

Elysium Neurological Services (Badby) Limited

Badby Park

Inspection report

Badby Road West
Badby
Daventry
Northamptonshire
NN11 4NH

Tel: 01327301041
Website: www.elysiumhealthcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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 nursing home service that is registered to provide care for up to 88 people. There are four units providing care for people with high dependency support needs, complex care and rehabilitation. At the time of the inspection there were 81 people living in the home.

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

The provider had not taken timely action to improve the lives of people living in one area of the building. The environment was not suitable and people did not have free access to other parts of the building and outdoor spaces.

There were missed opportunities to promote people's wellbeing to have a welcoming space outside. Garden areas were not well maintained and in some areas were a hazard.

We identified concerns relating to the culture of the staff at the service. Not all teams worked well together to ensure people receive a seamless service.

The provider had made improvements to the clinical systems. These had been embedded and the provider had clear oversight of the safety of this part of the service.

Systems, processes and practices safeguarded people from risk of abuse. Risks to people were assessed, monitored and managed. There were enough staff working at the service to meet people's needs. Recruitment processes were robust. Medicines were managed in a safe way. Effective infection prevention control measures were in place. Lessons were learned when things went wrong as incidents were recorded and actions completed to keep people safe.

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 thought staff were caring. People were supported to express their views. People's privacy and dignity were respected, and their independence promoted. Care plans were person-centred and guided staff to meet people's needs. People's communication needs were met. People were able to take part in activities provided by the service. People were provided with information about how to complain and when they did, complaints were responded to appropriately.

Quality assurance systems monitored care so there was the potential for it to be improved. The service worked with other agencies to the benefit of people using the service

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 13 May 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about the culture of the service. A decision was made for us to inspect and examine those risks.

Enforcement

We have identified a breach in relation to oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

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 four inspectors and two Experts 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 11 people who used the service about their experience of the care provided and 10 relatives. We spoke with 12 members of staff including the registered manager, the clinical lead, nurses, occupational therapists, physiotherapists, rehabilitation staff and care staff.

We reviewed a range of records. This included 9 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 meeting minutes, care staff newsletters, governance meetings and continued to speak with staff.

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; Using medicines safely; Learning lessons when things go wrong

- People were protected from risks as these had been assessed and staff had care plans to follow to mitigate known risks. Staff in the complex needs' unit received the information they required to provide safe care. However, staff handovers in some units required more detail to include people's current needs. One member of staff told us, "People's needs are mentioned in handover, but not they are not consistently recorded, therefore it relies on staff telling each other."
- The provider had procedures and emergency protocols for people who received complex care, for example tracheostomies. Staff followed the procedures and reported any changes or anomalies promptly.
- People received their medicines as prescribed. Staff received training in medicines management and their competencies had been checked.
- People were protected from the risks of fire and water safety. Regular safety checks had been completed and actions taken to repair and maintain equipment. People's personal emergency plans were reviewed regularly.
- The provider recorded and analysed information relating to accidents and incidents to learn lessons and monitor trends or patterns. Staff followed protocols to monitor people's health following a fall.

Staffing and recruitment

- The provider used a dependency tool to calculate the staffing levels required and the provider ensured the staffing levels were maintained in accordance with the tool. Recruitment was on-going, in the meantime the provider used regular agency staff. One person told us, "If they use agency staff, they try to keep the same ones. If they are short staffed, the manager will step in."
- The provider carried out the necessary Disclosure and Barring Service (DBS) checks before staff commenced employment. The DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Staff followed the provider's infection prevention and control policies and procedures to manage and help prevent infection outbreaks. Staff understood when to use and dispose of personal protective equipment effectively and safely.
- The provider had systems to monitor the cleanliness of the service and make the required improvements. People were supported to receive visitors. Relatives told us they could visit anytime.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse as staff received training in safeguarding. Staff understood how to recognise and report any concerns to the registered manager, provider and relevant professionals. One member of staff told us they had never witnessed any abuse, but they understood their responsibilities to report abuse, they said they would report concerns, "Firstly to the nurse in charge and I could go to the manager."
- Safeguarding incidents had been reported and investigated. The provider used the information to make improvements to the service and to help prevent reoccurrence. Regular safeguarding meetings took place to review all safeguarding concerns.
- The provider worked with the local safeguarding authority and others, whenever necessary, to investigate any concerns and to protect people.

