

# Elysium Neurological Services (Badby) 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Badby Park is a care home service that is registered to provide care for up to 68 people. There are three units providing care for people with high dependency support needs, complex care and rehabilitation. At the time of the inspection there were 62 people living in the home.

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

The provider had taken action to improve the systems and processes in place to monitor and assess the safety and quality of the service. These changes required embedding to ensure they were effective and consistently applied.

People and their relatives told us the service was safe, people were protected against the risk of harm and abuse as staff had received safeguarding training and knew the provider's safeguarding procedure.

There were sufficient numbers of suitable staff employed to keep people safe. People were supported by trained staff who followed the government COVID-19 guidance. The registered manager took action to learn lessons when things went wrong.

Staff received ongoing training to enhance their skills and knowledge. Staff were supported to reflect on their working practices through regular supervision. People were provided with sufficient food and drink that met their dietary needs and preferences. People's health and wellbeing were regularly monitored.

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.

People received care and support from staff that demonstrated compassion and kindness. People were encouraged to make decisions about their care. Where possible, people were supported to maintain their independence. People were treated equally and had their diverse needs respected and facilitated.

People's care was tailored to their individual needs. People were aware of how to raise their concerns and most people were confident these would be managed well. Activities provided ensured people were not socially isolated. People's end of life wishes were documented.

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 (published 5 July 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the

provider was no longer in breach of regulations, however further improvements were still needed to ensure they can be sustained.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Badby Park 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Badby Park

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

The inspection was carried out by one inspector, a specialist advisor nurse 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.

#### Service and service type

Badby Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided and three relatives. We spoke with eight members of staff including the registered manager, the clinical lead, social worker, two care workers and three nurses.

We reviewed a range of records. This included eight people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures, quality assurance, staff training and complaints were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

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

Preventing and controlling infection including the cleanliness of premises. Assessing risk, safety monitoring and management. Using medicines safely.

At our last inspection the provider failed to ensure care, treatment and medicines were provided in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12; however, systems and processes required embedding to evidence sustained good practice.

- The provider had followed government guidance and their own policies in relation to infection prevention and control. High touch areas were cleaned regularly as planned and shared equipment, for example hoists were cleaned between use, this was indicated by a label stating when it was cleaned.
- People received their prescribed medicines. Medicines administration records [MARs] confirmed that people had received their medicines as prescribed. Arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely. All medicines prescribed were in stock.
- PRN (as required) protocols were in place. Some protocols we viewed required more detail. We fed this back to the staff and this had been completed by the end of the inspection.
- Information had been updated on people's emergency grab sheets which meant other health professionals had up to date information about people's health and care needs in the event of an emergency. Keeping information updated on emergency grab sheets required embedding and needed to be consistently applied to ensure the systems and processes in place were effective.
- Risk assessments had been reviewed and updated to ensure that staff knew how to reduce known risks to people. Staff we spoke with were knowledgeable about people's known risks. Keeping information updated on risk assessments required embedding and needed to be consistently applied to ensure the systems and processes in place were effective.
- The provider had followed government guidance and their own policies in relation to infection prevention and control. High touch areas were cleaned regularly as planned and shared equipment, for example hoists were cleaned between use, this was indicated by a label stating when it was cleaned.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to ensure systems to safeguard people from abuse were followed. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safeguarding service users from abuse and improper treatment.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 13; however, systems and processes required embedding to evidence sustained good practice.

- Staff had received safeguarding training and were able to recognise a safeguarding concern. The safeguarding lead had delivered scenario based safeguarding training to help staff understand in more detail why some incidents are a safeguarding concern. Staff told us they found this training helpful.
- Safeguarding concerns had been reported appropriately and had been investigated in a timely manner. We viewed records and action taken from a current safeguarding concern and saw appropriate and timely action had been taken.
- Unexplained injuries or wounds had been recorded and investigated. Actions had been taken where a potential cause may have been identified. For example; moving a piece of furniture to create more space.

