# Elysium Neurological Services (Badby) Limited

# Badby Park

## Inspection report

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29 November 2018

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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 |

# Summary of findings

## Overall summary

We inspected Badby Park on 29 November 2018. The inspection was unannounced. Badby Park 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 home can accommodate up to 68 people. The service supports people with Acquired Brain Injury and degenerative neurological conditions such as dementia. The service also provides high dependency support for complex care and rehabilitation.

On the day of our inspection 65 people were living in the home.

At our last inspection on 11 April 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks in relation to people's daily life had been identified and planned for. There were enough staff, who were safely recruited to ensure people received care when they needed it. People received their medicines as prescribed from staff who were trained to manage medicines in a safe way. There were systems in place to minimise the risk of infections.

People continued to receive an effective service. Staff were trained and supported to understand and provide care that met people's individual needs. People were supported with their health and nutritional needs and had access to appropriate healthcare services when required. The policies and practices within the home supported people to exercise choice and control in their lives and care was provided in the least restrictive way.

People continued to receive care that promoted their dignity and privacy and respected their individuality. Staff understood what was important to people and provided care in a kind and supportive manner.

People continued to receive a responsive service. Their needs were assessed and planned for and regularly reviewed to ensure they continued to receive the care they required. Staff knew and understood people's needs well and people and their relatives were consulted about the care they received.

There was a complaints procedure in place and action had been taken to address any complaints that had been raised.

The service strived to remain up to date with legislation and best practice and worked with outside agencies to continuously look at ways to improve people's experiences.

The home was well led and the manager encouraged an open and inclusive culture where people could speak out about their views and any concerns they had. Systems were in place to regularly check the quality of the services provided and the provider and registered manager took timely action to address any identified issues.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains safe. | Good |
| **Is the service effective?**<br>The service remains effective. | Good |
| **Is the service caring?**<br>The service remains caring. | Good |
| **Is the service responsive?**<br>The service remains responsive. | Good |
| **Is the service well-led?**<br>The service remains well-led. | Good |

# Badby Park

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

This comprehensive inspection took place on 29 November 2018 and was unannounced.

The inspection team consisted of two inspectors, a specialist nurse 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). 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 reviewed the completed PIR and took this into account when we made our judgements.

Before the inspection we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people. We also contacted Healthwatch; an independent consumer champion for people who use health and social care services.

During the inspection, we spoke with nine people who lived in the home for their views about the services they received. We also spoke with six relatives of people who lived in the home. We spoke with thirteen staff, which included an assistant psychologist, physiotherapist, occupational therapist, therapy assistant, two registered nurses, three care staff, a chef, a social worker, the lead administrator and the registered manager.

We observed care and support in communal areas including lunch being served. Some people who lived at the service were not able to describe their views of what the service was like; we undertook observations of

care and support being given. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of twelve people and four staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, medicine administration records, maintenance schedules, training information for staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

# Is the service safe?

## Our findings

All the people we spoke with, and their family members, told us they felt the home was a safe place to live. One person said, "I am totally safe, they (staff) are wonderful to me." A relative told us, "It is safe here, it is a safe environment. Staff are so caring, plenty around and available."

Staff understood their responsibilities to protect people from the risk of harm. They had received training in relation to keeping people safe and knew how to report any safety concerns both within the provider's organisation and to external agencies such as the local authority. Systems were in place to ensure local safeguarding protocols were followed and that the Care Quality Commission (CQC) were notified of the actions the provider had taken as a result of any incidents or allegations of abuse.

Staff were knowledgeable about what action to take to reduce identified risk. For example, risk assessments were in place to help support people at risk of pressure damage to their skin. Staff followed people's care plans for regular position changes and the use of creams to keep skin in good condition. A range of equipment was also in place to help minimise those risks such as pressure relieving mattresses and cushions.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Staff could explain to us what they would do in the event of a fire alarm sounding. Each person had a personal evacuation plan in place. Equipment used to support people, such as hoists were regularly maintained. People had their own hoist slings which were clean, odour free and the correct size; the type of sling was outlined in individual care plans.

We saw that systems were in place to review any accidents or incidents which had occurred. This enabled staff to learn lessons when things went wrong to minimise the risk of them happening again. For example; On one unit, there had previously been some incidents of aggression at the dining table between people who lived at the home. These incidents were reviewed and the triggers to the incidents were identified. This resulted in the provider purchasing smaller dining tables which seated fewer people. The incidents of behaviour were reduced which enhanced people's dining experience.

