Badby Park Limited

Badby Park

Inspection report

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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

This inspection took place on the 11 April 2016 and was unannounced. The service is registered to provide accommodation for people who require nursing and personal care for up to 68 people. The service caters for people with Acquired Brain Injury and degenerative neurological conditions such dementia. The service also provides a high dependency for complex care and rehabilitation services. At the time of our inspection there were 61 people living there.

There was a registered manager in post at the time of our inspection. 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.

At the last inspection in January 2015, we asked the provider to take action to make improvements to ensure that people's human rights were protected; people experienced restrictions in their movement and people who lacked capacity to make decision for themselves had not had the required assessments completed nor had there been any best interests decisions or authorisations sought for the restrictions in place. We asked the provider to send us an action plan setting out the action they would take to protect people's rights and strengthen systems to support the Mental Capacity Act 2005 (MCA), and associated Deprivation of Liberty Safeguards (DoLS) within an appropriate time frame and this action has been completed.

At the last inspection in January 2015 we asked the provider to take action to make improvements to the way that medicines were managed because people had not received their prescribed medication and because staff had not ensured that prescriptions had been dispensed in a timely way. We also asked the provider to send us an action plan setting out the action they would take to improve the way that medicines were managed and ensure that people received their medicines as they were prescribed and this action has been completed.

At the last inspection in January 2015 we asked the provider to take action to make improvements to the management of records because there were numerous examples where people's records were not maintained in good order or fit for purpose. We asked the provider to send us an action plan setting out the action that they would take to improve the standard of record keeping in the home and this action has been completed.

Systems were in place to ensure people were protected from harm; staff had received training and were aware of their responsibilities in raising any concerns about people's welfare. The provider had robust recruitment systems in place; which included appropriate checks on the suitability of new staff to work in the home. Staff received a thorough induction and training to ensure they had the skills to fulfil their roles and responsibilities. Staff training was regularly refreshed to ensure staff were following current guidance and good practice. There were enough suitably skilled staff deployed to meet people's needs.

People's care was planned to ensure they received the individual support that they required to maintain their health, safety, nutrition, mobility and to maximise their independence. People received support that maintained their privacy and dignity and whenever possible had opportunities to be involved in making decisions about their care and their participation in the organised activities that were taking place in the home.

People were assessed prior to admission to ensure the service was able to meet their needs and these assessments formed the basis of the individual plans of care. The individual plans of care contained all of the required information, were well maintained and regularly reviewed. Staff were knowledgeable about the individual care needs of the people they supported.

People had information about how to complain about the service and complaints were investigated, complainants received a timely response. The provider fostered a positive culture where the management and staff learnt from complaints and other information.

The management team had been strengthened and managers were accessible to the people who lived there, their relatives and the staff. The management understood their roles and responsibilities in notifying the Commission about the incidents that occur in the home, such as notifications of injury or events that affect the running of the service. Quality assurance systems were in place to assess and improve the quality of service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to promote people's safety and they were protected from avoidable harm.

Risk was well managed and did not impact on people's rights or freedom.

Staffing levels were sufficient to ensure that people were safe and that their needs were met.

There were systems in place to administer people's medicines safely.

Is the service effective?

Good

The service was effective.

People received care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities effectively.

Staff sought consent from people before providing any care and were aware of the guidance and legislation required when people lacked capacity to provide consent.

People were supported to eat and drink enough and to maintain a varied and balanced diet.

People were supported to maintain their health, received on-going healthcare support and had access to NHS health care services.

Is the service caring?

Good

The service was caring.

Staff demonstrated good interpersonal skills when interacting

with people.

People were involved in decisions about their care and there were sufficient staff to accommodate their wishes.

People's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

People were assessed to ensure the service was able to meet their needs and ensure they continued to receive the support they required.

People were supported to maintain their equality and diversity.

People were supported to maintain their links with family and friends and to follow their interests.

Staff were aware of their roles and responsibilities in responding to concerns and complaints.

Is the service well-led?

Good

The service was well-led.

The manager promoted a positive culture that was open and inclusive.

There was good visible leadership in the home; the registered manager understood their responsibilities, and was supported by the provider.

Effective quality assurance processes were in place.

