Care Quality Commission

Badby Park Limited

Badby Park

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on the 12 and 13 January 2015 and was unannounced. Badby Park is registered to provide accommodation and care for up to 68 people. The service specialises in the care of people with progressive neurological conditions and acquired brain injury. The service is designed to cater for people with disabilities. At the time of our inspection there were 60 people using the service.

There is a registered manager at Badby Park: 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.

People did not always receive their medication as it was prescribed and medication was not always stored appropriately. We have asked the provider to make improvements to this system to ensure people receive their medication safely.

Summary of findings

Staff recruitment systems were robust and staff understood their roles and responsibilities in protecting people from abuse.

Risk assessments were in place to reduce and manage the risks to peoples' health and welfare; those identified as at risk had access to appropriate equipment such as pressure relieving mattresses and movement and handling equipment. People also had access to specialist nurses to advise on the management of pressure ulcers and people were weighed regularly to assess their nutritional well-being.

People were protected from the risks associated with the recruitment of new staff by robust recruitment systems, staff training and adequate staffing levels. People who used the service had access to a wide range of health professional employed by the service and other NHS health professionals.

However people's human rights were not always protected because peoples' freedom of movement had been restricted without formal assessment, best interests decisions or authorised restrictions. We have asked the provider to make improvements to this system to ensure peoples' human rights are protected.

New staff undertook a robust induction training followed by a period of supervised practice. Existing staff also undertook timely training to maintain and refresh their knowledge and skill. Improvements had been made to the clinical leadership of the service with the appointment of senior nurse managers with specific experience and skills relevant to the people who used the service. People were supported to maintain a balanced and varied diet, with alternatives available should they not want any of the options listed on the menu. Staff provided compassionate and respectful assistance and encouraged people to eat their meal.

People were not always supported to maintain their privacy and dignity and we have asked the provider to make improvements to ensure that all people are supported to protect their privacy and dignity. Staff did not always involve people in decisions about their care and support and failed to engage with people they were supporting. People had mixed views about the activities programme and it was not always clear what activities were available for people who were unable to engage in group activities. We have asked the provider to make improvements to ensure that people are involved in decisions about their care and are able to be engaged in meaningful activity.

The provider had a robust complaints policy and people knew how to raise concerns and complaints. Complaints and allegations were fully investigated and corrective action was taken to prevent reoccurrence.

Record keeping was not robust because charts were not always fully completed or checked to ensure that people were receiving the care they required. We have asked the provider to make improvements to the standard of record keeping in the service.

Staff received the information and managerial support they needed to do their job, including handovers at the change of shift provided staff support and communication about peoples' changing needs.

Quality assurance systems were in place and had been strengthened by the recent appointment of a nurse with experience of quality assurance who was involved in audits of individual plans of care, risk assessments and the use of other records.

The provider was not meeting all of the legal requirements. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People did not always receive their medication as it was prescribed and the arrangements for the storage of medication was not safe.

Robust arrangements were in place to protect people from abuse.

People were protected from the risks associated with the recruitment of new staff because staff recruitment systems were robust.

Is the service effective?

Requires Improvement

The service was not always effective.

People's human rights were not always protected; because their freedom of movement was restricted without assessment or an authorised deprivation of liberty.

Staff received appropriate and timely training.

People had access to a balanced and varied diet.

Is the service caring?

Requires Improvement

The service was not always caring.

People were not always supported to maintain their privacy and dignity.

People were not always treated with kindness and compassion.

Staff did not always involve people in decisions relating to their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were involved in planning their care if they wished.

It was not clear what activities were available for people who were unable or unwilling to participate in group activities and there was no set plan of activities for the people cared for on the Purple Meadows unit.

Complaints were well managed and used to improve and develop the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Staff received appropriate support and guidance.

People knew who the managers were and were able to approach them.

Summary of findings

Records and data management systems were not robust because records were not always accurate or fully completed .

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 12 and 13 January 2015 and was unannounced. The inspection team comprised two inspectors, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed 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 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. We contacted the 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 and Total Voice Northamptonshire, an advocacy service which supports people who use adult mental health services. We also spoke with a representative from the local GP practice and a community pharmacist.

During our inspection we spoke with 10 people who used the service and 14 staff, including registered nurses and care staff. We also looked at records and charts relating to six people and observed the way that care was provided. During our inspection 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.

Requires Improvement

Is the service safe?

