

Mrs T Rayner







Badgers Holt Residential Care Home

Inspection report

Butts Ash Lane
Hythe
Southampton
Hampshire
SO45 3QY
Tel: 023 8084 9310
badgersholtresidential.co.uk

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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	

Overall summary

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 provide a rating for the service under the Care Act 2014.

The inspection was unannounced.

Badger Holt provides personal care and support for up to 25 people and has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has

Summary of findings

the legal responsibility for meeting the requirements of the law; as does the provider. The home provides care to a variety of people with different health needs including dementia and end of life care.

Staff working at Badgers Holt understood the needs of people and we saw care was provided with kindness and compassion. People, relatives and health and social care professionals told us they were very happy with the care and described the service as outstanding. One health care professional said: "If I ever have to go into care I want to come to this place. Almost everything is perfect. The home is so well managed and the staff are so caring". People were supported to take part in activities they had chosen. One person said: "I can do whatever I want here, they always listen to me and I am extremely happy, the care they give is the best, I can't fault anything".

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work at Badgers Holt and fully understood their roles and responsibilities, as well as the values and philosophy of the home. They completed extensive training to ensure the care delivered to people was safe and effective.

The provider had employed skilled staff and took steps to make sure care was based on local and national best practice. Individual staff had taken special roles such as "Infection control" lead. Information regarding diagnosed conditions was documented in people's care plans and discussions around risks to health and wellbeing were discussed each day.

The registered manager assessed and monitored the quality of care consistently involving people, relatives and professionals. Each person and every relative told us they were continually asked for feedback and encouraged to voice their opinions about the quality of care provided.

There was a culture of respect, kindness and loyalty in the service. Interaction between staff and people was friendly and encouraging. People we spoke with consistently told us they had frequent opportunity to express their views with staff and management. Relatives told us the management was always available to help answer questions and provided opportunities to learn about particular conditions such as dementia. Professionals consistently told us the leadership in the home was outstanding and always displayed strong values when they visited people.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We observed people's freedoms were not unlawfully restricted and staff were knowledgeable about when a DoLS application should be made.

Referrals to health care professionals were made quickly when people became unwell. Each health care professional told us the staff were responsive to people's changing health needs. One health care professional said: "They [the staff] always contact us if they are unsure or need advice".

Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs.

Summary of findings

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. Staff could identify the different signs of abuse and knew the correct procedures to follow should they suspect someone was being abused. Records showed they had undertaken training in safeguarding of vulnerable adults and relatives were knowledgeable about the providers safeguarding procedures. We observed the service had sufficient numbers of suitably skilled and competent staff to keep people safe.

People's freedom was not unlawfully restricted because the provider had good checks in place to assess and monitor people's capacity to make decisions. Decisions about people's care had been documented and relatives told us they had been given good opportunities to express their views.

Good



Is the service effective?

The service was effective. People and their relatives were involved in their care and were asked about their preferences and choices. They received care and support by staff that were trained to meet their individual needs.

The provider assessed people's dietary needs and delivered effective care to people requiring help to eat and drink. Referrals to health care professionals happened when needed when staff felt people became unwell.

Good



Is the service caring?

The service was caring. Staff were kind, compassionate and treated people with dignity and respect. The service had a strong and visible person centred culture and promoted inclusion and independence. People and relatives told us they felt valued, empowered and inspired by the staff and management.

All professionals we spoke with, feedback reviews from relatives and people, told us Badgers Holt provided outstanding care.

Good



Is the service responsive?

The service was responsive. Staff communicated with professionals to make sure people's health care needs were properly addressed and regularly reviewed. The provider established effective ways of communicating with people who had difficulty in expressing their views about their care.

The provider had arrangements in place to deal with complaints. People and relatives consistently told us they had no reason to complain about the care provided but felt any issues raised would be dealt with effectively.

Good



Is the service well-led?

The service was well-led. The registered manager and the provider had strong relationships healthcare professionals. Professionals described the management as outstanding role models for the care industry.

People using the service, their relatives and professionals were regularly asked for their feedback and this information was used to help improve the service and facilities.

Good



Summary of findings

The registered manager monitored incidents and risks to make sure the care provided was safe and effective. Staff understood local and national best practice standards in relation to some medical conditions and put these into practice. Good leadership was seen at all levels. Relatives told us the owner visited the service each day to make sure the home was operating to the highest standard.

Badgers Holt Residential Care Home

Detailed findings

Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before we visited Badgers Holt we checked the safeguarding notifications that we held about the service. No concerns had been raised at the last inspection on 11 October 2013.

Before the inspection, we asked the provider to complete a Provider Information Return (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.

One inspector conducted this unannounced inspection.

We observed how the staff interacted with the people using the service. We looked at how people were supported during meal times and during social activities. We also reviewed eight people's care records including nutritional documents, behavioural support plans, incident records and records relating to the management of the service.

