Banbury Heights Ltd

Banbury Heights Nursing Home

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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Banbury Heights Nursing Home is a residential care home providing accommodation for, predominantly adults over 65 years, although it can support younger adults who also require this service. People were accommodated in one adapted building.

The care home has an agreement in place with local health and adult social care commissioners to support up to 17 people, who require further care and treatment directly following discharge from hospital. These short-term admissions are referred to as 'hub' admissions. At the time of the inspection, hub admissions were not taking place.

The care home can provide support to a maximum of 59 people. At the time of the inspection, 28 people were receiving support.

People's experience of using this service and what we found
Medicines were not always appropriately managed which meant people were not protected from unnecessary risks and harm related to their medicines. Action was taken during the inspection to reduce medicines risks for example, some necessary guidance records were completed.

Processes designed to protect people from abuse had not always been followed. The provider acted during the inspection to improve their monitoring of notification submissions. Notifications must be submitted to the Care Quality Commission when incidents between people take place so that the actions taken to protect people can be followed up to ensure people are protected.

The provider's quality monitoring processes had not always identified the shortfalls we identified during this inspection. Once informed about the shortfalls, the provider took action to make improvements. These improvement actions need to be sustained.

People told us they felt safe. There were processes in place to assess risks to people and reduce or mitigate these. This included risks from the environment, equipment used and emergency situations such as a fire. Successful and safe staff recruitment had ensured there were enough staff available to meet people's needs. There were effective infection prevention and control arrangements in place and people lived in a clean environment. Situations which had not gone to plan were reflected on and learning taken from these to avoid recurrences.

The provider had strengthened its senior leadership arrangements and a more robust senior staff structure had resulted in better support and guidance being available for staff. Work had been done on team building and a predominantly new staff team, were working well together. Feedback had been sought from people, relatives and staff and once the results were fully collated, this would be used to help improve the service. The provider worked with partner agencies to ensure people could access the services of the care home

when required.

People's health needs were assessed prior to moving into the care home. People's needs were met by staff who had appropriate skills and knowledge and in accordance with people's protected characteristics and choices. People had access to a GP and other healthcare professionals when needed. People's altering health needs were assessed and there were processes in place to recognise and act on people's deteriorating health. Staff received relevant training and there were arrangements in place to support them with their learning and development needs. People received support to eat and drink enough and people told us could make choices about what they ate and drank. Technology was used to support the management of risks, such as those associated with falls. The environment had been adapted to support people's needs.

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

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

Rating at last inspection
The last rating for this service was good (published 22 November 2019).

Why we inspected
We had received concerns in relation to how people's nursing needs were monitored and met, staffing numbers and skills and the overall management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. Action was taken by the provider during the inspection to mitigate risks to people.

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

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management, reporting of events involving people

(notifications) and the provider's quality monitoring system at this inspection.

Please see the action we have told the provider to take at the end of this full report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Banbury Heights Nursing Home

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Three inspectors, two members of the CQC medicines team and an Expert by Experience carried out this inspection. 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
Banbury Heights Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Banbury Heights Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

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 reviewed the information and feedback provided to us by the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with six people who used the service to learn about their experiences of the service provided to them. We also spoke with five relatives; two by telephone. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five care staff, two nurses, three housekeepers, head chef, maintenance person, an administrator, training manager, acting manager, chief operations manager and the nominated individual. We spoke with two visiting healthcare professionals.

We reviewed 10 medicine administration records and five related care plans. We observed two members of staff administering medicines. We reviewed a selection of additional electronic care records which included care plans, risk assessments and staffs' records of the care they provided people. We reviewed records pertaining to the Mental Capacity Act and Deprivation of Liberty Safeguards. We reviewed records relating to infection, prevention and control, cleaning and maintenance. We reviewed three staff recruitment files and records relating to staff training and support.

We reviewed a selection of records relating to the management and quality monitoring of the service. These included those relating to complaints, accidents and incidents, audits and the home's development plan. We also reviewed a selection of policies and procedures.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Using medicines safely

- Staff that supported people with their medicines had received medicines training but there was not a robust system to check they were competent to carry out the task.
- Medicines were not stored safely and securely in line with good practice and the providers own policy.
- People that needed their medicines given covertly, (disguised in food or drink), did not have the correct people involved in the decision-making process to ensure this was safe and in their best interests. Staff did not have the information available on how to prepare and administer covert medicines safely.
- Staff were not reporting medicines related errors or near misses in line with good practice.
- Some people had protocols for their "when required" medicines to guide staff in their use. However, these were not person centred and they were not in place for all medicines that needed to be given this way.
- Staff did not always ensure pain patches were applied to people in accordance with manufacturers guidance.