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 inspection took place on 11 April 2016 and was unannounced. The inspection team comprised three inspectors, a pharmacist inspector and an expert by experience (EXE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of 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 the improvements they plan to make. We also looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

Prior to this inspection we contacted local health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service. We also contacted Healthwatch Northampton which works to help local people get the best out of their local health and social care services.

Many of the people who used the service were limited in their ability to recall their experiences or express their views; in these circumstances we used the Short Observational Framework inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During our inspection we spoke with twelve people who used the service, four relatives, twelve members of the care staff and four senior managers; including the registered manager and the nominated individual. We also spoke with catering and maintenance staff and a health professional who was visiting the home. We also looked at records and charts relating to 10 people, we reviewed three staff recruitment files and management information including the quality assurance systems.

Good

Is the service safe?

Our findings

At our inspection in January 2015, we concluded that the rating for this domain was 'Requires improvement'. This was because the provider was in breach of regulation 11: Safeguarding service users from abuse, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's human rights were not always protected; people experienced restrictions in their movement and people who lacked capacity to make decisions for themselves had not had the required assessments completed nor had there been any best interests decisions or authorisations sought for the restrictions in place. The provider sent us an action plan setting out the action they would take to protect people's rights and to develop systems to support the Mental Capacity Act 2005 (MCA), and associated Deprivation of Liberty Safeguards (DoLS) within an appropriate time frame.

During this inspection we found that people's rights were now being protected and robust systems had been put in place to support the Mental Capacity Act 2005 (MCA), and associated Deprivation of Liberty Safeguards (DoLS).

People told us they felt safe living at the home and they looked relaxed and happy in the presence of the staff which indicated they felt safe. One person said "I feel safe yes absolutely." Another person said "Yes I do feel safe; all of the people who look after me here are kind." All of the relatives we spoke with felt that their relatives felt safe and secure in the space the home provided. A relative also said "He is safe here now – yes very. I feel I don't have to come every day now to check on him. I come every other day now and we feel we can sleep at night now."

Staff were aware of their roles and responsibilities in protecting people from harm; one member of staff said "I would contact the nurse in charge. If not I would see someone higher, If I couldn't speak to anyone in the building I'd contact the safeguarding, whistleblowing number. I was given this information on my first day here. Outside of the company I would go to Northants Safeguarding." Staff had received regular training in safeguarding; were aware of the various forms of abuse and had access to appropriate policies and procedures. Senior staff were aware of their responsibilities and the external agencies they would need to contact if someone was at risk of harm.

Safeguarding allegations were reported to the appropriate authority and those that had been referred back to the management to investigate, had appropriate investigations conducted. The management were aware of the actions they would need to take in the event that allegations were substantiated; for example disciplinary action against staff and the required referrals to the appropriate authorities.

At our inspection in January 2015, we concluded that the rating for this domain was 'Requires improvement'. This was because the provider was in breach of regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan that set out how they were going to improve systems relating to the proper and safe management of medicines and this action has been completed..

During this inspection we found that the provider had made overall improvement to the medicine systems so that people received their medicines as they were prescribed. However we identified some areas where consistency of practice could be improved; these were discussed with the management at the time and addressed during the inspection.

Everyone we spoke with told us they had no concerns about how their medicines were managed. They all reported prescribed medicines arrived on time or there abouts. No-one told us they had run out of medication or that their regular medication was not available. Everyone told us that they could get pain relief if they asked the carer for it, without any difficulties or delay.

Nursing staff correctly followed appropriate procedures, during the medicine rounds and they correctly signed the medicine administration records (MAR) after the medicines had been taken. Medicines were stored securely in medicines cabinets and in the drug trolleys which were consistently kept safe during the medicines rounds. The treatment rooms were maintained in good order; the rooms and the medicine fridges were maintained at an appropriate temperature and ensured medicines remained effective.

Staff had received ongoing training to ensure they remained competent in the administration of medicines and were assessed regularly to ensure a safe level competency. Medicine administration audits were undertaken to ensure compliance.

When medication errors occurred they were identified and recorded with a risk score. The provider had followed appropriate actions in their policy; reported and sought advice from the GP or NHS emergency services or reported to the Local Authority safeguarding if required. Records showed that where staff had made medication errors, investigation procedures were followed and appropriate actions were taken including any additional training and supervision as part of the action plan for improvement.