Staff were available when people wanted them and they responded to people's requests quickly. Staff went about their work in a calm and organised manner and supported people to undertake their preferred daily activities and rehabilitation/physiotherapy programs. There were systems in place to enable the registered manager to review how long call bells took to answer so they could ensure care and support was consistently provided in a timely manner. People told us that staff responded quickly to their requests for support with one person commenting, "I never wait more than a few minutes."

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

People received their prescribed medicines safely from registered nursing staff. Arrangements for the storage and administration of people's medicines were in line with good practice and national guidance. Staff had received training in the safe handling of medicines. Regular audits were carried out to check that medicines were being managed in the right way. One person told us, "They [staff] are really good at giving them. They tell me what I have before I have it."

Staff had a good understanding of why following the systems for managing the risk of the spread of infection was important. The home was clean and tidy and we saw staff used aprons, gloves and good hand washing procedures appropriately. Colour coded cleaning equipment was readily available and laundry arrangements took account of infection control guidance. Everyone we spoke with said the home was kept clean.

Good

# Is the service effective?

## Our findings

People's needs were assessed before they came to live in the home. All staff demonstrated a good understanding of people's identified needs and preferences. We saw that they followed the guidance set out in care plans and received training to ensure they had the right skills to do so. They demonstrated confidence when providing care for people and we saw they referred to care plans and colleagues including the physiotherapists and psychologist when they needed further information.

The registered manager ensured staff kept up to date with training and we saw there was a plan in place to show when training was due. Staff told us that the training helped them to maintain and develop their understanding of people's needs such as acquired brain injury and continence care. One member of staff told us, "We have refresher training on various topics every month, training here is very good and detailed." Staff also told us that they had supervision sessions with their line manager in which they could discuss their training and development needs and any issues that affected them.

People were supported to eat and drink enough to stay healthy. During the lunch time meal, we saw that food was of a good quality. Most people we spoke with told us they enjoyed the food and drinks available to them. One person commented on the food saying, "The food is good. I don't like to eat meat, so I have fish." A family member told us, "The food is really good, I've booked myself in for Christmas dinner."

The catering staff knew people's individual needs and preferences and told us that staff kept them up to date with any changes. People's dietary needs had been assessed using a nationally recognised assessment tool. Staff kept records to monitor how much people ate and drank through the day to ensure they received sufficient nutrition.

Where specific dietary needs were identified staff had sought advice from the provider's in house healthcare professionals such as Speech and Language therapists (SALT). We observed that people were supported to eat according to the guidelines set out in the SALT assessment. Staff had the skills and knowledge to ensure people receiving their nutrition via a percutaneous endoscopic gastrostomy (PEG) feeding tube in a safe way. Staff followed the best practice procedures to maintain people's skin integrity around their PEG tubes and flushed these regularly.

Everyone we spoke with told us that their health needs were attended to quickly and appropriately and they had access to the healthcare services they required. Everyone was registered with a local GP and records showed they were supported to see their GP whenever there was a need.

The premises were spacious and easily accessible to those who had mobility needs. There were various lounge areas and secure outside spaces for people and their visitors to use.

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

make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff worked within the principles of the MCA. We saw that they promoted people's choice and encouraged them to make decisions about their daily lives where they could. Care plans reflected where best interest decisions had been made on people's behalf and who was consulted as part of the decision. We saw that most best interest meetings had taken place and there was a plan in place to complete any outstanding meetings in the following month.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the conditions in DoLS authorisations were being met and we had been notified when DoLS applications had been authorised.

Good

# Is the service caring?

## Our findings

People and their family members told us that staff were kind and caring. One person said, "Staff are wonderful, they know my moods, they are good with me especially when I'm feisty." Another person told us, "They are just wonderful."

We found that staff treated people in a kind and caring way. People reacted positively to staff and looked relaxed in their company. Staff knew what people liked and what was important to them. Staff knew how to support people who could become anxious or upset. We saw they used a calm and reassuring approach when a person became distressed. They demonstrated their understanding of the likely causes of the person's distress and how best to help them relax.

People were supported to maintain their dignity and privacy. Staff supported people discreetly with personal care and discussions about personal issues were carried out in private. Staff knew when people did not wish to be disturbed and respected the person's choice. One person told us, "Staff always knock my door and when I say go away and come back later, they do." Staff addressed people by their preferred names and were respectful when speaking with them.

People were encouraged to make choices for themselves and express their views. People chose where they spent their day and were offered choices around what they wished to eat and drink. One person said, "I have plenty of time to do my own thing like watching films; I also spend time with therapists and my family visits often." People's spiritual and cultural needs were being met. We saw that care plans contained details about people's spiritual and cultural needs and people and their relatives told us these needs were met.