Our findings

People told us that they received their medicine as it was prescribed. However we found that one person had not received their prescribed medicines for a period of five days. This included medicines which were prescribed to reduce serious symptoms and which should not be stopped without medical supervision and guidance. We established that the medicine was out of stock, both at the dispensing chemist and the manufacturer. However because staff had not brought this to the attention of the management or the medical staff alternative arrangements had not been put in place. Pain relief medicine for another person was also not available on the day of the inspection.

Medicines that required temperatures less than room temperature were stored in dedicated medication refrigerators. However records showed that the treatment room where medication was stored and the fridge temperature had not been checked for three days. The last recordings showed that these temperatures had been recorded were above the recommended levels. Storage of medicines above the recommended temperatures may affect the stability and therefore the efficacy of a medicine.

The storage of liquid medicine was not safe because five bottles that had been opened had not been dated at the time of opening; therefore it would be difficult for staff to know when the medicine should be disposed if it was not administered within the time specified in the instructions. Some people required their medicines to be given through a feeding tube; however there were no care plans in place to inform staff as to the way that this was to be done or to ensure consistency between different members of staff.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

The management told us that meetings were being held with a GP and the community pharmacist to improve the medication systems so that people had access to their medication as it was prescribed.

We also observed the lunch time medicine round; nursing staff explained what the medicine was for to the person concerned and remained with them until satisfied that the medication had been taken. Systems were in place for people to receive their medicine in the way that they chose. For example one person received their medication with food; this had been agreed with the person concerned, their medical consultant, GP and registered nurse.

We found that medicine records were in good order and corresponded with the medicine prescribed. We checked the controlled medicines and found that the amount that remained corresponded with the amount dispensed and the administered. We also found medicine was stored securely; records showed that controlled drugs were audited on each shift and signed for by the nurse in charge to confirm accuracy. Systems were in place for the disposal of unused medication and drug disposal records were in place.

People told us they felt safe, one person said “I feel safe here and the care is good”. Staff had received training in the safeguarding of adults and were aware of the whistleblowing procedures and could give examples of how these were used.

Staff understood the procedure to follow in response to incidents and accidents and how and when to report them. Staff told us that any incidents were reported at the change of shift to ensure that staff were updated about people’s changing needs. One of the nurse managers told us they reviewed incident reports from staff to ensure that appropriate follow up care was provided.

Safeguarding records showed that when allegations were made they were reported to the Local Authority in accordance with Northampton County Council (NCC) safeguarding procedures; on advice from NCC the management had conducted robust investigations into allegations within the timescale specified by NCC who were then notified of the outcome.

The manager had notified us about significant occurrences. Accident records confirmed that there had been no serious injuries due to falls or hazards relating to the environment. The provider had notified us about two incidents and these had been appropriately managed. Staff told us they were updated at the change of every shift about peoples changing needs.

Individual plans of care contained risk assessments relevant to the needs of the individual concerned. For example people were assessed for the risks of falls the use of bedrails. Where risks were identified appropriate controls were put in place to reduce and manage the risks.

Requires Improvement

Is the service safe?

For example inflatable bed sides had been supplied to prevent bruising due to unintentional contact with the standard bedrails and protectors. Staff were aware of the identified risks and the action required.

People were also assessed for the risks of pressure damage to the skin and those at risk had access to pressure relieving equipment such as alternating pressure mattresses for their beds and cushions for their wheelchairs. However we saw one person who was assessed as being at high risk of pressure damage did not have access to a pressure relieving devise during the day time. We drew this to the attention of the senior management who made arrangements for the appropriate equipment to be provided during our inspection.

People's needs were assessed and individualised plans of care were put in place. People were involved in the development and review of these if they chose to be. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. Records showed that people had access to specialist nurses to advise on the management of pressure ulcers and people were weighed regularly to assess their nutritional well-being.

People were protected from the risks associated with the recruitment of new staff. Staff told us that all of the required checks had been completed before they had stated working at the service. They also told us that new staff received a thorough induction training programme to provide them with the required knowledge and skills. Another person confirmed they had had a robust induction training programme and that they had undertaken training that was needed to meet the needs of people who used the service. Staff recruitment files and training records confirmed this.

All of the people we spoke with told us that staffing levels were good; one person said "I feel safe here; the care is good, the staff are very good and there are enough staff". Staff told us that staffing levels were maintained at safe levels; one member of staff said "The care is very good here and staff ratio is high." A senior nurse told us "We assess people's needs every month; to calculate the staffing levels required and additional staff can be arranged if needed to meet resident's needs." They also told us that any nursing vacancies were covered by regular agency staff who knew the people who used the service.