Systems were in place to ensure people received safe care; a member of staff told us "Everything is risk assessed; people going out, using the hoist and the hoist slings. We look in the care plans for information about people's needs and how to manage any risks." People's individual plans of care contained detailed risk assessments to reduce and manage the risks to people's safety. For example risk assessments were in place to reduce and manage the risks of falls and pressure damage to the skin, people had appropriate equipment supplied to reduce these risks and movement and handling risk assessments provided staff with instructions on how people were to be supported to change their position. The individual plans of care and risk assessments were specific to the individual and were regularly reviewed and updated as people's individual needs changed. When risks to people's welfare increased further action was taken to increase the support and observations required.

Individual personal emergency evacuation plans were in place and were accessible for use in an emergency situation. Staff told us that all equipment was in good working order and people had access to appropriate equipment for use in the event of an emergency such as equipment to maintain a clear airway.
The provider had effective recruitment systems in place to protect people from the risks associated with the appointment of new staff. Staff told us that required checks and references had been obtained before they were allowed to start working in the home. Staff files were in good order and contained all of the required information.

There were sufficient numbers of staff to provide care and support however, some people commented on the turnover of staff, use of agency staff and staffing levels at the week end. For example one person who used the service told us "They are very busy, we have to take turns in when we can get up" and a relative said, "My wife had to wait an hour and a half for her dinner last week end because there were not

enough staff here to feed her." However people also recognised the improvements that had been made for example "I have noticed a lot of change of staff –but for the better. They use a lot of agency staff at the weekends. We are ok with this as long as there are faces that my relative can recognise and the people looking after him know what he needs". Another relative said "The staffing levels fantastic and so are all the care staff."

A visiting health professional said "Staffing here is quite good actually, better than most other units I have worked at. "They also told us there were enough staff to implement the interventions that they devised.

All of the staff told us that the management ensured that staffing levels were maintained at a good level; however there had been a small number of occasions where there was an unexpected absence. A member of staff told us "The majority of the time there are enough staff, but sometimes we are short when people are off sick, they [management] try their best to cover everything. Sometimes at weekends there is a difference and there are less available regular staff at weekends but they cover that with agency staff." A senior member of staff said "The management are responsive and would let me book more staff or to have another member of staff work on this unit from another area of the building."

The provider had recruited 'bank staff' to provide support to the units when needed so that the use of agency staff could be kept to a minimum. However when agency staff were used the service used the same agency staff so that they knew the people that they were caring for and were able to meet their needs.

The management told us that they had a system in place to calculate the required staffing levels based on the assessed needs of the people who used the service. They also told us that they had identified the need to increase staffing levels at the week end and that more staff had been recruited and further recruitment was ongoing. They told us that two senior charge nurses had been recruited to strengthen the clinical management team at the weekend and told us that they had improved incentives to attract and retain new staff. This was confirmed by a member of staff who told us "Staff turnover is better; most of the time there is enough staff on duty."

The duty rota showed that staffing levels were good, despite being slightly reduced at the week end in some areas; however the ratio of staff was still maintained at a good level. During our inspection staffing levels were good, call bells were answered promptly; staff were attentive and had time to meet people's needs and engage in a meaningful way with them. During the week the care staff were supported by a range of therapeutic staff including a wellbeing facilitator, occupational therapist, physiotherapists and speech and language therapist. Catering and hotel services were also available in addition to the care and therapy staff.

Good

Is the service effective?

Our findings

People were provided with effective care and support. People told us they thought the staff had the skills to meet their needs. One person said "Yes, they are all well trained and if they don't know I just tell them what I want." Another person said "They [staff] are well trained but what I didn't realise is that the training was ongoing, they are going on training all the time."

Staff had undertaken induction training based on the new care certificate which had equipped them with the skills and knowledge they needed before being allowed to work in the home. The induction training included training in moving and handling, first aid, fire safety and safeguarding. Induction training was followed by a period of supervised practice where new staff worked alongside experienced staff until they were considered competent.

