

Hill Care 3 Limited

Bannatyne Lodge

Inspection report

Bannatyne Care Home
Manor Way
Peterlee
County Durham
SR8 5SB

Tel: 01915869511

Date of inspection visit:
16 September 2020
17 September 2020
29 September 2020
09 October 2020

Date of publication:
09 December 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bannatyne Lodge is a residential care home providing personal and nursing care to 29 people at the time of inspection, some of whom were living with a dementia. The service can support up to 50 people in one large adapted building.

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

The quality and assurance systems in place were not effectively identifying issues and were not always completed. Care records were not always completed fully and did not include all the information staff needed to safely support people. The management team were reviewing the systems in place to make sure they were suitable to monitor the quality and safety of care provided.

Risk assessments were in place for people, but these were not always accurate or reviewed. We did find risks relating to choking or dietary needs missing from people's care records.

People told us they felt safe living at the home. Staff knew people well and we saw positive interactions between people and staff. Relatives praised care staff for the support they provided to people. Relatives told us they felt people were safe with the care staff.

People told us there was enough staff available to support them, but we observed that staff deployment needed to be reviewed. The management team took action with this and ensured that staff were suitably deployed to meet people's needs.

Medicines were managed safely. We did find that some information was missing from people's medicine records, but the management team updated these during the inspection.

Staff had access to regular training and supervisions. Not all training modules had been completed by staff due to training availability during the pandemic, but the management team were in the process of sourcing additional online training.

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

Staff had created links with the local community and used these to engage people positively. The local church and Deputy Mayor provided positive feedback about the engagement of staff, management and the support provided.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 February 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was still in breach of the regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 21 January 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, governance and providing staff with adequate training and support.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective, Responsive and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

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

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 coronavirus and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continued breach in relation to the governance framework and management oversight in place at this inspection.

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

Since the last inspection we recognised that the provider had failed to notify the CQC of incidents. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective 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 ●

Bannatyne Lodge

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.

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

This inspection was carried out by two inspectors and an assistant inspector.

Service and service type

Bannatyne Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was due to the COVID-19 pandemic and we wanted to make sure the manager of the service could support the inspection.

What we did before the inspection

We reviewed the information we held about the service such as when the provider told us about serious injuries or events. 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 sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises, the arrangements for infection prevention and control, and carried out observations in communal areas.

We spoke with three people living at the home, one relative, two members of the local community and 13 members of staff including the registered manager and regional manager. We also received written feedback from three relatives and one visiting professional. We reviewed five people's care records, nine people's medicine records and the recruitment records for four staff members.

We looked at a range of records. These included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further assurances that issues found during the inspection were being acted upon and measures put in place to remove identified risks. The management team were proactive and provided updates throughout and after the inspection.



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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people with regards to medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely but we did find that records were not always accurately completed. The management team took action with this and rectified the issues we had identified.
- Clinical staff were able to explain the needs of people and had their competencies regularly assessed.
- People had personalised risk assessments in place, but these did not always include every risk people may encounter. For example, some people were missing assessments relating to choking. We did find that risks relating to the use of oxygen and emollient creams had not been assessed. All missing risk assessments were completed by the management team on the first day of inspection.
- People told us they felt safe living at the home and relatives provided positive feedback. One relative said, "I feel [person] is very safe at the home, especially during these difficult times. The staff keep me well informed, by phone, of any problems [person] may be having and any medical problems [person] may be having."
- Accidents and incidents were recorded and monitored to identify any areas for improvement and trends. The service had not always notified the Commission about reportable incidents.
- Lessons learned from investigations and accident and incidents were shared with staff to reduce the risk of similar events happening in the future.
- The premises were not always safe as we found some aspects of health and safety best practice were not being followed, but the management team addressed the issues we had found during the inspection process to ensure people were safe.

Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection and specific guidance for use in relation to COVID-19.
- Staff did not always use effective infection control procedures. We observed one staff member using personal protective equipment incorrectly when assisting someone with an infectious disease.

- The home was not clean, odour free and clinical waste was not safely stored. We found some areas of the home required additional cleaning. The management team took action with this during the inspection.
- Staff had received additional training around infection control and COVID-19. One staff member said, "We are more restricted with COVID-19 with what we have to do. We have to be in a room and shut a door to put PPE on. We clean everything, handrails, door handles. We've had training for all the different substances we use."

