

Hill Care 3 Limited

# Bannatyne Lodge

## Inspection report

Bannatyne Care Home  
Manor Way  
Peterlee  
County Durham  
SR8 5SB

Tel: 01915869511

Date of inspection visit:  
27 October 2022

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16 November 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bannatyne Lodge is a care home providing personal and nursing care to up to a maximum of 50 people. The service provides support to older people including people who may live with a dementia type illness. At the time of our inspection there were 32 people using the service.

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

Records provided guidance to ensure people received safe, person-centred care and support from all staff members. A relative told us, "[Name] is being well-looked after, much better than I could. They are happy at Bannatyne Lodge.'

There were sufficient staff to support people safely. Staff had received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe.

Staff followed effective processes to assess and provide the support people needed to take their medicines safely.

Staff contacted health professionals when people's health needs changed. Staff followed good infection control practices and the home was clean and well maintained.

People and relatives were very positive about the caring nature of staff and had good relationships with them. They trusted the staff who supported them. Relative's comments included, "I would say that they treat [Name] very much as a person rather than just somebody to look after. I think they certainly seem to have quite a caring nature" and "The staff are patient and friendly. They are very polite and treat [Name] as though they are friends of theirs, which is what [Name] likes about it."

There was a welcoming, cheerful and friendly atmosphere at the service. A relative told us, "Staff are really friendly, approachable and caring. They always seem to be about to ask about things. They make the environment there a nice place to visit.'

Staff spoke positively about working at the home and the people they cared for. They said communication was effective to ensure they were kept up-to-date about any changes in people's care and support needs.

Staff respected people's diversity as unique individuals with their own needs. The staff team knew people well and provided support discreetly and with compassion.

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

The home had a registered manager and management team who had good knowledge of people's needs and clear oversight of processes in the home. There were systems to assess the quality of the service, which were closely monitored. People, relatives and staff gave us positive feedback and told us they had opportunity to comment on the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (9 December 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 September 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Bannatyne Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector and 1 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.

#### Service and service type

Bannatyne Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bannatyne Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 27 October 2022 and ended remotely on 8 November 2022. We visited the service on 27 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we communicated with 6 people who used the service and 19 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with 11 members of staff including the registered manager, customer services officer, regional manager, deputy manager, clinical lead, activities co-ordinator, 1 domestic and 4 care workers. We received feedback from one health and social care professional.

We 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 reviewed a range of records. This included 4 people's care records and multiple medicines records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Systems to manage risks to people's health, safety and well-being were well-managed. The registered manager had introduced improvements to ensure all risks to people had been assessed, and safety was monitored and well-managed within the service.
- Care plans and risk assessments were detailed and reviewed regularly.
- Staff understood where people required support to reduce the risk of avoidable harm.
- Staff had strategies they used when people became anxious and upset. This helped people to manage their emotions and minimise the impact to them and others.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The registered manager managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately, and the management team investigated incidents and shared lessons learned.
- The registered manager analysed incidents and near misses on a regular basis so that trends could be identified, and appropriate action taken to minimise any future risk.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff were trained on how to safeguard people.
- People and relatives said people were kept safe. One relative told us, "I have never had a doubt when I have visited or even when I am not there, that [Name] is being looked after well. I have no concerns about their safety there," and "I think [Name] is in a safe place now. They are in a much safer place than when they were at home. It takes a lot of heat off me, knowing that [Name] is safe."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Consent to care and treatment was sought in line with the MCA.
- Mental capacity assessments and best interest decisions were appropriately made and documented.

#### Staffing and recruitment

- There were sufficient staff to support people safely. Staff met people's needs promptly and were unhurried when assisting them. A relative commented, "[Name] can get help very quick. I have been there when they have pressed their call button and staff come within a minute or two" and "I think there are enough staff and they are always on hand when I go down there."
- Systems were in place to ensure only suitable people were employed.

#### Using medicines safely

- Staff followed systems and processes to prescribe, administer, record and store medicines safely.
- People received supported from staff to make their own decisions about medicines wherever possible.
- Medicines risk assessments and associated care plans ensured staff understood how to provide this support in a safe and person-centred way. A relative commented, "[Name] gets all of their medicines including their blood pressure meds which they have to have early mornings. They do all of that well. They also have tablets four times a day and staff also deal with that very well."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A relative told us, "The domestics are very particular about [Name]'s bathroom. Their room is dusted and hoovered, and bed changed regularly. The home seems clean, and when you walk in it does not have any unpleasant smell about it. The corridors, lifts and the rooms all look clean and the dining room looks inviting."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The registered manager followed the latest government guidance with regard to visiting during an outbreak of Covid-19.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

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

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

- The provider and the registered manager had clear and effective oversight of the service.
- Record keeping had become more robust to ensure any risk was identified and incorporated in individual care plans.
- Management made regular checks on the quality of the service using a range of audits. Where improvements were identified these were acted on. Specific audits had been completed to learn and improve from the findings of the last inspection and to check regulatory requirements were met.

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

- Systems promoted a positive, person-centred culture to benefit people living at the service.
- People were listened to, engaged with and they received person-centred care.
- People were provided with support which was constantly analysed and evaluated to improve their well-being.

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

- People were involved in decisions about their care. They were encouraged to be involved in the running of their lives and the service.
- Staff and relatives told us communication was effective to ensure they were kept up-to date about people's changing needs.
- Staff said they were well-supported. They were very positive about the management team and said they were "very approachable."

Continuous learning and improving care; Working in partnership with others

- The service worked well in partnership with other health and social care organisations, to help improve the well-being of people who used the service.
- There was a focus on learning and improvement. Staff were encouraged to develop their skills through training and personal development.
- The management team took on board people's opinions and views to make improvements.