Banbury Heights Ltd

Banbury Heights Nursing Home

Inspection report

11 Old Parr Road
Banbury
Oxfordshire
OX16 5HT

Tel: 01295262083

Date of inspection visit:
18 July 2017

Date of publication:
22 August 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 18 July 2017. Banbury Heights Nursing Home provides personal or nursing care and accommodation for up to 59 people. On the day of our inspection 46 people were living at the service. This included 13 people staying in 'hub' beds, short term placements following a hospital discharge.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

The provider had systems to monitor all aspects of the service delivery. Where an opportunity for improvement was identified this was being addressed. There was a drive for continuous development of the service. The team worked well with other professionals including local health and social care teams to ensure people's needs were met.

People continued to be safe. Risk assessments were carried out and promoted positive risk taking to enable people to live their lives as they chose. People received their medicines safely.

People continued to receive support from staff that had the skills and knowledge to meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to meet their nutritional needs and they complimented the food. Staff supported people to access health professionals and any advice received was followed in practice and reflected in people's care plans.

People were supported by kind and compassionate staff that knew them well. The staff ensured people were reassured and given relevant information that appreciated people's individual needs. People's dignity, privacy, diversity and independence were respected and promoted. Staff used the information about people's likes and preferences to create meaningful and memorable moments for them.

People's care plans were detailed and regularly reviewed. People were involved in reviewing their care and received support that met their needs. People had opportunities to benefit from activities and social events.

Provider had a complaints policy that was available to people. People were able to give their views about the service in various ways such as via surveys, suggestions cards or meetings and the provider acted on feedback received.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Banbury Heights Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

This inspection took place on 18 July 2017 and it was unannounced. The inspection team consisted of two inspectors, a nurse Specialist Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about.

Throughout our inspection we spent time observing care throughout the service. We spoke to 12 people and four relatives. We also spoke with the proprietors, the deputy manager, two nurses, two senior care assistant and one care assistants. We also spoke with one external professional.

We looked at records, which included eight people's care records and 12 people's medication administration records (MAR). We checked recruitment, training and supervision records for six staff. We also looked at a range of records about how the service was managed.

Following the inspection we contacted a number of external health and social care professionals and commissioners to obtain their views about the service.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. One person said, "Right from the start I've always felt safe". Another person said, "I feel safe here". There were enough staff to keep people safe. Comments from people included, "If I use the bell they come fairly quickly" and "I don't have to wait too long when I ring the bell".

Provider had safeguarding procedures in place and staff were aware how to raise and escalate safeguarding concerns. One staff member said, "I'd go to senior team or proprietors". People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

People had risk assessments where required and ways of managing risks to people had been documented and staff were aware of these. For example, one person was assessed as at risk of choking. The person had been assessed by a Speech and Language Therapist (SALT) as requiring a puréed diet and their fluids thickened. We observed the person was assisted with the correct consistency of food and fluid accordingly to their care plans. Provider's practices supported positive risk taking, for example where people wanted to self-administer their medicines. This meant people were supported to take risks in order to be more independent.

People received their medicine as prescribed. Medicines were stored safely and as per manufacturers' guidance. The provider was in a process of implementing more robust written protocols for 'when required' medicine. Medicine administration records (MAR) were fully completed and showed when medication had been given or if not taken the reason why. Provider worked to reduce the use of anti-psychotic medicines.

Provider had systems to record all accidents and incidents. Appropriate action had been taken where necessary. For example, where people had fallen risk assessments reflected the actions required to try to stop them falling again. Incident forms had been completed promptly and these were monitored to establish a root cause analysis and to identify any patterns.

Good

Is the service effective?

Our findings

People continued to be supported by skilled and knowledgeable staff. One person said, "I can't quibble at all they look after me pretty well. I've found them pretty good". Staff told us and records confirmed staff received training relevant to their roles and staff supervision was taking place. Staff told us they felt supported.

People's rights to make their own decisions were respected. We observed a member of staff knocking on person's door and they said, "Are you ok? I've come to help you get washed. Shall we do it no?" The person replied, "No, not now thank you". The member of staff said, "Ok, shall I come back later?" The person said, "Yes, we'll do it later".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "You should always treat people as they have full capacity unless it's assesses otherwise".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider made applications to the local authority when people were assessed as being deprived of their liberty. We however found where the best interest process principle was followed the involvement of other people was not always recorded as specified in the MCA Code of Practice. The provider took immediate action to redesign the form to address this going forward.

People were supported to meet their nutritional needs and they complimented the food provided. One person said, "The food is very, very good". People were supported to access health professionals and the records confirmed people were referred to various professionals when required. That included GP, Speech and Language Therapists, the optician or a chiropodist. Professionals' advice was followed in practice and reflected in people's care plans. One external professional commented, "From medical point of view they refer appropriately, always are very responsive to our feedback".

Good

Is the service caring?

Our findings

The service continued to provide a caring service to people who benefitted from caring relationships with staff. People complimented staff, "They're very good" and "They (staff) have got a lot of patience".

Throughout our inspection we saw examples of caring and kind interactions. People were supported with their needs effectively and staff had an appreciation of people's individual needs. People were never rushed and when staff attended people they gave them their undivided attention.

