

Banbury Heights Ltd

Banbury Heights Nursing Home

Inspection report

11 Old Parr Road
Banbury
Oxfordshire
OX16 5HT

Tel: 01295262083

Date of inspection visit:
15 October 2019

Date of publication:
22 November 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Banbury Heights Nursing Home is registered to provide accommodation and personal or nursing care to people predominantly aged 65 and over, including those living with dementia. The service can support up to 59 people. There were 43 people at the home at the time of the inspection, this included 15 people staying in 'hub' beds. Hub beds are used for interim placements when people no longer need to stay at a hospital and require either additional support or further assessment before they are ready to return to their own home.

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

People remained safe at the home. They were supported by a sufficient number of suitably skilled and safely recruited staff. People were supported to have their medicines as prescribed. Risks to people's well-being and individual conditions were assessed and recorded. Staff followed good practice around infection control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff knew how to apply the principles of the Mental Capacity Act. People remained well supported to maintain good diet and nutrition. Staff worked well with various external professionals to ensure people's healthcare needs were met.

People told us they received caring support. Staff respected people's privacy and dignity. The team was committed to respecting people's diversity, people's individual needs, including communication needs. People were supported to be independent where possible and their confidentiality was respected.

People continued to receive support that met their needs. People's interest and life history were explored, and this information was used when planning activities. People had access to a choice of in-house activities as well as outings. People knew how to raise any concerns and management audited complaints to prevent reoccurrence.

There was a new manager appointed earlier this year who was awaiting their registration with the CQC. The manager demonstrated an open and transparent approach. There were audits in place to ensure good standards of care were maintained, however these were not fully effective. The audits did not identify the provider had not sent us all statutory notifications as they were required to do. People and staff were consulted, and their views mattered. The provider worked well with a number of local social and health professionals to ensure people received good service.

Rating at last inspection and update:

The last rating for this service was Good (published 19 August 2017).

Why we inspected

The inspection was carried out sooner than set out in our re-inspection programme due to concerns we received. We were made aware of safeguarding concerns around people's care. We also received whistle blowing concerns around a number of areas and these included staffing, management, infection control and dignity issues. A decision was made for us to inspect and examine those risks. We found no evidence to substantiate the concerns received.

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 safe.
Details are in our safe findings below.

Good ●

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 ●

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, one specialist advisor in rehabilitation services and one 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

Banbury Heights Nursing Home 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 new manager, who had applied to register with the Care Quality Commission. The registered manager 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 and took place on 15 October 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also looked at the notifications we had received for this service.

Notifications are information about important events the service is required to send us by law. We also contacted the local authority to obtain their views about the service.

During the inspection

We spoke with 11 people who used the service, eight relatives and three visitors to get their views about their experience of the care provided.

We spoke with 14 members of staff, including the directors, the quality manager, the manager, two nurses, a trainee nurse, three care staff, two housekeeping staff, the maintenance person and the activities co-ordinator.

We reviewed a range of records. This included 12 people's care records and samples of people's medicine records. We looked at three staff files in relation to recruitment and staff's supervision and training records. A variety of records relating to the management of the service, including complaints, safeguarding logs and audits were also viewed.

After the inspection

We contacted eight external health and social care external professionals to gather their views about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. We found no evidence to substantiate the allegations received. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received medicines as prescribed. Medicines were stored safely and securely. When people needed 'when required' (PRN) medicines there were protocols in place that guided staff when people might need these medicines.
- People were supported, when appropriate to manage their own medicine. For example, one person administered their own inhalers. People were supported to take their medicines as needed. One person said, "I have to take twelve pills a day now, the nurse knows what she is doing but I know which ones I have to take too".
- We observed staff administering medicines to people were following good practice guidance.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding and whistle blowing policies in place. The new manager ensured they worked closely with the safeguarding team and they were planning to ensure any action points arising from the investigations were cascaded to the team to prevent reoccurrence.
- People told us they were safe at the home. One person said, "I do feel safe since coming here".
- Staff knew how to report any safeguarding concerns, including outside of the organisation. One member of staff said to us, "If any concerns, I'd go to nurse on duty, manager, if needed externally, (to the) council or CQC".

Assessing risk, safety monitoring and management

- Risks to people's individual conditions surrounding their skin integrity or mobility had been assessed and recorded.
- Staff knew people's needs well and ensured risks to people's well-being were managed.
- The provider ensured a number of checks, such as fire safety, water temperatures and equipment took place. There were emergency planning documents that stipulated what to do in an emergency. The provider had assessed and put procedures in place for evacuating the home safely taking into account the type and layout of the home.

Staffing and recruitment

- There were enough staff. Feedback from people confirmed they did not need to wait long for support. Comments included, "There have been an awful lot of new staff recently" and "I would say that there are probably enough carers here".
- Staff told us the staffing levels were suitable. One staff member said, "We have now enough staff, since the

new manager (started)".