We spoke with 12 people and conducted three short observational framework inspections (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a Doctor, two district nurses and a community psychiatric nurse (CPN), who all visited the service during our inspection. Each healthcare professional gave us their permission to quote their comments. We spoke with the registered manager, the provider (the owner), eight care workers, one maintenance worker, one domestic worker, five relatives and the chef. We also looked at feedback questionnaires from relatives and professionals.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

All people we spoke with told us they felt safe, supported in line with their individual care plans and respected. One person said: "I have no worries about my safety here, the carers are all wonderful". Another person said: "I have been here for a long time and I have always felt safe. If I didn't feel safe, I know who to talk to and they would definitely help me, but I have never had to raise any concerns". A visiting Doctor said: "I have no doubt in my mind that people are safe here, the commitment, dedication and awareness the staff have is next to none".

Staff told us they received training in safeguarding adults and were required to repeat this on an annual basis. They were able to recognise and understand abuse, identify areas to prevent abuse from happening, respond appropriately and make the necessary reports to the registered manager and external agencies. A 'Safeguarding Agency Adult Protection Policy' documented the different forms of abuse that could take place. It provided guidance about how to raise a safeguarding alert and detailed contact information about the Care Quality Commission, the local authority, the Police and advocacy agencies.

People's risk assessments were detailed and contained strategies for staff to follow should behaviours become challenging to others. A community psychiatric nurse (CPN) complimented the delivery of care concerning one person, by saying: "[The person] has come on leaps and bounds since coming here; they used to be a lot more frustrated and angry".

There was sufficient staff members deployed. Staffing levels had been risk assessed in accordance with people's care needs. The registered manager and the provider told us they regularly reviewed staffing levels and when required, additional care staff were employed to ensure people were cared for in a dignifying and compassionate manner. All staff and relatives told us there were sufficient numbers available to meet people's needs.

People were protected from potential abuse because the service had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment.

Documentation included previous employment references and pre-employment checks. Records also showed staff

were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults.

Many people had been diagnosed with dementia which meant some people required support to make decisions. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care.

We observed care workers asking people for their consent before personal care was given, during support at meal times and when helping people to the toilet. A relative said: "I see them (care staff) always speaking to people about the care they are giving and always asking if it is ok to do it". One person said: "They (care workers) always ask me if it's ok to wash me, they don't do anything without my permission".

Where people had been assessed as having capacity to make decisions, documentation showed the provider did assess and record appropriately. For example, living at Badgers Holt or receiving a particular aspect of personal care. Staff told us they were in the process of reviewing care records where people had been assessed as not having capacity to make specific decisions. The registered manager said: "We have refresher training in MCA and DoLS next week so we will be putting our learning into practice and reviewing people care plans".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Whilst no-one living at the service was currently subject to a DoLS, we found the manager and the provider understood when an application should be made and how to submit one and were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

The registered manager and the provider responded effectively to ensure people's freedom was not unlawfully restricted without authorisation from the local authority.

Is the service safe?

Staff had identified a small number of people who may now require a DoLS assessment. The provider told us they had organised training for all staff in respect of DoLS and we saw documentation to show this had been booked.

Is the service effective?

Our findings

People told us care workers were suitably trained and qualified to provide safe effective care. One person said: “They (the staff) have good understanding of everything they need to do to help me and they do a really good job”. Another person said: “We can’t fault anything, the care staff understand what they need to do because it is written down in my file. We talk about the care I need a lot so they know what they are doing and it is spot on”. A relative said: “The care plans work well and help my mum to keep as independent as possible”.

People had access to health care services when they needed it. For example, one person who had been diagnosed with an eye condition was frequently supported to access the optician and the GP. Guidance on how to support this person was documented in their care plans, describing the risks, symptoms and the possibility of visual hallucinations. A care worker told us how another person using the service had frequent visits from a district nurse to treat a pressure ulcer. A pressure ulcer is a type of injury that breaks down the skin and underlying tissue.

People who were at risk of choking, malnutrition and dehydration had been properly assessed and supported to ensure they had sufficient amounts of food and drink. Records showed food and fluid intake was monitored and recorded. People were provided with choice about what they wanted to eat and told us the food was of good nutritional quality and well balanced. The chef followed a menu that took account of people’s preferences, dietary requirements and allergies. We observed people enjoying their food at meal times.

We observed food was of good nutritional quality and well balanced. People told us they regularly discussed the menu at house meetings. One person said: “Every time we have a meeting we always talk about the food, its world class food

but everyone has different things they like”. Another person said: “If I don’t like something I always have a different option and I am never left hungry”. The chef said: “The food changes all the time and we try to make sure there is a good variety for people to pick from”

Staff received an effective induction into their role at Badgers Holt. Records showed each member of staff had undertaken a “Skills for Care Common Induction Standards”. (CIS) programme. CIS are the standards employees working in adult social care need to meet before they can safely work unsupervised. Staff had regular supervision and appraisal (Supervision and appraisal are processes which offer support, assurances and learning to help staff development). Supervision records showed the induction programme was discussed and senior staff had conducted competency checks to ensure they were appropriately skilled to meet people’s needs.