Medicines were not always managed safely to protect people from risks associated with medicines. This is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were given pain relief when they needed it and were supported to take their medicines. A person said, "I take it (pain relief), they give me a couple to take at night to help me sleep" and another person said, "Nurse gives it to me, watches me take it and fills the water up."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider did not have effective reporting processes in place to ensure people were protected from the risk of abuse. CQC was not notified of all safety incidents between service users to ensure all relevant agencies could monitor people's safety. Relevant learning was taken from this during the inspection to ensure this did not happen again.
- Staff had received safeguarding training. They were aware of what abuse looked like and knew how to report any concerns they may have to senior staff.

Assessing risk, safety monitoring and management

- Risks to people's personal safety were assessed and action taken to reduce these risks, such as falls and potential choking.
- The safety of people, visitors and staff was everyone's responsibility. The provider expected staff to report any health and safety issues immediately so these could be addressed. Regular servicing and maintenance

checks were completed to ensure fire safety systems remained operational, water systems remained healthy, call bells worked, and the equipment was safe to use.
● A daily meeting was held between managers and heads of departments where any new potential risks would be discussed and subsequently shared with the wider staff team.

Staffing and recruitment
● Safe recruitment processes ensured only suitable staff were employed by the service. Nurses registration with the Nursing and Midwifery Council (NMC) was checked to ensure they could practice in the United Kingdom.
● Managers used a dependency tool to help them decide on the numbers of staff required. They had recently adjusted this tool to include a review of people's needs and incorporate the layout of the building and had subsequently increased the staffing numbers.
● People commented on the fact that there had been a high turn-over of staff but there were now more permanent staff. People told us staff responded to their call bells in a timely fashion.

Preventing and controlling infection
● People told us they felt protected from infection. A person said, "They (the staff) wear an apron, mask and gloves for care" another person said "My room is cleaned room every day."
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● People were supported to receive visitors safely in accordance with their preferences and wishes. We spoke with two relatives who told us they were able to visit their relative when it suited them. A person us about the visitor that came to see them and said, "No longer restricted can visit as long as they want now."

Good

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to admission to ensure these, along with people's choices, could be met.
- Recognised assessment tools were used to assess ongoing health needs and to help staff decide what care was required. Seen, for example, in the prevention of pressure ulcers and malnutrition.
- Staff had received training in the use of RESTORE2/NEWS2. An assessment tool which standardises the assessment and responses required when people's health unexpectedly deteriorates. NHS healthcare professionals had also provided further training to staff on recognition of early signs of deteriorating health.
- Care pathways were followed which meant people's care was delivered following agreed plans of care and best practice. This was seen, for example, when staff worked jointly with other healthcare professionals to support those living with dementia, or where people required specific referrals for assessment and support with mobility, swallowing problems and wound care.

Staff support: induction, training, skills and experience

- Newly employed staff completed induction training and there were arrangements in place to monitor and support them until they were assessed as competent.
- The provider had employed a training manager to ensure staffs' training was relevant, accessible, completed and kept updated.
- Processes were in place to review some practice competencies and to identify staffs' further learning and support needs. This included supporting nurses with the revalidation of their registration with the Nursing and Midwifery Council (NMC)

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

- People were provided with enough food and drink, to meet their individual dietary requirements and preferences. We observed the chef meeting with people to check if what was provided to them, still met their needs and preferences. A person said, "It's very good indeed (the food), they do give me a choice when they ask" and another person said, "I can have something else and can have more." This related to asking for more dessert once and the care staff brought another portion to them.
- People who required textured altered food and drink, to support safe swallowing and prevent choking, were provided with food which was prepared in line with guidance provided by The International Dysphagia Diet Standardisation Initiative (IDDSI).
- The provider was completing a review of the fluid offered to and consumed by people. This was to ensure their recording processes were accurate in this respect and to obtain a baseline reading for each person's fluid intake. This would then help to inform care planning in this area.