Staffing and recruitment

- Robust recruitment procedures were in place and safe recruitment practices were followed to ensure staff were suited to work with people who used the service.
- There were enough staff deployed to provide people with the care and support they required. Regular agency staff were used to ensure continuity of care for people while on-going recruitment was in place.
- People received care from a multi-disciplinary team which included occupational therapists, clinical psychologists and rehabilitation workers.

Learning lessons when things go wrong

- Since the previous inspection, communication had improved across the three units.
- The registered manager had made improvements in the areas we identified at the last inspection, and where other agencies had recommended improvements.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

- The provider had a comprehensive training programme in place for staff which included a detailed induction in line with best practice guidelines. Staff told us about the training and support they had received and said it was "very detailed".
- People were supported by staff who received regular supervision and had their competencies checked on a regular basis. Supervision included updates and knowledge checks on policies and procedures including safeguarding and infection prevention and control.
- Training and best practice events were held throughout the year. On the day of the unannounced inspection, training was being held for nurses to update their practice and refresh their knowledge on key subjects.
- All staff had received training in how to respond safely to people demonstrating feelings of distress or anger with the exception of new staff who were still in the induction period. The registered manager continued to keep the rota's under review to ensure an appropriate skill mix across shifts.

Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans included detailed information about people's needs and preferences. Care staff told us they had the time to read care plans and knew how to support people in their preferred way.
- Care records had been reviewed and updated to reflect people's changing needs.
- There were two electronic recording systems in place to record care and support. We found these to contain up to date and accurate information about people. Staff were able to view individual parts of people's care plan to review the care someone had received. For example, we read that one person preferred to have oral care three times a day; we were able to view all the records relating to oral care and saw this was in place.

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

- People were supported to eat and drink a balanced diet. Where people needed support to eat and drink this was provided. We observed people being supported to eat and drink with dignity and patience.
- Where people required food and drink through a flexible feeding tube (percutaneous endoscopic gastrostomy (PEG)), best practice guidelines were followed with the recording of food, fluids, flushes and feeding position. Staff followed the best practice procedures to maintain people's skin integrity around their PEG tubes and flushed these regularly.
- People were weighed regularly if required, to monitor weight loss. Where required, people had been referred to a dietician or speech and language therapist and guidelines were followed.

- We received mixed feedback from people and relatives about the food people received; however, this was mostly personal preferences. People told us they were offered alternative choices to the advertised menu and could choose from a variety of options.

Supporting people to live healthier lives, access healthcare services and support.

- An advocacy service was provided and people were able to put themselves forward and request a visit by the advocate. People were reminded when the advocate was visiting. People were also able to access their own advocate which we saw was happening in practice.
- Due to the COVID-19 pandemic, there had been delays in people being able to seek alternative accommodation when they wished to live more independently. We discussed this with the registered manager and the people involved. More support was being offered and discussions were in place with the funding authority.