Staff had completed training in areas specific to people’s needs. For example, person centred planning, palliative care, safe handling of medication, moving and handling and dementia. Care workers told us the palliative care training was helpful and provided them with confidence to deliver effective compassionate care. One care worker said: “I know I have a caring nature but the palliative care training just reminded me about the small things you can do to make a real difference to someone who is terminally unwell”.

Records of staff appraisals were conducted effectively. Staff told us they received frequent supervision but found appraisals were helpful in supporting them with their personal development. (Supervision and appraisal are processes which offer support, assurances and learning to help staff development). For example, one supervision record showed a care worker had taken part in a dementia training course resulting from a discussion during a recent appraisal.

Is the service caring?

Our findings

People, their relatives and health care professionals consistently told us Badgers Holt provided outstanding care. Comments from people included: "This is a wonderful home, all the staff are fantastic and the care is first class" and "I have been in a few homes and this is the best, I am so happy here". A relative said: "This is without doubt the best care home I have ever seen. This is based on my personal and professional experience of 25 years in care". Another relative said: "The staff care so much, they have brilliant banter with people and it really feels like it is their home".

Other comments from relatives included: "You [staff] will have our eternal thanks for making a heart-breaking situation as comfortable as possible", "Your care and attention to his every need gave my family and I such peace of mind" and "Badgers Holt has been exemplary, the care, the dedication and the love shown to my [relative] was way more than we could ever have dreamed.

We spoke with a Doctor who was at the service during our inspection. They asked to talk to us in order to give feedback about the service. They said: "They [staff] provide outstanding palliative care, the relationships they have with the doctors and the district nurses ensures people are cared for to a very high standard. It is absolutely wonderful here and I have total respect for this place; they really do care for people and this is what care should look like. I would be more than happy to live here if I needed to be cared for. I would happily have my mother in this home". We observed staff interacting with one person who received palliative care. They spoke gently with the person and displayed compassion and warmth.

Staff spoke gently with people, smiled, encouraged and provided reassurance when helping them with personal care. We observed three different members of staff supporting one person who was unable to get out of their bed, had very limited mobility and was unable to communicate verbally. The person was clean, dressed well and their hair had been washed and brushed. We observed staff regularly checking the person's position to make sure they were comfortable. A district nurse said: "They [staff] provide outstanding care and support".

Relationships between staff and people were friendly, supportive and empowering. People told us they were treated with kindness and were supported to maintain their independence. One person described the service as having a "Wonderful caring and loving atmosphere". Another person said: "The staff are like my best friends, I trust them 100%". A relative explained she regularly observed the interaction between staff and people. They said: "I would watch the way care staff interacted with my [relative], it was not forced, just a natural rapport and it did my heart the world of good to see it. It gives me great comfort".

The service had a good visible person centred culture and people were consistently encouraged to make their views known. We observed staff speaking with people about their personal interests and taking time to ask questions about their hobbies. People responded positively and were relaxed during conversations with staff. One person said: "I have things the way I want them and the staff always take my comments on board". Notes from team meetings showed respect, dignity and person centred support was frequently discussed. Staff consistently showed respect towards people, displayed good listening skills during conversations and encouraged people to take part in activities. People told us they trusted the staff and felt they were kind and thoughtful.

Staff completed a common induction programme which included learning about dignity and respect in a care home, person centred support and promoting independence. One care worker said: "The training is really helpful because it reminds you how important your role is as a carer. Making sure people are looked after with respect and giving the care at a pace that suits them". Training records demonstrated staff had completed refresher training in caring for people with compassion and dignity.

Care and support records showed people's relatives and professionals had been involved in implementing and reviewing people's care. A relative told us the staff contacted them regularly at their request to be updated about the progress of their family member. They said: "They work with me by calling, we have meetings, they send out emails and bulletins and we have opportunities to attend events like garden parties and outings". They also said: "Me and my mother are always consulted and listened to when it comes to care".

Is the service responsive?

Our findings

People told us their support was personalised and changes in care are quickly identified and implemented into their care plans. One person said: "I have had a lot of reviews because I don't keep very well and I am happy to be involved in talking about my care". Another person said: "My care is exactly the way I want it, I eat away from everyone else, they help me to wash and they spend time talking to me when I need them". A relative told us they looked at their family members care plans and found them to be an accurate reflection of what they needed, and said staff knew how to delivery personalised care.