- The provider followed safe recruitment practices to ensure staff were suitable to work with adults at risk.

Preventing and controlling infection

- Staff used and had access to protective personal equipment such as gloves. We observed staff used colour coded cleaning equipment to prevent cross infection.
- The environment was clean and free of unpleasant odours.

Learning lessons when things go wrong

- The management team ensured lessons were learnt if needed. Following a concern raised around staff's responsiveness to an unwell person additional training was implemented.

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 Good. At this inspection this key question remained the same. 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

- Pre-admission documents highlighted people's needs and support requirements had been assessed. This was to ensure people's needs could be met. Where applicable copies of the assessments from the commissioners would also be used to inform the care planning process.
- Where people had been assessed as likely to benefit from the assistive technology, such as pressure mats, these were in use. We saw when needed, people had pressure mats in their rooms which alerted staff when the person was mobilising. People were supported to have their oral hygiene needs met and staff told us they for example, assisted people with cleaning their dentures.

Staff support: induction, training, skills and experience

- Staff had ongoing training that was relevant to their roles and met the Care Certificate criteria. Care Certificate are a nationally recognised set of areas staff working in social care need to adhere to. The nursing staff received clinical training and were supported with the revalidation of their professional registration. Staff were positive about the training. One staff member said, "Induction was good, I shadowed (worked alongside an experienced staff member) for a few days". One person said, "I find the carers always know what they are doing".
- The provider introduced a scheme that supported more staff to become nurses. Their "Nursing Training Initiative" helped staff to study whilst working. The provider's long-term ambition was for the local services to be self-sufficient around nurses recruitment as they recognised recruitment and retention of nursing staff could be a challenge.
- Staff told us they were supported in their roles. Comments from staff included, "We work well as a team and support each other". Staff had their competencies assessed in a number of areas and various practical tasks. The management team planned to include improved oral assessment and additional training for staff around assisting people with oral hygiene.

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

- People's care plans reflected details of their diets and preferences. For example, one person's care plan stated the person needed fortified drinks, they were to be offered small meals and extra snacks and prompted during the meal times.
- People complimented the food. Comments included, "The food here, on the whole, is good" and "I enjoy my breakfasts, today I had toast and cereal and a couple of cups of tea".
- We observed the lunch service which was a positive experience. People appeared relaxed, there was a little laughter and a short bout of ad hoc singing beforehand by a staff member and a couple of residents which indicated a good atmosphere. Where people needed support, staff assisted them appropriately and

we also saw some staff joined in with people enjoying their own lunch.

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

- Records of people receiving rehabilitation support demonstrated people received this. For example, mobilising in gradually increased distances. The records confirmed people had access to the physiotherapist on a regular basis.
- People were supported to see a range of professionals. One person said, "A GP comes regularly on a Thursday, they are good like that and we know they will call someone out if they need to or if someone is ill". Other people told us they were supported to see specialist consultants.
- The team worked well with a number of external health professionals. For example, one person was living with diabetes and their care records demonstrated involvement of a specialist diabetic nurse. We received positive feedback from external professionals. One professional said, "I just turn up and staff have been approachable. I always feel I can go in anytime without phoning up or making an appointment. If there is any follow ups this is discussed at MDT (multi-disciplinary team) meetings that are every Tuesday".

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

- The environment was suitable to meet people's needs, door thresholds were level, there were plenty of wall mounted rails and there was good lighting throughout. People's bedrooms were clear of any equipment, and obstacles. There were a number of communal seating areas for people to use and level access to the outside patio area with seating provision. The lounges were themed with one doubling as a cinema and some had a food and drink making facilities available. There were elements of dementia friendly objects displayed in the public areas and various items of interest relating to Banbury. This was relevant as a vast majority of people using the service were born and grew up locally.
- People were able to personalise their bedrooms with various items of importance to them and their own belongings.

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.

- People's choices were respected. Staff asked people for their opinion and consent before supporting them. One person said, "They allowed me to move rooms, this one is a lot quieter which suits me".
- Staff knew the principles of the MCA and how to apply these in their work. One member of staff said, "We treat people like they have capacity and do assessments if needed".
- People's records contained assessments of people's capacity to make specific decisions. For example, around people's understanding for the need to live at the service. The management team submitted DoLS application where required and the best interest principles had been followed.

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 remained the same. We found no evidence to substantiate the allegations received. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. People's appearance demonstrated they received appropriate support around dressing and grooming. People said their privacy was respected. One person said, "There are some nice girls here, they always knock before they come in and if they pass my door they often ask if I want anything if they see me".
- Staff promoted people's independence where possible. We saw where more able people wanted to be involved with the daily routines such as laying tables and handing out drinks to less mobile fellow residents, they were supported to do so. Staff also ensured people used specialist crockery, such as plate guards which aided their independence with eating their meal.
- Staff respected people's confidentiality and people's records were kept secure. The management team used secure email system when sending confidential information.