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 good. At this inspection this key question changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- An area of the building in which 5 people lived was not fit for purpose. The lounge was small and was also used as a walk through to the other bedrooms. There was no other area for people to socialise or to have space away from other people. People did not have free movement in this area and required staff assistance to leave due to the key fobbed access. We discussed our concerns with the registered manager who informed us this had already been identified and was included in the improvement plan. Due to our concerns this has been brought forward and the provider has agreed to recommission this part of the building into a rehabilitation step down service.
- Not all outdoor spaces were well maintained and were not suitable for wheelchair use. There were missed opportunities to promote people's wellbeing to have a welcoming space outside. In one area there was no seating with protection from the sun. One staff member told us, "This garden area is really difficult to push a wheelchair in due to the uneven slabs."
- People's rooms were personalised and it was clear people were able to choose how they decorated their rooms. One person showed us cards they had received from friends which were on display in their room.

Staff support: induction, training, skills and experience

- People were supported by staff who received regular supervision and had their competencies checked on a regular basis. However, some staff told us they did not feel supported by the management team and the provider. There were systems and processes in place for staff to raise their concerns about the support they received including a speak up guardian, however, some staff told us they did not feel safe raising their concerns within the organisation. We spoke with the registered manager about the concerns raised.
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice. Staff had received training to meet people's specific needs, for example, epilepsy, care of percutaneous gastrostomy tubes and diabetes. One staff member commented, "We have continuous training."
- New staff completed an induction period, which included shadowing more experienced staff to get to know people and covering the basic training subjects.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. Pre-assessments identified the person's needs and ensure staff had the skills to meet these needs.
- Care plans included detailed information about people's needs and preferences. Care records had been reviewed and updated to reflect people's changing needs.

- When a person had a health condition that required specific tasks or support this was recorded and identified within their care plans and risk assessments with clear guidance for staff on the procedures to follow.

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

- Staff told us they would benefit from training about different food textures, pureed food and soft diets. This information had been escalated to a manager who has requested training for the staff. Kitchen staff told us they did not always receive dietary information for new people who moved into the home in a timely way. This had been raised with the management team.
- People were supported to eat and drink a balanced diet. Where people needed support to eat and drink this was provided. We observed most people being supported to eat and drink with dignity and patience, however we also saw on one occasion staff supporting a person with no conversation or encouragement.
- Where people required food and drink through a feeding tube (percutaneous endoscopic gastrostomy (PEG), best practice guidelines were followed with the recording of nutrition, 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 dietitians or speech and language therapists; staff followed their prescribed care.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective and timely care

- People had access to the healthcare services they required. For example, staff told us about working alongside an epilepsy nurse to ensure a person's epilepsy medication was managed safely.
- A professional log recorded communication staff had with other agencies about each person such as the GP, district nurses and social workers. This was effective at proving oversight of people's healthcare needs and professional visits.
- An advocacy service was available and people were able to request a visit by the advocate. People were also able to access their own advocate or independent mental capacity advocate which we saw was happening in practice.

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.

- Where people had conditions on their authorisations to deprive them of their liberty, these were mostly being met. When the service was unable to meet these conditions due to a change in people's preference, we saw that this had been communicated with commissioners and the DoLS authorizing body.

- People were mostly supported in the least restrictive way possible. Individualised, decision specific mental capacity assessments had been completed and best interest decisions recorded.
- 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 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 supported by staff who were kind, polite and efficient. We observed staff working professionally with people. One person told us, "I don't know where I would be without the staff's kindness. They help me with my make-up whenever I ask them to. It helps me feel a bit brighter."
- The service had received feedback which showed people and relatives were content with how they were treated. One relative told us, "The staff are always friendly and professional. [Relative] is always happy to go back to Badby Park after they have visited us." Another relative said, "I have full confidence in the staff, I am there a lot of the time and I see them respond quickly to people."
- People were provided with dignified care, their privacy was respected, and they were encouraged to do as much for themselves as possible. One person in active rehabilitation told us, "The physio is great, [physiotherapy staff] really pushes me and now I can do a lot more for myself."
- 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 make decisions about their care.
- There was positive communication between staff and people. People were supported to express their views about their personal care and daily lives and make their own decisions as far as possible.
- Staff involved people, their relatives and health and social care professionals to develop personalised care plans that accurately reflected people's needs and preferences.
- Meetings were held to give people and their families opportunities for raising any issues and providing topical information. A family member told us, "I am involved with lots of meetings about [person's] care. I feel I am kept up to date with everything and I am informed if there are any changes."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. 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 were supported as individuals, in line with their needs and preferences.
- People were involved in creating their care plans which reflected their individual preferences. Care plans included input from their relatives and other professionals where relevant. Staff used information from people's care plans and life stories to support meaningful conversations about what was important to them such as people's hobbies, their likes and dislikes and their families.
- People told us they received care in the way they liked it. One relative told us, "Staff have a good relationship with [person] and know about their likes and dislikes. I find this really reassuring."

