. One person said, "The food is very good. We choose the day before. There is a good choice, plenty of it, generous helpings". One relative said, "The food is good. I feel quite envious of it."
- Menu options for each meal were shared on a communal blackboard in the dining room. These provided a visual prompt for people with some memory issues. The chef was currently working with people to ensure the menus reflected their preferences.
- People could choose where they ate. Those in the dining room socialised whilst eating. One person was listening to the cricket so chose to eat in their bedroom.

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

- People had access to a range of health and social care professionals to meet their needs. One person said, "If I tell them I am unwell they will get someone to come and see me. I also have a private chiropodist come regularly." Other people had seen their GPs or specialists for advice when their health declined.
- Staff were aware of people's needs and would follow the information provided by the specialists.
- Following the inspection, the provider told us each person with complex health needs had an additional care plan in place to reflect their specific conditions.

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

- People's bedrooms had been designed around their needs and wishes. Each person's bedroom was personalised and contained important things to them. Some people had ornaments and pictures from their homes on the wall. Other people had snacks and drink stored in their bedroom.
- The grounds were accessible to all people. There were a range of communal spaces people could choose to spend their time in. One person told us, "They are lovely grounds" and talked about going for a walk in them with their relatives.

# 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 now 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 were very positive about the care and support staff gave them. One person when asked about staff said, "They are lovely. If I ask for something they just come." Another person told us, "I am privileged to live here" because of the care they received.
- Visitors comments reflected that of people. One visitor said, "Staff are lovely." They continued to tell us they would move into the home if they needed care because staff were, "Lovely and caring." One relative said, "I am thrilled. There are some lovely staff."
- Staff were kind and compassionate in most of their interactions with people during the inspection. One staff member said, "This home is lovely. We can see how happy they [people] are."
- Compliments reflected the positive things we were being told about the home. One of them read, "Bathampton Manor could not be a more caring, pleasant and safe home for my very frail mother. The staff are so kind and go way 'above and beyond' to ensure the happiness of the residents. The atmosphere is warm and friendly, not at all 'institutional' and residents are always shown great respect and support."

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

- People were supported to make decisions, and these were respected by staff. Throughout the inspection staff were asking people what they wanted to do.
- However, there were a few occasions when staff were instructing people without offering much choice. The registered manager was aware of this and had already been addressing it.
- Opportunities were created for people to express their views on the running of the home. The registered manager had an open-door policy and encouraged people to speak with them about suggestions.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. They always knocked on bedroom doors before entering bedrooms. One person said, "Staff do their best. They respect my privacy and dignity." One member of staff said, "We make sure door is always shut before assist them [people]."
- Independence was always promoted. Throughout the inspection, people were free to move around the home and into the garden. One person enjoyed spending time sitting in the sun.
- Staff had received training on equality and diversity. They were aware of respecting people's diversity.

# 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 now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider updated care plans, so they contained all their needs and preferences. The provider had made improvements.

- People had care plans which were personalised to them. This included life histories which were important for those who had memory difficulties or struggled to communicate. When it was appropriate, families had been involved in helping with the care plans.
- All care plans had been transferred to electronic system. The registered manager talked about work they had undertaken liaising with the developer to make it personal to the home and people who lived there.
- Throughout the inspection it was clear staff knew people well. One staff member said, "We know all our residents very well".

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.

- The registered manager was aware of their responsibility to make information accessible to people in line with their needs. Staff would spend time reading through documents if it was required. One person had a magnifying glass to help them access documents. Another person who had visual difficulties chose that their relative would read documents to them. Staff respected this choice.

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

- People were supported to maintain meaningful relationships to those who were important to them. Relatives confirmed they were made to feel welcome at the home when they visited. One relative said, "The welcome we get as a family is positive." They continued to say, "We love it here. We could not be happier."
- A range of activities were on offer for people to participate in throughout the day. Some played bingo whilst others, supported by staff, joined in board games. There were no formal activities timetable just a list of things available.
- The registered manager planned to develop the activities within the home. This included participating in a music therapy project and supporting one to one activities in line with people's interests.

#### Improving care quality in response to complaints or concerns

- All people told us they knew who to complain to if they ever needed to. Only one ever had raised a concern about the quality of cheese. The registered manager had responded promptly and provided a cheese board selection.
- Systems were in place to manage complaints. No formal complaints had been received since the last inspection.

#### End of life care and support

- No one was receiving end of life care at the time of this inspection. Plans had been put in place to reflect people's wishes, culture and religious preferences. One person's plan clearly showed who they would like contacted and what their wishes were.

# 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 now 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.

### Continuous learning and improving care

At the last three inspections the service had multiple breaches of regulations and the provider was not recognising their shortfalls. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, a condition was placed on the providers registration in relation to improving the governance of the home.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, we have made a recommendation to improve provider governance of the service.

- Improvements had been made since the last inspection. For example, around medicine management, capacity and consent, and personalised care plans. However, concerns remained with risks for people with specific health conditions.
- The registered manager had oversight of the service and clearly identified areas which required improvements. Recently, they had commissioned an independent risk assessment in relation to fire safety at the home. As well as this, they had asked the local fire service to support improvements. It was clear actions had been taken in line with this advice and risk assessment. This included more regular training for staff and improvements to the building to meet certain standards.
- The provider was made up of a board of trustees. On the second day of inspection, two trustees attended the inspection. They had an informal approach of monitoring the service including regular visits to speak with staff and people. There was a representative of the board who regularly met with the registered manager to monitor the audits. It was clear all members of the board wanted to drive improvement.

We recommend that the provider considers external scrutiny to ensure effective monitoring and sustainability of the home.

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

- The management all promoted an open culture which placed people at the centre of everything they did. The registered manager was aware the current culture had been developing since they came into post. This was an ongoing piece of work for them. One of the trustees said, "[Registered manager] has done a great job turning it around from where it was. Morale of staff has improved."
- Throughout the inspection staff were freely coming to the registered manager's office when they required

support or advice.

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

- The registered manager was clear about their responsibilities in line with the duty of candour including being open and honest when things went wrong. One relative said, "Communication is good. They usually phone my sister if something is wrong as she lives nearer than me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Previous inspection ratings were not always displayed clearly at the home for people to see. The registered manager explained that some people liked to collect posters from notice boards. By the second day of the inspection this had been rectified.
- People and their relatives knew the registered manager and were positive about the support they provided. One relative said, "[Registered manager] is absolutely great. Very calm. She is there if you need her. Staff seem more happy than they've ever been before working with [registered manager]."
- Staff were clear about their roles and responsibilities. They were all receiving regular supervision.

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

- Regular meetings were held with people and their relatives. When suggestions or concerns were raised then answers were given. Changes were made when it was felt required. Everyone recommended the home as a place to live.
- Staff meetings were held when a range of topics could be discussed in relation to the running of the home. Staff could raise suggestions and the registered manager would provide a response.

Working in partnership with others

- The home had a strong link with its community through "The Friends of Bathampton Manor". They came and organised activities and fundraising events for the home.
- Links with the local church had been developed so people could have their religious needs met.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure risk had been assessed for people with health conditions.</p> |