Staffing and recruitment

- There was enough staff to safely support people, but we found staff were not always suitably deployed. Staff told us they felt more staff were needed on the ground floor to support people more quickly. The management team reviewed staff deployment to make sure there was enough staff available to support people on each floor of the service.
- Safe recruitment procedures were followed to help ensure suitable staff were employed. Checks were regularly completed on the registration of nurses employed in the service to ensure they could provide appropriate support to people living at the service.
- When agency staff were required, they were recruited safely, and appropriate checks were in place.

Systems and processes to safeguard people from the risk of abuse;

- People were protected from the risk of abuse. Safeguarding policies were in place which were accessible to staff, people and relatives.
- Staff had received training around safeguarding and told us the processes they would follow if they identified any form of abuse. One staff member commented, "I had safeguarding training on Zoom. If I had a problem, I would go to the home manager, if nothing got done about it, I would report to safeguarding. We have policies in the office to look at."

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to monitor and have oversight of staff performance. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2018.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received regular support through supervisions and a yearly appraisal.
- Staff had completed regular training, but we did find that only 33% of staff had completed fire safety theory training. The management team told us that this was due to face to face training not being available during the pandemic. The regional manager took action with this and assured us that they would source on-line training for all staff immediately.
- People felt they were cared for by staff who had received training to meet their needs. One person told us, "Yes they [staff] have training, I think they are good at what they do."

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

- People's needs were assessed on admission. However, we found that reviews of risks assessments and care plans did not always identify recorded changes in people's needs. Staff were fully aware of changes to people's needs and provided effective support. We have addressed this issue under the Well-led section of this report. People told us they had their needs assessed before moving to the service. One person said, "They talked through what I need and what they can do for me."
- Staff provided people with choices around their support needs, food and drink and activities. People confirmed they were provided with choices throughout the day and in relation to their care. A person commented, "Yes I get choices."
- Oral health was considered for people using the service, however, people's preferences were not always documented in regard to how their oral healthcare was addressed.

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

- The accommodation had not been fully adapted to meet the needs of people living with dementia. There was little signage to enable people to identify toilets, bathrooms and bedrooms. The management team assured us they would continue to improve the environment following the inspection and had already identified this as part of their overall improvement plan for the service.

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

- People were given a choice of meals and alternatives if requested. People gave mixed reviews about the food available. One person commented, "The food is okay and I get my drink when I ask", and another person told us, "The food isn't good, but I get a choice." Prior to our inspection, the management team were reviewing the food choices available and were collecting feedback from people.
- Documents used to record people's nutrition and hydration needs did not always detail their requirements. Food and fluid monitoring records did not detail people's type of diet or amount of fluids required. We have addressed this record keeping issue under our findings in the Well-led section of the report.
- People's weights were monitored for any changes and healthcare professionals were involved when necessary if people were losing weight or had difficulty eating or drinking.

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

- Care records showed other professionals were involved in people's care and consulted to make sure their health care needs were met.
- Systems were in place to ensure any changes in people's health were reported to other professionals such as district nurses and GPs.
- People told us the home arranged healthcare appointments for them when required, "They [staff] arrange if I need to see someone. I've seen a chiropodist."
- Professionals gave positive feedback about working with the service. One professional commented, "I find when we ring up, they are pre-empting for what we are going to ask for. So, they can tell us if the person is chesty, or they have taken a urine sample and ask us to process it."

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.

- MCA assessments had improved. These documents were specific to the person and evidenced how the person had been assessed.
- For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for any restrictions placed on them. These were completed in partnership with relatives and other professionals.
- DoLS applications were made to the local authority and reflected the person's needs. Staff had received training around MCA and DoLS and were able to tell us how people's capacity was assessed.
- Staff asked for consent before providing support to people.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

At our last inspection care plans and risk assessments were not robust, and people's records did not always contain information about their current care needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 in this key question.

- People's care was planned. People had a care plan in place which aimed to meet their physical, emotional and social needs.
- Care plans were updated, and additional information was added when necessary. We did find that during reviews not all information was updated to reflect changes to care plans that had been made.

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.

- The service was meeting the AIS. The registered manager told us that information would be available in different formats if this was required. Pictorial signage and menus were being created to support people who could not fully understand the written word.

End of life care and support

- End of life care was provided. Staff liaised with health care professionals to help ensure people received care which met their needs.
- Information about end of life care was included in people's care plans. These sometimes lacked person centred information about people's wishes at this time but staff knew people very well and could tell us about people's choices. The registered manager was aware of this issue and told us that this was being addressed.