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 identified how their communication needs should be met including if they required any additional support.
- People received information they could access and understand. These came in the form of newsletters, flyers around the service, meetings minutes, surveys and in some cases staff communicating to people in their preferred language and accessing an interpreter if required.

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.
- Staff used the service's minibus for regular outings locally and longer day trips and outings. One person told us, "I've been out in the bus today to visit a country park."
- The provider had a varied activity schedule whereby people could participate if they wish.
- People were supported to stay in contact with their friends and families. The staff supported them to use phones and mobile tablets to make calls to others. Visitors were welcome at any time and were able to support people and share experiences with them if they wanted.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. People living at the service and relatives knew who to speak with about concerns and complaints. Most people felt they would be listened to, and complaints would be acted on.
- Records showed that the service dealt with complaints and concerns appropriately and took the opportunity to learn lessons and make changes. A family member told us, "There was an issue with [relative's] wheelchair, I spoke with the manager and they got this sorted straight away."
- 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 discussed the concerns with the registered manager who open to receiving complaints and reviewing any concerns.

End of life care and support

- People's end of life wishes were clearly documented in their care plans.
- People's wishes with regard to resuscitation were also recorded appropriately in legally recognised documentation. Where this happened people, health care professionals and relatives had been involved in the process.

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 requires improvement. At this inspection this key question has remained 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.

- We identified concerns in relation to the culture of staff at the service. Staff teams did not always engage well with each other. For example, there was poor communication and team working between the rehabilitation staff and the care staff. We observed poor staff attitudes, communication breakdown and a blame culture. The provider and registered manager had recognised this and had begun to take action to improve the staff culture. The improvements were ongoing and involved mixing staff, creating new teams and on-going training.
- The provider had a whistleblowing policy and procedures for staff to raise their concerns. However, not all staff felt confident to approach the provider with their concerns as they told us they did not believe they would be listened to without fear of reprisal. There was a speak up guardian in place, however, staff also told us they did not feel their concerns would be kept confidential. Some staff told us morale was low and they felt this impacted on the care people received.
- The oversight of the environment by the provider required improving. The provider had not been proactive with acting upon repurposing an area of the home that was not suitable for people who were permanent residents. Following our inspection, the provider implemented an action plan with clear timescales. The provider had identified some of the outside areas required improvement and a plan was in place to upgrade these areas, but there was no timescale for this.

The provider had failed to operate effective systems and processes and provide consistent and effective leadership to assess, monitor and improve the quality and safety of the services provided. This is a breach of Regulation 17(1) Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had made improvements to the clinical systems. These had been embedded and the provider had clear oversight of the safety of this part of the service. The staff team in the complex needs area worked well as a team.

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

- People, staff and relatives were able to engage and be involved with the service. Minutes of meetings showed people and staff were able to raise and discuss points of concern with the management team and

provider. Various topics were discussed including health and safety, infection prevention control and staffing as well as others. One staff member told us, "We discuss everything [in meetings], from praises to concerns, to new developments, new staff to everything. If I have any concerns, I speak up."

- Feedback from staff was mixed, however, the majority of staff felt engaged and supported and felt able to discuss new ideas, suggest new ways of working and felt there were listened to.
- The provider ensured people, staff and relatives were kept up to date with any changes in the service. For example, a care staff newsletter was issued every month to share news about new staff, upcoming events and nominating staff for a 'star award' for demonstrating the providers values.

Continuous learning and improving care

- The service sought to continuously learn and improve care. Quality assurance systems monitored the care and safety of people who lived at the service. Systems included audits completed by the management team and the providers oversight of risk.
- Monthly meetings took place to discuss and identify any learning from incidents. This included medication concerns, safeguarding concerns and emerging risks.

Working in partnership with others

- Staff worked closely with other professionals to monitor and meet people's needs. An external professional told us, "I am amazed at the progress [person] has made since starting their rehabilitation at Badby park. I have no concerns and communication and updates have been excellent."
- The registered manager and the management team worked closely with the local authority, commissioning groups and other agencies to make sure they understood and followed best practice.

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.
- The management team operated an 'open door' policy and were available for people and their relatives and staff to speak to at any time. We observed numerous staff speaking to the management team and they told us they felt confident in doing so.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems and processes and provide consistent and effective leadership to assess, monitor and improve the quality and safety of the services provided.