If people were unable to make decisions for themselves and had no relatives to support them, the registered manager had ensured that an advocate was sought to support them. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Throughout the day of the inspection we observed family and friends welcomed as they visited their loved ones. One relative said, "We are made to feel welcome and supported."

Good

# Is the service responsive?

## Our findings

People continued to receive care that was personalised and responsive to their needs. Care plans were regularly reviewed and updated as people's needs changed. One family member said, "The home is good at contacting me [to discuss care]." Another family member told us, "I feel really involved with everything, it is a great relief to find a good home that listens to families."

There was information about people's life history, spiritual needs, hobbies and interests that ensured staff understood what was most important to them. This enabled staff to interact with people in a meaningful way.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information was made available in ways people could understand. Picture signs were used to help people find their way around the home and identify different rooms more easily. The activities on offer during the day were displayed with relevant pictures to assist people to make choices.

People were encouraged to take part in activities both as part of a group or individually. On the day of the inspection, we observed people being supported to look at books, people involved in nail care activities, watching films of their choice and being involved in art and crafts. One person told us, "We have cake and relaxation this afternoon, I like to join in." One relative told us, "The [staff] supported [relative] to attend a family celebration; they really do go out of their way to do what they can to support the residents and their families." Other people told us about pet therapy, music sessions and quizzes, cake baking, relaxation and card games.

The service supported people who were actively engaged in rehabilitation. The Multi-Disciplinary Team (MDT) had worked with care and support staff to develop a range of therapies which had proved beneficial to people using the service and kept people motivated to continue with them. People were supported with physical therapy using exercise bikes and massage therapy. The service was in the process of exploring how virtual reality could assist with people's rehabilitation.

There were systems in place to ensure complaints were managed appropriately. The registered provider had received two complaints since our last inspection. We saw the complaints were recorded along with the outcome of the investigation and the actions taken. One relative told us, "There was something I wasn't happy about and I did put a complaint in, I was really impressed with how open and transparent they were with the investigation and it has given me reassurance that if things don't always go right I believe they [registered manager] will look in to it and be honest with me about why something went wrong." People and visitors told us they knew how to raise concerns or complaints and felt that they would be dealt with in the right way.

The home continued to care for people at the end of their lives. People were asked about their wishes in relation to end of life care. If people were happy to discuss this, a care plan was in place and any advanced decisions recorded. Staff received training in end of life care and the registered nurses liaised with other health professionals which ensured that people had access to symptom control.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a positive, inclusive and open culture, which centred on improving the service it provided for people. The registered provider and registered manager placed a strong emphasis on continually striving to improve the service. They demonstrated to all staff the values, ethos and expectations of providing a high quality individual service to people and their families. The registered manager and multi-disciplinary team was innovative in their approach to providing care and support and encouraged the staff team to be the same. New ideas were actively sought to enhance the quality of service provided.

The registered manager had been registered with CQC since February 2018. They were passionate about providing a quality service for people, action plans for developing the service had been closely monitored and staff had been supported to grow in their role.

The registered manager was visible and approachable, spending time each day talking to people and supporting the staff team. One staff member said, "[Registered manager] is brilliant, really supportive and is respected." Other staff commented that they felt the registered manager was supportive and knowledgeable.

The staff we spoke with all demonstrated a good knowledge of all aspects of the service and the people using the service. They delivered care as described in the Statement of Purpose, safe, caring and within a friendly environment where people could maintain their dignity, privacy and be respected always.

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis.

Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. Staff understood their responsibilities in relation 'whistleblowing', safeguarding, equalities, diversity and human rights and there were up to date policies and procedures to support them.

The registered manager and multi-disciplinary team attended various conferences, received information from other agencies and medical alerts which was cascaded to staff through meetings and training programmes. This ensured nurses and staff were kept up to date with changes in practices, legislation and new innovative ways to deliver care.

Quality assurance audits were completed to gain people's and their relative's views about the care provided.

Feedback from people was positive. However, the process around observing people's experience of living in the home needed to be strengthened to ensure that it fully considered people's daily experience particularly those people who could not easily communicate their experience. We spoke with the registered manager about some of our observations and as a result of our feedback, they planned to complete observed practice with staff to enhance their interactions.

The home had links with the local community and worked in partnership with other agencies to improve the services people received. For example, the provider had arranged for specialist training to be delivered to the staff team and invited other care homes in the area to attend the training.