Ensuring people are well treated and supported; respecting equality and diversity

- People's comments reflected they had a good rapport with staff. One person said, "I just think that they are second to none". One relative told us how the staff patiently assisted one person with a kind of repetitive behaviour the person displayed due to their memory impairment. They added, "They (staff) have a good understanding of people".
- We saw examples of positive interactions between staff and people. Staff demonstrated they worked in line with the aim displayed in their job requirements booklets which said, "Remember, be fun and friendly with the residents and smile often. Just a smile can make someone's day".
- The team was committed to respecting people's diversity. There was a library equipped with a lot of books on different religions. The management team said it was a new idea to improve staff's understanding of different religions and how it could affect care people received. People's religious needs were met. On the day we saw a deacon who was a regular visitor and the local priest arrived to give communion to a resident.

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

- We observed staff maintaining eye contact with people when speaking, and staff adapting their position to ensure they were on an equal level to the person they were supporting. Staff demonstrated they were patient and supportive when people needed extra time due to communication or word searching difficulties.
- We observed staff demonstrated good knowledge of individual people, their habits and likes and dislikes and in a few cases demonstrated good reading and understanding of their mood changes. For example, one staff member said about the person, "[Person] always get anxious if he is surrounded by people".

- People's relatives where appropriate were consulted about decisions surrounding people's care. People were signposted to independent advocacy services if required.

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 Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- There were designated staff responsible for organising activities at the service. They regularly sought feedback from people and their relatives to discover if people have other interests or hobbies which could be encouraged. There was evidence people's interests were used when planning activities. Some people helped with daily tasks, such as with a newspaper round or in the dining room. People's history was taken into consideration too. For example, one person used to be a horse trainer and staff took them to visit a race course and meet up with some old friends. Another person who used to be a farmer had a trip to a nearby farm arranged for them. One person used to be a disc jockey and they were supported to pursue with conducting their passion and the staff have supplied the person with vinyls (records).
- Staff created "About Me" booklets and share these with people. It helped in communication and to orientate staff and people with common interests. Staff worked with people and helped them to create enjoyable memorable events. For example, one person visited an allotment not seen for many years and carved their name on a post. A picture was taken for the person to reminisce.
- The provider used 'Well-being' care plans with people to decide on at least one thing, large or small which they wanted to achieve, and the staff would facilitate, such as the examples listed above. At the end of the month a reflection and a review with the people and the process would start again. The examples of care plans we saw showed people's safety, involvement of family and friends as well as the person's well-being before, during and after their 'magic moments' as these were called was assessed and recorded. The provider shared this approach as a good practice example at the recent local providers' association conference.
- People were also supported to enjoy outings. Two people were supported to regularly go to the local cinema. Two other people were supported to attend local church services. Staff assisted people to visit the local market, where they purchased foodstuffs or plants and visited the adjacent café. The management team told us people were well known by the (market) stall holders, one always gave a person a cuddle and others offered gifts of fruit. Other people were on several occasions supported to go to the local garden centre. A staff member came on their day off to take one person out on a regular basis.
- People that chose to spend time in their rooms had access to quieter experiences, such as manicure, massage or reading. Where people stayed in their bedroom further emphasis was focused to help people to personalise their space.
- Staff ensured well known occasions were celebrated, such as pancake day, harvest festival and Halloween. On each occasion the home was decorated, and people were actively involved at all stages. There was a particular focus to mark all military anniversaries. Given the diversity of staff team there were multi-cultural events with food, dressing up and music. During the summer the car park was decorated as a beach and an ice cream van was booked.

- One person who used the service before returned each week as a volunteer to hold quizzes and other sessions. There was emphasis to keep people active. There were exercised session and circular walkways on each floor to encourage walking and themed areas and chairs conveniently located on the way.
- The provider encouraged the use of technology to aid communication including translation. There were electronic tablets used for personal entertainment and communication. The provider invested in wireless network to facilitate this. They for example used it to show a virtual tour to one person of the town the person used to live. The provider purchased "Fidget-Widgets" as recommended by the well-known charity to help those who may experience anxiety.
- People's feedback demonstrated they had opportunities to join in various activities. Comments from people included, "I go to the odd social event and I do join in, I have a sing song sometimes, I like singing" and "I usually join in with the Bingo". One person mentioned the visits of students from the local school, "The girls will play the piano for us". During alternate weeks some people visited the local nursery school.