Records were person centred and documented people's interests, histories, wishes and personal preferences. One record told us about someone who had travelled around the world and previously worked on trains. On three separate occasions we heard care workers speaking with the person about their life experiences, talking about places they visited and communicating with them in a sensitive, respectful and caring way.

People's care needs were reviewed regularly and information in their care plans was correct. Staff accurately described the plans in place to help people with personal care, accessing the community and with their communication. A care worker told us how one person needed emotional support when in the community and explained the communication methods used by staff supported the person's emotional needs.

People received medical treatment in response to accidents and investigations were conducted in accordance with the providers safeguarding procedures. For example, a recent incident record showed how staff responded effectively after one person had a fall. Their care plans and risk assessments had been reviewed and updated to reflect their change in care needs. Relatives told us the staff were responsive to incidents, one relative said: "My mother had a fall once, the staff called an ambulance, called me and they went to the hospital with her. We spoke on the phone about what we could do to make things safer". A doctor said: "The staff respond so well to incidents and concerns about people's health, if they ever have any worries they call us".

People and relatives told us they knew how to complain but felt happy with the care provided. The manager and the owner responded to a feedback questionnaire completed by a relative that suggested more vocal groups could visit the service. They responded to this suggestion by organising a "Songs of praise" singing group who now visit the service on a monthly basis. People told us they enjoyed the group. People told us they felt comfortable to raise any concerns to a member of staff and said they had opportunities during reviews, house meetings and through surveys to provide feedback.

Is the service well-led?

Our findings

People, relatives and health care professionals told us the management was outstanding. People experienced a culture of respect, positivity and a “can do attitude”. We observed people smiling and laughing with the owner, the registered manager and with other staff. One person said: “The management are wonderful, they speak to me every day and nothing is ever a problem for them” Another person said: “Every member of staff is kind, caring and consistent in what they say and do; surely this is a sign of strong leadership and brilliant organisation”. Other comments included “Your home should be used as the standard all care homes should strive to achieve, we were always impressed with the attitude of staff when caring for my [relative] and us when we visited”

All staff we spoke with were complimentary about the registered manager and told us they could access support when needed. One care worker said: “If I need training or help with care I can ask the manager and she makes sure things get sorted”. Another care worker said: “I have been watched by the manager when giving medication to make sure I do it properly. If I am ever unsure I can always ask. We have an open door policy here”.

Senior management has a track record of being an effective role model. A health care professional told us other care homes in the local area regularly asked for support and advice from Badgers Holt in order to improve the care they delivered. Health care professionals consistently told us Badgers Holt was well-led with outstanding leadership and an example to other homes. One health care professional told us the managers were an inspiration to the care sector and said they were motivational, inspiring and loyal to people and their staff.

The registered manager and the owner worked proactively with other organisations to ensure best practice was implemented in people’s care. One care worker told us they followed guidance from the National Institute for Health and Care Excellence (NICE). They said: “We have looked at the recommendations in the guidance for supporting people with challenging behaviours, the staff know about it and we also work in partnership with the CPN’s and district nurses”. Documentation relating to specific health conditions such as Parkinson’s and dementia showed best practice guidance had been implemented in people’s care plans.

Relatives were supported and given opportunities to visit the service to learn about particular health conditions relating to their family member. For example, Parkinson’s disease and dementia learning sessions were clearly advertised in the service to both relatives and people. One relative said: “They have posters in various places in the home and the staff sometimes call me to let me know if there is something they think I would benefit from”.

As part of the registered managers drive to continuously improve standards they regularly conducted audits of medicines management, care records and health and safety. They evaluated these audits and created action plans for improvement, when improvements were required. One audit demonstrated improvements were needed in recognising when DoLS could apply. We saw evidence the provider organised training for each member of staff to help improve their knowledge and understanding of DoLS.

The registered manager actively encouraged feedback and discussions with people and relatives. Meetings were held with people on a monthly basis and notes from residents meetings showed topics discussed included staffing, menus and arts and crafts. Relatives consistently told us they were able to access emotional support from the registered manager and the provider. One relative told us they had regular conversations with the provider to help support them deal with the challenges and stress of having a relative in care.

The registered manager and a provider consistently looked to ensure they were up to date with any changes in how to improve people’s experiences. The provider conducted a recent self-audit using the five questions we (CQC) always ask. They said: “We looked at the questions of safe, caring, responsive, effective and well-led”. The registered manager explained the staff sat with people and had a conversation about the new regulations and inspection methods and described what it meant for their care. People confirmed this when we spoke with them.

People, relatives and staff were knowledgeable about who to contact if they had concerns about their care. People’s views were promoted and their feedback was used to help drive improvement in Badgers Holt and for others receiving care. After our inspection a relative told us the staff and

Is the service well-led?

management held a meeting with everyone in the home to talk about their CQC inspection. We received written feedback from people, staff and relatives providing suggestions about how we could improve our inspections.