Requires Improvement

Is the service effective?

Our findings

Some of the people who were known to become distressed or unsettled were supported by staff on a one to one basis; these arrangements were well documented and were seen to relate to restrictions that had been made as a result of mental capacity assessments and authorised deprivations of liberty based on their assessed best interests, beliefs and values.

However people's human rights were not always protected; we found that a person in one of the communal areas was surrounded by chairs and tables that formed a barrier that restricted their movement. When questioned staff told us that this was to prevent another person who used the service from invading their space, thus avoiding distress. We were concerned about this because it restricted both persons' freedom of movement. Neither person involved had had a mental capacity assessment nor there had been any best interests decisions or authorised restrictions.

We raised our concerns with the manager who took appropriate action during our inspection to remove the barriers that had been put in place. We also found that restrictions had been placed on two other people to ensure their safety and the safety of others; however no assessments had been conducted. We raised our concerns with senior management who completed the assessments and made urgent applications to the local authority for authorisations before our inspection concluded.

This was a breach of regulation 11(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

People cared for in the home had specialist and complex needs and the provider had employed a wide range of professionally qualified and specialist trained staff to ensure that they received the care and support they needed. This included occupation therapists, a dietician, a physiotherapist, a speech and language therapist and sessional input from consultant psychologists and specialist medical support.

Two senior nursing staff; both well qualified and experienced within their fields had been appointed to develop the service and to provide expert clinical leadership. They had a clear understanding of the priorities for improvements and of their role in enhancing the skill base and confidence of nursing staff within the home.

People told us staff were knowledgeable about their needs and had the correct skills to care for them. One person said "I trust the staff's judgement because they care for me very well" and another person told us "I get on well with my carers and I feel my needs are fully met." Staff undertook regular training in the subjects they required to meet peoples' needs. Training records showed staff had received accredited training and timely refresher training in subjects such as safeguarding and fire safety. Three recently appointed staff had completed two weeks induction training and had further training booked. All had been assigned a mentor to support them and had 'shadowed' experienced carers to learn how to care for people.

Staff received regular supervision and annual appraisal. Nursing staff told us they felt well supported following the appointment of the clinical lead who was also a senior nurse manager. They told us they had monthly supervision sessions and further arrangements were being made to schedule these on the duty rota to enable dedicated time to be allocated.

People told us the staff sought their consent before providing support; records showed that consent was sought from people who used the service for example the sharing of information between health professionals and the use of photographs for identification purposes.

People told us they liked the food provided by the service had enough to eat and drink. One person said "The food is very good here; there's enough choice" and "I get plenty to drink during the day and night, the carers assist me to eat". Another person said "'They [staff] help me with my food and assist me in the way I want."

Catering staff told us that the menus were changed on a weekly basis and that people were able to select their food the evening on the previous day. The menus offered a balanced diet and provided appropriate alternatives such as a vegetarian option and fresh fruit.

We observed the lunch time service in the communal areas; the atmosphere in the dining room was calm throughout. People were also able to have their meals served in the own rooms if they wished. The food was served at appropriate temperatures, was well presented and of adequate portion size. People also had drinks within easy reach. There were eight people who were served and

Requires Improvement

Is the service effective?

assisted by four members of staff; staff were attentive and provided compassionate and respectful assistance and encouragement. Adapted cutlery and crockery was in use to increase people's independence.

People who were assessed as being at nutritional risk were weighed regularly and referred to the dietician when required, their food and fluid intake was monitored by staff to ensure they had the care and treatment they required.

People told us they had access to health care services and we saw that they were registered with a local GP practice; GP's visited the service on a regular basis to provide general medical care. People also had access to other NHS services and to external expertise such as a palliative care consultant from a local hospice and the community psychiatric nursing service. One person said "I can see a dentist whenever I want to, I just have to ask the staff" another person told us "Staff will always make an appointment for me if I want to see the doctor or the optician."

Records showed that individual plans of care contained detailed information about how people's personal and health care needs were to be met. People also had access to appropriate equipment, aids and adaptations to support their mobility and independence; such as wheel chairs and walking aids and adaptations.

Requires Improvement

Is the service caring?