Staff working with other agencies to provide consistent, effective, timely care

● People could be seen by a GP when required. A person said, "Always a doctor in the home if want one, oh yes" and another person said, "Doctor comes in once a week." Staff also had direct contact with the GP surgery and once a week organised, with them, follow up visits and other necessary GP reviews.

● A visiting healthcare professional spoke to us about the health needs of people, at the time of the inspection, and told us they had confidence in the nurse's abilities to meet these. They also confirmed that staff appropriately referred people to them.

● Another visiting health professional told us the service had made an appropriate mental health referral to them. This professional visited regularly and was able to monitor the person's progress and provide advice to staff.

● Nurses worked alongside specialist healthcare practitioners, such as NHS Rapid Response, to support people's changing and urgent health needs. Where it was assessed as safe and appropriate to do so, people received medical treatment in the care home so avoiding admission to hospital.

Supporting people to live healthier lives, access healthcare services and support

● People newly admitted to the care home were supported to get registered with a local GP surgery, so they had access to NHS services when required.

● People had access to regular chiropody and supported to access NHS podiatry services if they were diabetic. Staff supported people to access optical and dental support as required.

● People were supported to maintain their oral hygiene.

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

● The building's environment provided predominantly single bedrooms with private toilet and washing facilities which helped maintain people's privacy and dignity. Some bedrooms were available for sharing, with people's consent and where this may meet a preference.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● We observed staff asking for people's consent before providing care.

● Where applications had been required to be submitted for deprivation of liberty safeguards these had been completed. There were no conditions applied to authorised DoLS.

Requires Improvement

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. 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.

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

- The provider did not have effective systems in place to monitor the quality and safety of the service.
- The provider's checks and audits had not identified all the shortfalls found on inspection. These included those relating to the management of people's medicines and submission of notifications to CQC.
- Systems to monitor people's daily care delivery were not developed enough to support the manager to check whether people had received their personal care as agreed.
- Where monitoring had identified areas for improvement, such as through falls analyses or complaints investigations, we saw lessons learned had been shared with staff. However, there was a lack of information about what action had been taken to improve practice and how these improvements had been monitored to ensure they were sustained.

The provider had failed to ensure there were effective governance and quality assurance measures in place. This was a breach of regulation 17 (Good Governance) of the health and Social Care Act 2008 (Regulated Activities) Regulations 14.

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 provider failed to notify CQC of five safety incidents in accordance with legal requirements to ensure CQC could monitor the action they had taken to keep people safe.

The provider had failed to submit the required statutory notifications. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- There was a clear vision in place to provide person centred care and to ensure people's equality and diversity needs were respected. However, we saw staffs' approach was often task focused with fewer meaningful interactions taking place with people. The provider had a process in place for monitoring staff interactions, but told us they would review this to ensure it resulted in improvements in this area.
- Improvements in the leadership of the service were providing staff with the support and guidance they needed to deliver an improved service to people.

● People were aware there had been a change in leadership. A person said, "Oh yes, new manager, has taken over" and then commented that this change had been for the better.

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

● The provider had completed a staff satisfaction survey with the support of an independent consultancy.

● Resident meetings and individual review meetings (known as Resident of the Day reviews) were being embedded to ensure people had the opportunity to feedback on their experience of their care. A person said, "A manager in a suit comes in, he comes around and asks if we are, ok."

● We were told about some changes the provider had already made in response to people and staff's feedback. The home improvement plan also included some further actions for development.

Continuous learning and improving care

● The provider had been open to constructive feedback from visiting professionals and commissioners and had used their feedback to make improvements to the services provided. These improvements needed to be sustained.

Working in partnership with others

● The service worked with a range of system partners to ensure people could access the services of the care home when needed.

● The provider was wanting to further develop links with the wider community, but the pandemic had presented challenges in doing this. The recruitment of an additional activities co-ordinator would support further development in this area.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to ensure appropriate notifications were submitted to Care Quality Commissions following incidents which had taken place between service users and which potentially placed them at harm. Regulation 18 (2) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not fully protected against the risks associated with the unsafe management of medicines. Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services were not fully protected from unsafe services because the provider had not ensured their quality monitoring systems were effective in identifying shortfalls and ensuring action was taken to make improvements. Regulation 17 (1) (2) (a) (b)