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

- People received care that met their needs. For example, one person had successfully improved their mobility and went from needing double handed support to single carer support. Staff used their knowledge of people to encourage and involve them in meaningful tasks. For example, one person became anxious. Staff knew the person enjoyed carrying out a house hold chore and encouraged them to do so which aided to the person well-being.
- One external professional said, "I had a case of a [person] with multiple issues who had become very unwell at home. When I first met them, [person] was unable to stand up from a chair with the assistance, two months later we walked out to the transport to go home. I feel that staff are good at adapting to the needs to the resident."
- Since our last inspection the provider introduced a new, electronic system to record people's care plans. The system was set to flag up when a review was required. The records reflected the support that people needed, and details of care people received.

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.

- People's communication needs were included in care plans. For example, one person's care plan said the person could be, "Repetitive at times, hard of hearing. Give time and understanding during conversations. Speak loud and clear."
- Staff were aware of people's preferred method of communicating. People told us they were supported to have the right aids. One person said, "I'm due to have my ears tested soon and I have two pairs of spectacles but I only tend to wear the one pair." Where possible staff used people's first language to aid communication.

End of life care and support

- No people received end of life support at the time of our inspection. Information about people's end of life wishes and their resuscitation status was available in their care records. The provider's action plan showed there were plans to implement further training working with the local hospice to enhance the quality of the end of life care. The provider shared with us examples of exemplary feedback received from the relatives of people who passed away.

Improving care quality in response to complaints or concerns

- Information how to complain was available at the service. People and relatives told us they knew who to complain to if needed. One relative said, "Never had any reasons to raise concerns. I know how to raise with any of them if needed." Another relative said, "[Provider's name] is always approachable."
- The manager kept a log of complaints received. At the time of our visit three complaints were still being investigated as these had been escalated as safeguarding issues. The manager worked in good partnership with the safeguarding team and they were due to attend a meeting scheduled to take place a few days after our inspection. We saw other examples of complaints received directly by the service and the manager took appropriate action in response to these. To aid the management team's visibility the provider arranged for the office to be moved from the top floor to near the front door and recruited a new receptionist. They also upgraded their "Welcome Pack" so people and relatives could more easily orientate themselves and know who to contact if they had concerns.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant the service's leadership was inconsistent which meant that regulatory requirements were not always fully met. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The new manager told us the provider was open and honest with them about the improvements needed at the service. The manager complimented the team, "The staff were very receptive to change". The manager said they were in a process of working to establish their systems are to how they wanted them to be.
- We however found the provider did not ensure they met all of their regulatory responsibilities. For example, they had not ensured that all notifications for notifiable incidents had been submitted to CQC in a timely manner. The new manager submitted the retrospective notifications after our inspection visit.
- The provider ensured a number of internal audits were carried out, for example, audit of complaints, medicines or care plans. The audits were not fully effective as they had failed to identify missing notifications. The new manager informed us that going forward a new system was going to be in place to ensure the compliance.

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

- The provider was committed to delivering a good service and achieving good outcomes for people. When they identified earlier this year the quality of the service was not to their satisfaction they decided to change the home manager. They also introduced a new role of a Quality Manager to add another layer of quality auditing.
- People's feedback reflected people observed positive changes since the new manager started. One person said, "They have a lot of new staff, lots of the old ones left but I don't think we can complain, the noticeable difference is that it was all much more regimented before, it will be interesting to see how things change with the new manager".
- The team were enthusiastic and positive, staff were open and happy to share their views with the inspection team. Feedback from staff showed they felt valued. Comments from staff included, "Manager is open and transparent. We're getting there slowly" and "If we raise any comments or ideas, we get 'thank you' and it's taken on board".

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

- There was evidence people were able to speak up and their views were considered. For example, one

person said, "The staff are respectful, very helpful, give me lots of biscuits and I think they know everyone". Last year people requested they wished to have a home pet and they got a cat which some people helped to feed. One relative said, "When they have residents' meeting here they do deal with the issues that have been raised".

- There was a publication (newsletter) "News from The Heights" which had contributions from people that used the service. People were able to feedback at the reviews and via an open-door policy.
- The provider used satisfaction surveys, we viewed the most recent surveys and we saw people's feedback was considered. For example, when few people raised concerns about the laundry service, the provider's implemented action plan on how to improve it.

Working in partnership with others

- Staff worked in partnership with the local health and social care professionals. The provider was a chair of one of the local care homes associations. The management team ensured they kept updated with the current practices and attended various conferences.
- External professionals' comments we received were positive. One external professional said, "Definitely, the manager and staff are approachable and deal effectively with any queries. I have four cases there at the moment and am able to ring at any time to have questions answered. If a staff member is not available I will get a call back, or can email and will get a response".

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 manager aimed to promote open and transparent culture. They proactively shared the copy of the letter of concern they received with the CQC and provided details on their investigation into the issues raised.
- People's relatives commented there was a good communication from the service. One relative said, "They could not be any better". Another relative said, "Everyone is kind here".
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager was aware of her responsibilities in relation to this requirement.