Staff told us that the training they had received was of a good standard; one member of staff said "The training is very good the managers ask us if there is any training that we need. As well as the regular training we have also had training in subject relevant to the people we care for such as end of life care, how to care for people with a tracheostomy and how to support people who received their medicines, food and fluids through feeding tubes." Another member of staff said "The training is very good, if we find a course we want to go on the management will support us to go. I went to Liverpool for four days recently for a Huntingdon's Disease Course. It was very useful."

The provider had a staff training programme in place to enable staff to maintain their skills and receive timely updates relating to current best practice in a range of care related subjects such as; health and safety and infection control. Staff used appropriate movement and handling techniques and good communication skills when supporting people to change their position for example when rising from their chair. Our observations confirmed that staff had good interpersonal skills and understood people's individual needs. One member of staff said "It's important to pick up how people communicate. I absolutely love it. I've introduced Makaton for one of the residents, they're doing really well with it and it's had a good reception from other staff." Another member of staff said "[Name], can't talk so we use a communication book, watch her eyes and body language. When you get to know residents you're better able to know what they want or are trying to communicate"

Staff received individual and group supervision from their line managers to ensure they were supported in their roles and their development. One member of staff said "There's a timetable for staff supervision, it happens regularly about every six to eight weeks; the clinical lead has completed our competency assessments to ensure we have the necessary skills to care for people well." Another person said "We can discuss any concerns we might have; the management are receptive to suggestions about how we can improve the service." One member of staff also told us that they had recently had a probationary review with their manager because she had been in their new post between 3 and 4 months.

Staff sought people's consent before providing any personal care or support; they offered explanations about what they needed to do to ensure the person's care and welfare. One person said "The staff explain

what they need to do and check that it's ok with me for them to do it." A relative told us, "The staff here are absolutely super; they have been really fantastic about supporting us and explaining things to us so that we were involved in decisions about our relatives care." Staff told us how they sought consent and involved people in decisions about their lives whilst they were providing their support; for example decisions about their personal routines and how and where they spent their time. Individual plans of care demonstrated that people's formal consent was sought relating to a range of circumstances; for example the use of photographs for identification purposes and consent for information to be shared with other health professionals.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act and whether any authorisations had been requested. Individual plans of care showed that people who may have lacked capacity to make informed decisions had been assessed and a system was in place to ensure that decisions were made in their best interests. Staff were aware of their responsibilities in relation to the MCA and DoLS One member of staff said "It's about having the right to make decisions in different aspects of your life. If people lack capacity we act on information from the family and do what we believe is in their [people who used the service] best interests. The Mental capacity assessments are found in their care plans." Individual plans of care contained mental capacity assessments for a range of needs including a lack of capacity to consent to care and treatment at Badby Park, the use of bedrails and wheelchair straps used to ensure safety. During the course of our inspection we were advised that DoLS applications had been submitted to the local authority for 44 people.

People had access to appropriate health care, including NHS services as it was required. One person said "The nurses are marvellous, they have helped me get back to where I am today, ready to go home. They have helped me with everything I need to get back to full health." Another person said "If we need the doctor they will get one for us but the nurses are very good here." Relatives also confirmed that the staff ensured their relatives were seen by the GP when required.
The GP visited regularly the service on a regular basis and liaised with other medical advisors, therapists and nursing staff to meet people's health needs.

Staff liaised with health professionals appropriately and followed clinical advice; a visiting medical professional told us they had no concerns about the service. Staff knew the needs of people who used the service. Records showed that people also had access to visiting health professionals such as specialist nurses, podiatrists and opticians. People were also supported by a range of in house health professionals; including, psychotherapists, physiotherapists, speech and language therapists (SALT), a dietician and occupational therapists. People living with a physical disability had access to a wide range of personalised aids and adaptations to meet their needs and promote their independence. For example people had specialist wheel chairs designed and built according to their personal specifications. Staff also told us that they had also referred people for specialised equipment for example to maintain a safe and comfortable positions whilst in bed.

Robust systems had been put in place to ensure people's general health was monitored on a regular basis.

People's individual plans of care contained detailed assessments and care plans specific to the individual's needs, these were reviewed at regular intervals or as people's needs changed. Daily records and individual charts had been improved to capture the required information and in general demonstrated that people received the care that was specified.