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

- People who were not able to communicate verbally had been provided with the equipment they required to communicate effectively. However, at this point in time they told us they preferred to use paper and pen to communicate with staff as they found this quicker.
- People who could mobilise could access all the areas of the service they needed with ease. The corridors were wide enough to manoeuvre wheelchairs and most rooms were large with en-suite facilities.
- People's rooms had items that helped them to connect with their families and friends such as photographs. People's interests were evident in their rooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in the least restrictive way possible. Individualised, decision specific mental capacity assessments had been completed and best interest decisions recorded. Where people were deprived of their liberty, DoLS were in place and people were supported in line with their agreed plans.
- People were supported to explore their options around the deprivation of their liberty and the staff worked with appropriate professionals to support understanding of the legal process.
- Staff understood the importance of consent. We saw staff asked people's permission before offering support or entering their rooms. Relatives told us they had been consulted and involved.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection in 2018 this key question was rated as good. At this inspection this key question has stayed the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they or their family members were treated well and had a good relationship with staff.
- Staff spoke to people politely and with patience and respect. We saw many caring and compassionate interactions with people. One person told us about the friendly banter they had with staff and told us "they know me well and know how to make me laugh".
- People were provided with dignified care, their privacy was respected, and they were encouraged to do as much for themselves as possible.
- People were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were considered when care was planned with people.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and they and their relatives were included in decisions about their care. Since the last inspection, people's feedback had been collated and actions had been taken on their feedback. This was developed into a 'you said, we did' board.
- People and their relatives told us they were kept up to date regarding changes to care plans and were invited to meetings to discuss their views and care planning. One relative told us, "I feel fully involved in [person's] care."
- Staff told us they had enough time to spend with people to build relationships and understand their wishes, meaning care could be delivered in a person-centred way.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection in 2018 this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was person-centred and tailored to their individual needs.
- Care plans detailed all aspects of people's lives and preferences in how they wished to be care for. For example, health and wellbeing, medical needs, dependency levels and life history.
- Where possible, people and their relatives were supported to participate in the development of their care plans.
  - Staff were aware of the importance of reporting any changes to people's care needs. Care plans were updated by the lead nurse for each individual. If changes to care plans were immediate, this information was also communicated through handovers.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had an AIS policy in place, the policy detailed how people would be provided information in an accessible format. For example, easy read information. We saw many examples of information in easy read format around the service.
- People's care plans documented their preferred method of communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access activities that met their social needs and preferences.
- We observed people with sensory needs being supported with therapeutic lights and textured activities.
- People told us about craft activities, games and movie nights they had been involved in.
- The provider had an activity schedule whereby people could participate if they wish.

Improving care quality in response to complaints or concerns

- People and their relatives confirmed they knew how to raise a complaint. The majority of people and relatives said their concerns would be investigated and they felt confident to raise their concerns. One person told us, "I would talk to [staff member] if I needed to complain. I said I wasn't happy with something the other day and the staff sorted it for me, they were happy to help."
- The provider had a complaints policy in place and a pictorial complaints sheet that gave people the steps to take should they wish to raise a complaint.

- The provider's complaints policy detailed how complaints would be managed. Complaints made had been investigated and a written outcome sent to the complainant.
- Not everyone felt their complaints or concerns were listened to. This was not reflective of the majority of feedback received both on the day of inspection and through feedback received by the service, we have discussed the concerns raised with the registered manager.

#### End of life care and support

- People's end of life wishes were clearly documented in their care plans.
- Where people had a 'do not attempt resuscitation' (DNAR) in place, these were signed by the appropriate healthcare professional.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care; Working in partnership with others

At the last inspection, the provider had failed to implement a robust system of quality assurance or to identify and address the shortfalls in the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17; however, systems and processes required embedding to evidence sustained good practice.

- The provider had made improvements to the systems to assess and monitor the infection and prevention control measures in place. Government guidance was being followed in relation to enhanced cleaning of the environment and equipment.
- Systems and processes were more robust in identifying and acting upon safeguarding concerns. Concerns identified had been reported and investigated in a timely manner.
- Feedback sought from people and their relatives had been collated and acted upon. The feedback had been developed into a 'you said, we did' board.
- The provider had assessed and monitored the system in place to access advocacy services. We saw that people were able to put their name forward for a visit from the advocate and people were reminded of the advocates visit in advance. People were also able to access other independent advocates.
- The provider had made improvements to the systems in place to ensure care plans, risk assessments and emergency information was up to date and reflected people's changing needs.
- The provider had acknowledged the migration of paper records to electronic records had caused recording issues in the service. This had been reviewed and feedback sought from staff. To this effect, daily care notes and daily monitoring charts were kept in the paper format in people's rooms.
- The registered manager and deputy manager described additional adjustments and improvements that would ensure continuous learning with more detailed audits and promotion of effective communication with staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.