

Mrs Patricia Harcourt Crawford

Battersway Court

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Battersway Court is a residential care home providing personal care for up to 4 people. At the time of our inspection there were 3 people using the service.

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

Right Support:

Whilst we found the service was generally working within the principles of the MCA, records did not always reflect decisions being made, or why they had been made in relation to managing people's money. We made a recommendation about this. Staff supported people with their medicines in a way that promoted their independence and achieve the best possible health outcome. People had a choice about their living environment and were able to personalise their rooms. Staff supported people to access specialist health and social care support in the community.

Right Care:

Staff understood how to protect people from poor care and abuse and received training on how to recognise and report abuse and they knew how to apply it. There were enough staff employed at the service to meet people's needs and people were protected from harm as staff were recruited in a safe way. Risks associated with people's care had been assessed including how to support people with risks associated with accessing their community safely and free from unnecessary restrictions.

Right Culture:

The service had an open positive atmosphere and was very much people's homes. People were empowered to lead inclusive and full lives because of the attitudes and behaviours of the provider and staff. Staff reviewed the quality of support provided to people, involving the person, their families, and other professionals as appropriate.

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 26 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Battersway Court

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

The inspection was carried out by 1 inspector.

Battersway Court 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. Battersway Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the provider was also the registered manager.

Notice of inspection

We gave the service 24 hours notice as to attend unannounced would negatively impact one person living at the service.

What we did before the inspection

We looked at the information we had about the service. We sought feedback from the local authority quality team. 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 met with and talked with everyone who lived at the service. We met with the provider and 2 staff on duty. We looked at a variety of records relating to people's individual care and the running of the home. These included 3 care plans, 1 person's medication administration records, 3 staff recruitment files, health and safety records and some in house audits.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected against the risk of abuse.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been assessed. This included how to support people with risks associated with accessing their community safely and free from unnecessary restrictions. This ensured people were supported to have as much freedom, choice and control over their lives as possible.
- People were protected from the risk of their environment. Checks were in place to ensure people lived in a safe environment.

Staffing and recruitment

- People were protected from harm as staff were recruited in a safe way and were subject to pre-employment checks such as the Disclosure and Barring Service (DBS) before starting work at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed at the service to meet people's needs.

Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included assessing risks of people taking medicines themselves.
- Where one person was supported by staff to take their medicines, clear plans and guidance was available to ensure these were administered safely.
- People were supported by staff to make their own decisions about medicines wherever possible. For example, one person was supported to manage their own medicines which they kept locked away in their room.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- 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.

Visiting in care homes

- People were supported to receive visitors to the service and there were no restrictions in place.

Learning lessons when things go wrong

- Systems and processes were in place for recording accidents and incidents.
- Information was reviewed to identify any lessons to be learnt. Action was taken to reduce the risk of similar incidents happening again.

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 changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Whilst we found the service was generally working within the principles of the MCA, records did not always reflect decisions being made, or why they had been made. For example, where the provider held or managed people's monies, there were no mental capacity assessments to show if the person was/was not able to manage their own finances. There were no records to show the rationale for these decisions, whether this was being carried out in their best interests or what the provider had done to empower the person to manage their own finances if they were able to do so. Staff told us they managed people's finances to support people to remain safe.

We recommend the provider seek advice and guidance on how to support people manage their own finances in line with the requirements of the MCA (2005).

- People made their own decisions about how they wanted to live their life and spend their time.
- There was no-one living at the home that was subject to DoLS.

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

- People had their needs assessed. Care plans in place were personalised, and reflected people's needs and aspirations, including physical and emotional needs.
- Care plans and risk assessments were reviewed to ensure people were receiving care that met their needs.

Staff support: induction, training, skills and experience

- People were supported by a consistent staff team that had been at the service for a number of years. Staff had the necessary skills and training to meet people's specific needs. For example, diabetes training.
- Staff worked closely with the provider and had opportunities to discuss their role and performance

through daily discussions and supervisions and appraisal.

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

- People were encouraged to maintain a healthy diet and supported to be as independent as possible. For example, preparing snacks for themselves when they wanted.
- People who had specific dietary needs had external input from health care professionals such a diabetes nurse to develop a healthy and nutritious diet to manage their health condition when this was required.
- Staff monitored people's weights to ensure they remained healthy.

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

- People's care plans showed staff worked closely with other health and social care professionals to ensure that people's needs were met.
- People were supported to attend health appointments with staff or independently as they required. Records confirmed that, for example, people had access to diabetes nurse and had visited their dentists when they needed to.

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

- People lived in a home that was designed to be comfortable, homely and meet their needs.
- People had decorated and personalised their rooms and were proud to show us.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. 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

- Systems and processes were in place to monitor the quality and safety of the care provided at the service. For example, reviews of care plans and risk assessments were completed, accidents and incidents were reviewed, and the safety of the premises was audited. However, the provider had not identified that they were not always supporting people to remain as independent as possible in relation to their finances. We have made a recommendation about this.
- The provider and staff were clear about their roles and what was required of them.
- The provider was aware of the requirement to submit notifications to the Care Quality Commission in line with their legal responsibilities.

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

- The service had an open positive atmosphere and was very much people's homes.
- Battersway Court was a small family run care home, people had lived there for a long time and were supported by staff who had worked with them since they arrived and knew them extremely well. Staff took a genuine interest in people and what they had to say and what made them happy.
- The provider and staff put people's needs and wishes at the heart of everything they did.
- People continued to tell us they were happy living at the service, they had no concerns, and this was their home.

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 was aware of the duty of candour and their responsibility to act in an open and transparent way in relation to the care and treatment people received.

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

- People were encouraged to voice their opinions about the service and how they were supported. People were empowered to speak up about the care they received and encouraged to complete surveys with independent support.
- Where appropriate, relatives were asked for their views of the service through surveys and were kept up to date with anything affecting the care of their relative. Only one survey form had been received back from

people's families and this was positive about the care their relative received.

Working in partnership with others

- The provider and staff worked positively and proactively with health professionals to improve outcomes for people using the service. For example, the service was supported by the diabetic support nurse to manage one person's diabetes.