Staff knew what's important to people and they used this knowledge to enhance people's lives. For example, one person enjoyed the food from one of the fast food restaurant chains. As the person required pureed diet, staff arranged for the person to have their favourite meal brought and pureed and we saw the records confirmed the person 'enjoyed it'. People could bring their personal belongings and we saw people's rooms were personalized. People's visitors were able to visit when they wanted. One relative said, "I come here every Tuesday. Staff have been very friendly to me and offered me a drink".

Staff recognized and respected people's cultural diversity. One person was supported to get their praying beads and a mat. We spoke to the person with the help of a member of staff who translated for us and the person showed us their new mat and said, "I am happy now". This was documented as an example of service's 'Well-being initiative' that ensured people were provided with memorable and meaningful to them moments.

People's dignity and privacy was respected. We observed staff knocking at people's door before entering. One person said, "They send someone round to give me a strip wash every day. They're pretty good about dignity and all that". There were nine Dignity Champions at the service. Their role was to share the updates and good practices with the team.

People were encouraged to remain independent. One person told us, "When I came out of hospital I couldn't even sit myself up in bed or get dressed. Now I'm getting myself into bed at night. I'm going to the toilet on my own and have increased my walking. At first, they used to follow me with the wheelchair in case I became too tired to carry on, which I thought was very good".

People's end of life wishes were recorded and respected. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documents were in place. No one received end of life care on the day of our inspection.

Good

Is the service responsive?

Our findings

The service continued to be responsive. Before people came to live at the service their needs had been assessed. People's care records contained personalised information about their health care, likes, dislikes, preferred routines and spiritual needs. The records reflected how each person wished to receive their care and support. For example, one person's care plan said they enjoyed 'music, family, wildlife programmes and feeding birds'. People were involved in reviewing their care. One person told us, "They make a point of asking me, have you anything for the care plan? Do you want to discuss it? I've updated it twice already".

People received support that met their needs. For example, we saw in three people's records they had been assessed as at risk of pressure ulcers. We observed they all had pressure relieving mattresses that were set correctly. One person additionally needed to use a pressure relieving cushion and they were observed using it.

People had access to activities and told us there were various activities on offer. One person said, "There are group things going on in the lounge most days". There was an activities schedule available and posters for the two forthcoming outings. We saw activities such as skittles and balloons taking place in the lounge and individual in people's rooms. We observed people were assisted to the patio to sit in a social group and we saw them chatting and enjoying the sunshine after lunch.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. Comments from people and their relatives included, "I don't complain much, if I did have anything, I would be able to say so", "I could raise something if I wanted to but I've not had anything to raise". The provider ensured all complaints were recorded and responded to as per the policy. The provider's audit of the complaints recognized that some of the complaints were made to the external parties and not directly to the service. They were in a process of addressing this to ensure people felt confident and were encouraged to complain directly to the staff at the home in a first instance.

People were able to give their views about the service in various ways such as via surveys, suggestions cards or meetings. One person told us, "I can come and talk to any of the nurses. There are relatives and residents meetings. It's nice to know what's going on and the meetings start with any complaints or issues that have been raised and what action they are taking".

Good

Is the service well-led?

Our findings

The service continued to be well led. There was a calm and positive atmosphere at the service on the day of our inspection. There was a clear staffing structure in place and staff were aware of their roles and responsibilities. The senior staff were knowledgeable about people's needs and we saw they offered support and direction to care staff throughout the day. People's relatives spoke positively about how the service was run. Comments included, "I'm going away for three weeks and I know [person] will be fine. I have recommended the home to other people" and "We think very highly of it (service) and I'd recommend it".

Staff were encouraged to attend staff meetings and contribute their ideas to the running of the service. Staff told us they were well supported and their views mattered. Comments from staff included, "Management always asks for staff input, it's like a family here, like a second home" and "I'd put my relatives in here, everyone works really well together".

The provider had systems to monitor all aspects of the service delivery and we saw evidence of various audits taking place. Where an opportunity for improvement was identified this was being addressed. For example, one of the audits identified call bells took longer to answer at a certain time of day and established this was because of staff break times. As a result planning of workloads had been changed and staff breaks were more staggered. A follow up audit identified improvements in the time it took staff to answer bells. The provider reviewed other services' Care Quality Commission (CQC) reports and used learning from these to improve their own practices. For example, they saw issues with storage of the thickener powder was reported and had introduced the locked tins that could be kept safely in people's bedrooms. They also identified their records around people's capacity needed improving and were in a process of addressing this. The provider also used external consultants to carry out additional audits. There was an ongoing service improvement plan with clear actions points and responsibilities defined.

The provider also implemented observation of care practices "Banbury Interaction Observation" (BIO) tool. The records showed management observed staff and provided them with recommendations on how to improve their practices, for example 'maintain eye contact when communicating'.

Provider had a whistle blowing policy in place. Staff were aware of the policy and said that they would have no hesitation in using it if they suspected any abuse. Staff knew how to report any concerns outside the organisation if necessary. One staff member said, "If I saw something fishy I need to report it".

The provider worked well with other professionals. They worked with the local NHS Trust to reduce the Delayed Transfers of Care (DToC) by offering the 'hub' beds that were used as short term placements commissioned as an assessments stage following a hospital discharge. We received positive feedback from professionals. One external professional said, "The staff and manager are approachable and we have a very good working relationship. I can raise any concerns with the manager and know that she will answer the query and deal with it in a professional manner".