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

- People's social needs were met. An activities coordinator was employed. They spoke enthusiastically

about promoting people's wellbeing through activities provision. Due to the current Covid-19 pandemic, people had not been able to go out into the local community; activities had therefore taken place in the home. One to one and socially distanced group activities were carried out, such as bingo. An entertainer regularly visited and sang to people from outside. One relative told us, "The staff are really good with [person]. Now that I can't visit, they are spending time talking to [person] and have moved her room nearer to the nurse's station and lounge so she sees more people passing her room."

- The home had maintained links with the local community throughout the pandemic. We spoke with a number of representatives from the local community. They spoke positively about the home and the staff. Comments included, "The staff are one of the best staff groups I work with. They do anything to try and lift people's spirits. I have an affinity with the home and have always worked with them closely. I think the staff go above and beyond. It's just in them. It's caring and that is what makes such a difference."

- Staff recognised the affect which children had on people's wellbeing. We spoke with a member of staff from the local school who told us, "Our children love going there. The children were standing waving to the residents from the gates. They are our care home of choice. We have fostered links with the care home. It's a mutual relationship, the children love to see them. The residents made the children a sweetie hamper."

- People's spiritual needs were met. Prior to Covid-19 church services were held in the home. Due to the pandemic, church visitors were no longer able to visit, therefore the activities coordinator organised fortnightly 'services.' The activities coordinator told us, "We have a little reading and think of people who have been poorly or have recently passed away. We also and play some music and have a reading from the bible. I didn't want the services to slip."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. One relative told us, "I have no complaints about the way the home is managed. I am aware of the complaints procedure though I have not had any reason to use it. They have been exceptional during this pandemic."

- Complaints had been dealt with in line with the complaints procedure. One relative said, "I feel they have listened to anything we have raised and addressed things."

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to have accurate records or an effective quality and assurance system in place to monitor the quality and safety of the care provided to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The quality and assurance systems in place did not fully monitor the safety and quality of the care provided to people. Audits in place were not effective and did not identify the issues we found during the inspection.
- People's care records did not contain all relevant information for staff to follow to support people safely and were not regularly reviewed.
- Infection prevention and control and health and safety practices were not always followed by staff, which placed people at risk of avoidable harm.
- The service has been rated as requires improvement for the last two inspections and the provider has failed to make enough or maintain improvements at the service.
- After our last inspection the provider completed an action plan to show how they would improve and by when. During this inspection we found not all aspects of the action plan had been completed and the service was still in breach of the regulations.

This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager failed to notify the Commission of 12 incidents relating to serious injury and an allegation of abuse to people living at the service.

This is a breach of regulation 18 (notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. We will follow our processes to consider an appropriate response to this

outside inspection.

- The registered manager and regional manager responded positively to the feedback provided and were aware of areas which needed to be reviewed and improved to ensure the systems were effective.
- The management team assured us that all care records would be reviewed within a set period of time to make sure that they were accurate.

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

- There was not a positive and inclusive staff culture at the service. Staff told us they did not feel supported by the registered manager. One staff member said, "I don't feel supported at all." We discussed this with the registered manager and regional manager. The management team discussed strategies they would implement to help change and improve the culture.
- Staff told us there was a positive peer culture and enjoyed working with each other. A staff member commented, "I really love my job and all the staff there."
- People and relatives told us they could approach all staff. One person said, "[Registered manager] speaks if we meet. I could ask her for something. I can talk to the staff."

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; Continuous learning and improving care

- When things went wrong, apologies were given to people and lessons were learned. These were used to improve the service. Relatives confirmed they were informed if things did go wrong.
- Investigations were completed for all incidents. Actions were identified and shared with people, relatives, staff, partnership agencies and the wider provider management team.

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

- The management team engaged with staff regularly. Staff told us they were regularly asked for their feedback during team meetings, supervisions and through a staff survey.
- Relatives told us staff involved them with reviews of people's care needs and felt they were fully communicated with and engaged during the pandemic by the management team.

Working in partnership with others

- The service worked in partnership with other organisations. Staff told us they had regular interaction with the district nursing team and local GPs.
- Care records showed involvement from other health care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The governance framework did not identify or mitigate all risks to people. The quality of care provided was not effectively managed to identify areas where the service could improve.</p> <p>Records were not fully accurate or present.</p> <p>Regulation 17(1)(2)</p>