Our findings

People told us that the staff were kind and supportive. One person said “I feel fully supported and cared for by the staff, I really enjoy it here”. Another person said “They care about us and ‘I feel safe and most of the staff are great.” People told us that the staff treated them with respect and protected their dignity. One person said “The carers are kind and treat me with respect and observe my dignity” adding, “They seem to understand my needs and are very good to me. They always knock on my door before entering and are very kind to me.” and “They [staff] use my first name all the time” and, “The carers seem to understand when I need to be alone but are always there when I need them.”

However, although people we spoke with felt that they were supported to maintain their privacy and dignity; this was not the experience of everyone. One of the lounge areas was used to access an external smoking area by people from other units; some of the people who used this lounge were dressed in their nightwear. One person was lying on a sofa and was unsettled thus exposing their lower limbs and underwear. When this was drawn to the attention of the staff they provided an additional cover; however because the person was unsettled it was soon pulled off and left them again exposed. We raised our concerns with the manager who arranged for this person to be moved to a more discreet area of the lounge and for them to be clothed appropriately so that they could move about without being exposed.

Although we witnessed several acts of kindness during our inspection we saw that people were not always treated with kindness and compassion. For example on one of the units although there were enough staff to support people and ensure their safety; people wandered about aimlessly with a staff member following holding their hand. Staff frequently changed places with one another without any explanation being given to the person concerned. There was no attempt by the staff to engage this person in any conversation or meaningful activity and on occasions the attention of staff was diverted by the television. There was nothing other than the television to occupy people or promote their interest.

Requires Improvement

Is the service responsive?

Our findings

People had mixed views about the activities provided. One person told us “When I first came to the home I was unable to go out or take part in any activities. Now I am able to help in the shop every week, I go shopping with staff and am more independent. Other people told us that they enjoyed activities including puzzles; ball games, reading the newspaper and sometimes a book chosen from the small library. Another person told us they liked to watch videos and DVD’s and take part in karaoke.

However other people felt there were not enough activities. One person said “There are no activities to do during the day and I’m not aware that there is an occupational therapist at all in this home”. Another person said “There aren’t any particular activities that I enjoy except watching TV and DVD’s.”

One member of staff said “I would like to be able to get residents out more and believe it ‘would be nice if there was more for them to do.” Senior staff told us that they were acquiring wheelchair covers so that wheel chair users could have increased access to the grounds and local community. Staff also told us there was a gardening club that was supported by the local community and that the service hosted an annual summer fete.

A member of staff told us ‘Individualised activities were available on a daily basis for example during our inspection one member of staff had undertaken a speech and language activity with one person and an orientation exercise for another person. Staff told us that people were supported to maintain their faith by attending local spiritual services and others were supported to access the community and attend cafés or go on home visits.

The activities programme identified ten group activities throughout the week including arts and crafts sessions and a music group and karaoke once a week. However it was not clear what activities were available for people who were unable to participate in group activities and there was no set plan of activities for the people cared for on the Purple Meadows unit.

People told us that the staff were responsive. People said “The staff respond quickly if I call them” and “I have a call bell; I never have to wait long for them to come when I ring.” Another person said “I feel able to speak with staff about any concerns and I can make my own choices and choose to wash myself and stay in bed sometimes”.

People were able to make decisions about their lives and were encouraged and supported to maintain their independence with their personal care. They told us that they were involved in planning the care that they received. One person said “Of course I know my care plan, I’m happy with the content.” Another person said “I know my care plan and am happy with it”.

Records showed that people’s needs were assessed prior to their admission and at regular intervals thereafter. A review of the individual plans of care was being undertaken to ensure they were accurate and contained the appropriate information such as people’s preferences regarding the gender of the staff that supported them with their personal care. We saw that plans of care contained robust behaviour management plans which included appropriate strategies and techniques to be deployed when caring for people who required additional support. Staff understood these and had received training in the relevant de-escalation techniques.

People told us that they felt they were listened to, one person said “The staff listen to me and I feel able to speak with them about any concerns”. People told us that they knew how to raise concerns and complaints. One person said “I have no concerns but I know how to make a complaint and I would speak with the staff first.” Another person said “I would tell the staff about any concerns I might have and am confident the staff would help”.

Requires Improvement

Is the service responsive?

The provider's complaints policy was displayed in the main entrance and contained the required information such as contact details and the response times. We looked at two complaints that had been investigated by the provider; the investigations were robust and were also used as an opportunity for improving the service provided.

The manager had installed a suggestion box in the main entrance so that people can make suggestions and comments regarding their views about the service. The manager told us that they were due to commence an annual satisfaction survey in the March 2015 for people who used the service and their relatives.