People were offered a choice of food and drink and staff supported them to maintain an adequate intake. People told us they had enough to eat and drink and were satisfied with the food provided. All people and relatives we spoke with told us that there had been significant improvements in the quality of food during the last six months. One person said "The food is very good now, it's much better I have a lot of choice. I am a vegetarian and they now make me things." A relative said "Now we have a new chef the food has improved; my relative needs to know what the food is going to be, she needs lots of fresh food and vegetables. She is getting it now –thank goodness for the new chef."

A member of the catering staff told us "Since I have been here we have been concentrating on improving the texture of foods and have been working with the SALT assessor. We still have work to do regarding the quality of food and meeting all the nutritional needs but we do provide supplements such as milkshakes."

Another member of staff said "It has been a lot better here since the new chef came, has created new things for us. The chef gets an email from the staff on the units about people's dietary needs; if someone needs a fortified diet we make milkshakes and we boost them up with cakes." Special diets were available for people who required them for example sugar free diets and soft, pureed diets. The seasonal menus offered three meals a day which included a range of choices and fresh fruit and vegetables.

We observed the meal time experiences for people living with dementia and other medical conditions. There were sufficient staff available who were well organised and able to meet people's individual needs. Staff offered people a choice of portion size and food from the menu; people were served swiftly and were provided with sensitive support and assistance to eat their meals. Staff were attentive to people being supported to eat, for example they asked if they were ready for another spoonful of food and they were reminded to be careful with hot drinks, offering to add a little more milk. Staff also provided people with discrete encouragement for example, one member of staff who appeared to know the person well used humour by saying "Come on even I could eat more than that, causing the person to laugh before eating more food". This interaction indicated that the staff treated people as individuals and the empathy towards them. Staff also engaged people in social conversation to enhance their dining experience.

Individual plans of care showed that people were assessed for their risk of not eating and drinking enough to maintain their health and well-being. The risk assessments included regular checks on people's weights. When people were found to be at risk or had lost weight unintentionally they were referred to their GP and the dietician and their recommendations were followed. Staff then assessed people more frequently and closely monitored their food and fluid intake. Food and fluid records were well maintained and showed that vulnerable people were offered sufficient food and fluids within a 24 hour period. A system was also in place to ensure that people's intake was regularly reviewed by nursing staff to ensure an adequate intake and to identify problems such as dehydration quickly.

Good

Is the service caring?

Our findings

People were cared for by staff who were caring, kind and compassionate towards them; for example one person said "All of the people who look after me here are kind, well trained and caring." A relative said "There are some of the carers who are excellent and go above and beyond." Another relative said "All the staff have been absolutely super; the staff have communicated with us and supported us really well since our relative has been here."

People's privacy and dignity was respected, staff were swift to adjust people's clothing and to maintain their personal hygiene during their activities of daily living. Personal care was provided in the privacy of people's own rooms. Staff knocked on people's doors before entering their rooms and bedroom doors were fitted with appropriate privacy locks.

We witnessed several acts of kindness towards the people who lived at the home. For example when people became unsettled or distressed staff were swift to respond; they comforted them and took time to understand the cause of their distress. Staff were skilled in communicating with people, they approached people from an angle they could be seen; with smiling faces, provided good eye to eye contact and open body language they also used touch to engage and reassure people. Staff had a good understanding of people's likes and dislikes, such as their preferred routines. They also addressed people by their preferred name and this provided people with a calm environment where people appeared content.

People felt listened to and their views were acted upon during the course of their daily routines and activities of daily living. Staff treated people as individuals, listened to them and respected their wishes. People looked well cared for and were also supported to make decisions about their personal appearance, such as their choice of clothing. Where people were unable to communicate their needs staff ensured they had access to advocacy services.

People were able to personalise their bedrooms with their preferred design features that represented their individual personalities. People also displayed personal memorabilia such as photographs and artwork. Visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or in their own rooms. During the inspection we saw visitors were coming and going freely.

Good

Is the service responsive?

Our findings

People were assessed prior to moving to the home to ensure the service was able to meet their needs and these assessments formed the basis for the development of individual plans of care. People or their representatives were involved in their care planning if they were able and if they wished. For example people had supplied staff with information about their life history, in the 'All about me' record which formed the basis to the development of individualised plans of care.

A staff member said "Everyone has their own individual care plans based on what they talk about and what family talk about and tell us how to care for them; they have an "All about me" book. When we first start we are encouraged to read the care plans. As they're changed and updated we're asked to read and check."

The quality of the individual plans of care had been much improved and were tailored to meet people's individual needs. They contained detailed consistent instruction to staff about how people's individual care and support was to be provided and the required risk assessments were in place. The individual plans of care also contained detailed life histories so that the care provided and people's personal routines could reflect their previous lifestyles. Individual plans of care were reviewed on a regular basis or as people's needs changed. People's daily records and charts demonstrated that staff provided the care to people as specified within their individual plans of care. Staff were responsive to people's needs and call bells were answered promptly during our inspection.

People were able to make decisions about their care. For example people were able to choose their own personal routines including their times of rising and retiring to bed. People were also able to choose where to receive their visitors; how to spend their time and whether to engage in the planned activities one person said "I prefer to read or knit."

People were supported to engage in a range of activities. One person said "There are activities going on here, usually two or three a day." One person told us that they would like to be able to use the grounds more and another person said that they would like to get out more in the local community. The management told us that organised walks had been included in the activities programme and they had purchased wheel chair covers so that people in wheel chairs could access the grounds more frequently. They also told us they had employed an additional driver so that people could access the local amenities in the home's minibus.

People who were unable to respond to stimuli had access to specialist fibre optic equipment to enhance their interactions. We received the following feedback from a relative "I am still glowing from a really thrilling visit today. Little did I know that there would be a sound therapy session taking place. I knew that this would be something to which [name] would respond well but had no idea what a moving experience it was to be for the pair of us. It was amazing to see how everyone in that room was deeply affected by what took place. I do hope it is something which will be repeated."

A member of staff said "We have time to sit with people and spend time with them individually and focus on their interests, we sit and chat or read to them. We try to make them feel part of everything. The provider had

appointed a wellbeing facilitator who produced an activities programme which included a range of in house activities including arts and crafts, ball games, skittles and visiting entertainers for example – 'The zoo people'. A member of staff said "There is more going on now than when first started working here." People also had individualised activities programmes included in their individual plans of care that reflected their previous lifestyle and interests. Arrangements were in place to support people to maintain their faith; a pastoral service was held at the end of every month and a member of staff told us "I go to church with [name] and church group once a month."

People told us they had not needed to raise any concerns about the service; one person said "I haven't made a complaint, if I'm not happy about anything I just tell the carers and they do something about it." Another person said "No, I have never made a complaint; I am happy here it's my home."

Three of the relatives told us that they had made complaints in the past for example about the quality of the food and the laundry service. Two of the relatives told us that improvements had been made since they had made their complaints and there was a clear clinical rationale as to why the third complaint had not been resolved to the satisfaction of the complainant. Staff were aware of their roles and responsibilities in listening to people's views and reporting any concerns raised.

Copies of the complaints procedure were displayed within the home and were referenced in the service user's guide, a booklet that is given to people who use the service and their representatives when they moved to the home. The policy contained appropriate contact details and an appropriate timescale for response as well as a confidential concerns telephone number. We reviewed the complaints file and the investigation process surrounding a recent complaint; we found that a full investigation had been conducted by the management and that opportunities for learning had been sought and service improvements had been made.

Good

Is the service well-led?

Our findings

At our last inspection in January 2015 we found the provider was in breach of regulation 20: Records, of the Health and social care act 2008 (regulated activities) Regulations 2010.This was because records were not fully completed to demonstrate that the care specified in the individual plans of care had been provided.

During this inspection we found that the standard of record keeping had been much improved. Records to ensure people were in receipt of adequate food and fluids were accurately completed; there was also a system in place to ensure that the 24 hour intake was totalled and overseen by senior staff. Where people required specific interventions such as support to maintain their nutrition through a tube inserted directly into the stomach, records had been improved to capture the required information and the management were monitoring the way that these records were being used to ensure consistency. Records had also been improved to demonstrate that people had been supported to change their position as specified in their individual plans of care to prevent complications.

Accident records were completed and reviewed; staff took action to prevent further incidents for example by increasing the frequency of observations and relocating people to an area where there were more staff to provide greater supervision.