Requires Improvement

Is the service well-led?

Our findings

Records were not always fully completed. For example staff did not always record the care provided to people who received their nutrition through a feeding tube. Important tasks to prevent complications were not recorded and this meant that there was no system in place to enable staff and management to assure themselves that the required care had been provided.

Other records were not always fully completed; for example we looked at a sample of fluid intake charts to see if people were receiving adequate amounts of fluids to prevent complications such as constipation. However on five consecutive days charts only showed one day where it had been recorded that sufficient fluids had been taken within a 24 hour period. None of the records were totalled after each 24 hour period so it was difficult for staff and management to assure themselves that people had received adequate amounts of fluids.

Although individual plans of care identified that people needed to be supported to change their position every three hours this was not always recorded. For example one person's record showed that one person was only supported to move five times within the 24 hours period. Without accurate completion of these records it would be difficult for staff and management to assure themselves that the required care had been provided.

We found that there were at least three different places that staff could record peoples' fluid intake and their changes of position. The impact of this was that there was no clear system for staff to maintain an accurate record of the care that was specified within the individual plans of care. Senior management told us that they had identified concerns in relation to record keeping and that they were currently reviewing the documentation to make it more effective; however we have not been able to test this.

Accidents and incidents were recorded but follow up checks by senior staff were not always recorded to show that people had been assessed for delayed signs of injury. Of nine accident / incident reports which included two falls; only one of the sections had been completed by the nurse in charge and none of the sections had been completed by the management or head of department to show that any follow up action had been undertaken.

This was a breach of regulation 20 (1) Respecting and involving service users of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Staff were supported to question practice. Staff had access to regular supervision with line managers providing opportunities for them to express their views about the service. Improvements had been made to the management structure and staffing levels had been Staff told us there were regular staff meetings held; topics discussed included communication between shifts, record keeping and the introduction of mentoring sessions for staff. Staff were aware of the provider's whistle blowing policy and their roles and responsibilities to raise any concerns about the care and welfare of people who use services. In additions there was a monthly forum for nursing staff to consider any incidents or concerns.

The manager told us that they were always looking for ways to improve the service and used the outcome of safeguarding investigations and complaints to identify opportunities for improvements. Safeguarding allegations were referred to the appropriate authorities; when allocated to the provider for investigation robust investigations were conducted and action was taken according to the outcome.

The manager submitted regular reports to the board of governors which included CQC notifications, safeguarding allegations and investigations, health and safety reports and the outcome of surveys.

Requires Improvement

Is the service well-led?

People told us they knew the managers of the service. One person said “I know who the managers are and see them on the unit quite often.” Another person said “I know the managers; they are really nice”. Another person told us they thought that the service was well managed. One person said “The service is well run and the staff are very good; they have the skills to care for me”.

The manager told us that the service had recently been restructured and now included three clinical leads including a head of physical nursing care, a head of mental health nursing care and a head of therapies. One member of staff told us they ‘I feel supported by the senior nurse managers and are pleased they have as been appointed as I think this will increase the support for nursing staff’.

The manager told us that the service had been selected to participate in the NHS Institute for Innovation and improvement Care Homes Programme; this was designed to help care homes strengthen communications with the wider health and care community and improve resident, relative and staff experience. The activities programme included visits to local pubs, coffee shops, the local racecourse and a nearby zoo. The service also hosts an annual summer fete and a gardening club which was supported by local people.

Quality assurance systems were in place and regular audits had been conducted including infection control systems, care plans, and staff training. The manager told us that improvements were made based on the findings of the audits; for example a review of the accident records had prompted improvements to the falls risk assessments and the involvement of the NHS falls prevention service. In addition an experienced nurse with a quality assurance background had been appointed to enhance the quality assurance systems. At the time of our inspections all care plans and risk assessments and also the standard of record keeping were being reviewed as part of the quality assurance process. Other changes that had been made to enhance the service included improvements in internal communications and communication with other agencies such as the GP practice and Community Pharmacist.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **Medication systems were not robust.** People did not always receive their medication as it was prescribed and the efficacy of medication may have been compromised by ineffective storage.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse **Peoples' rights were not always respected.** Peoples' freedom of movement had been restricted without MCA assessments and authorised DoLS.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **Record keeping was not robust.** Records relating to peoples' care and welfare were not fully completed to demonstrate that people were in receipt of the care they required.