Since our last inspection the leadership of the home had been strengthened by the appointment of a Nominated Individual to oversee the management of the home. The Nominated Individual had a regular presence in the home and provided clear leadership and clinical expertise to the existing management team. There was a clear management structure within the service including a registered manager, three clinical leads and a quality manager in post. The management had also recruited senior nursing staff to charge nurse positions to provide clinical leadership on the individual units and to increase the management support during the weekend.

People told us that the quality of the staff had improved; one relative said "Some of the day carers have come and gone but they needed to go – so I am pleased about that." Another relative said "I have noticed a lot of change of staff –but for the better." Another relative said "Now the staff on the unit act immediately if you point something out – that is much better." The management told us that they had undertaken competency checks on staff to ensure that they had the right skills and attributes to enable them to care for people well. They told us that this had increased the turnover of staff in recent times but that new staff had been recruited and further recruitment was on-going. The management told us that staffing levels were closely monitored and there was a system in place to monitor the dependency needs of the people who lived there and that staffing levels were calculated accordingly.

People told us that other aspects of the service had improved since our last inspection, for example several people told us that the quality of the food had improved and that people had more choice. People also told us that there were more activities available.

All of the staff we spoke with were positive about the management of the home, a visiting health

professional told us "The senior management are receptive to any issues that they or other staff may raise; when concerns were raised they responded in a quick and efficient manner." A member of staff said "I Feel that the management are now very approachable and respond to what the staff are saying; over the last four or five months things have really got better." Another member of staff said "The manager provides good leadership, he is approachable and regularly visits all of the units; he has an open door policy so that people can talk to him directly."

The philosophy of the home; was set out in the service handbook, which is provided to people when they are considering moving to the home to live. Staff were aware of the vision and values of the home and told us that the manager spoke about these during their induction training. A member of staff said "We help people to achieve as much independence and to lead as normal a life as they can."

Quality assurance systems were in place. Systems were in place to plan and monitor staff training and staff supervision. The management conducted a range of internal audits for example, the analysis of accidents records to identify risk factors and trends, health and safety and fire safety. Care plans and risk assessments and other care records were regularly audited to identify areas for improvement and consistency of record keeping. Action plans were put in place and completed to address any opportunities for improvement. Regular medicines management audits were conducted; this helped to address previous problems; communications between the staff and the GP had improved and the provider was now using a new supplying pharmacy.

The provider conducted a recent pilot survey with five people who used the service; their response had been collated and indicated a good overall level of satisfaction. 80% of respondents stated they were satisfied or very satisfied with the service. 100% stated they would recommend Badby Park to family or friends.

We also reviewed five responses to a relative's survey entitled 'Living well through activities' the responses indicated a good level of satisfaction with the new activities programme. One person said "It's wonderful to see more activities taking place here" other people commented on the warm welcome they received and the fact that staff always had time to listen and communicate with them. Several of the suggestions for activities had been included in the new activities programme for example Karaoke, events involving animals, gardening and walks in the grounds and local countryside. Respondents also indicated that they would like to be able to participate in the activities and gave examples where they thought they could be more involved.

People were involved in the running of the home; records showed that the manager held meetings with people who used the service and their relatives about things that were happening in the home. Meetings provided people with an opportunity to be involved in making decisions such as menu planning and planning the activities as well as providing opportunities for people to express their views about the service. One person was able to give us an example how they went to a residents' meeting and suggested that they set up a magazine club; this has since been put in place. Another person told us they requested that they have access to the woods for walks which was also being established.

A member of staff told us that staff were being involved in improvement processes and that a suggestion box was in place. Incentive schemes had been initiated and there was an open culture of learning from events. Staff told us that there was a Dignity initiative where staff were encouraged to flag up good practice examples. Regular staff meetings were held and a monthly staff newsletter was circulated to keep staff up to date to inform staff about service developments and other relevant topics. Staff also had regular supervision with their line manager which provided them with opportunities to raise concerns and to question practice.

The registered manager ensured that the Care Quality Commission (CQC) registration requirements were implemented and we were notified about events that happened in the service; such as DoLS authorisations, accidents and incidents and other events that affected the running of the service. The provider visited the home on a regular basis to ensure the effective running of the service and the feedback we received from other organisations was all positive.