

Hill Care 3 Limited

# Bannatyne Lodge

## Inspection report

Bannatyne Care Home  
Manor Way  
Peterlee  
County Durham  
SR8 5SB

Tel: 01915869511

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21 January 2020  
22 January 2020

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Bannatyne Lodge is a residential care home providing personal and nursing care to 38 people aged 55 and over at the time of the inspection. The service can support up to 50 people.

The service accommodates people in one purpose built building. There are two floors and people can access the first floor by use of a lift or stairs.

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

The recording and administration of medicines was not managed appropriately in the service. People did not always receive their medicines as prescribed by their GP.

The assessment and monitoring of risk for people was ineffective. Risk assessments had not been reviewed following accidents and falls. The quality of the record keeping varied and some care records we looked at did not have the right information in them to manage people's care safely. Fire safety evacuation training was not up to date.

Notifications of serious injury had not always been sent to the Care Quality Commission (CQC) as required by regulation.

Systems and processes to assess and monitor quality were in place and had picked up some of the issues we found during the inspection. However, the monitoring and oversight of improvement actions had not been taken in some cases. This meant aspects of quality and safety within the service were ineffective.

People were put at risk as the provider and registered manager did not have formal supervision or performance management plans in place for monitoring the practice of staff where they had identified this was necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did not always support this practice. We have made a recommendation in the report about this.

People felt able to raise complaints with the service and the registered manager did look into these. However, there was no evidence that the provider had information available for people, in formats they could understand, in line with the Accessible Information Standard.

The standards of hygiene within the service were usually good. However, odours were apparent in some areas of the service.

People told us they felt safe and well supported. The provider followed robust recruitment checks, and

sufficient staff were employed to ensure people's needs were met. Staff received induction and training to ensure they could carry out their roles effectively, and they received support through supervision and appraisals.

People ate nutritious, well cooked food, and said they enjoyed their meals. Their health needs were identified, and staff worked with other professionals, to ensure these needs were met.

People participated in a wide range of activities within the service and in the community, they also enjoyed the company of others in the service.

People were able to see their families as they wanted. There were no restrictions on when people could visit the service. People were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

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 rating for this service in June 2018 was requires improvement (published 9 August 2018) and there were two breaches of regulation. There was also an inspection on 7 August 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

The provider completed an action plan after the inspection in 2018, to show what they would do and by when to improve. At this inspection, enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement.

#### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### Enforcement

We have identified breaches in relation to medicines, staffing, risk management, record keeping and quality assurance.

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

Since the inspection in August 2019 we recognised that the provider had failed to notify the Commission about serious injuries. This is a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

#### Inspection team

The first day of inspection was carried out by an inspector and an assistant inspector. Two inspectors and an Expert by Experience completed the inspection on day two.

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 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 the first day. The provider was aware of our inspection on day two.

#### 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 who works with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and seven relatives about their experience of the care provided. We spent time observing the environment and the dining experience within the service. We spoke with 12 members of staff including the divisional director, regional manager, registered manager, senior care workers, care workers, administrator and two cooks. We spoke with one professional who regularly visits the service.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and accident reports.

# Is the service safe?

## Our findings

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

At the inspection in June 2018 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our inspection in June 2018 the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 15 (Premises and equipment) 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 15.

- The environment and equipment were safe and maintained.
- The provider had failed to notify CQC of serious injuries. For example, a relative informed us about a person who had sustained a fractured hip from a fall. CQC had not been informed of this serious injury and an additional four serious injuries for other people.
- There was poor evidence of fire evacuation training taking place. Fire drill records did not evidence staff had simulated an evacuation of the home. The staff we spoke with had limited knowledge of evacuation procedures. The registered manager was asked on two separate occasions to provide evidence of staff training in evacuation procedures. This was not provided.
- Accidents and incidents were responded to appropriately to ensure people received medical attention where needed. However, further action was needed to ensure staff recorded all incidents and then updated risk assessments and care plans as required.

The lack of effective monitoring and review of risk meant people were left at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. The regional manager instructed the registered manager to notify them of any fractures people sustained (within 24 hours of occurrence). The regional manager said they would arrange fire evacuation training for all the staff.

Using medicines safely

- Medicines were not managed safely.
- Where the service was responsible for medicines, people were at risk because nurses and care staff did not store or administer medicines safely or people did not receive them as prescribed. For example, nurses were

not administering the correct dose of medicine to one person and three people's medicines had recording errors, so we could not be certain they had been administered appropriately.

- Written instructions for staff about how and when to give occasional medicines known as 'as and when required' medicines were not robust. For example, one medicine instructions did not give the strength of medicine being used and the dose and maximum dose information was written in the wrong boxes.
- Care plans for high risk medicines such as blood thinning products were not in place, so staff lacked information on how to keep people safe.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- There were unpleasant odours in some areas of the service including the entrance hall and main corridors upstairs and down, plus several bedrooms we looked at. These were evident on both days of inspection. The occurrence of unpleasant odours was brought to the attention of the divisional director, regional manager and registered manager. Staff were observed trying to address this issue. The divisional director described the odours in the home as "Not a typical day."
- One shower room required repairs to the floor and wall seals to make cleaning effective and a shower chair was dirty. By day two of inspection the maintenance team were dealing with this.

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

- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- People said they felt safe and well looked after. Comments included, "The people here look after you, that's why it's safe" and, "I definitely feel safe, there's always someone about and they do anything for you."

#### Staffing and recruitment

- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were sufficient staff on duty to meet people's needs, to enable people to take part in social activities and to attend medical appointments. People told us they received care in a timely way. One person said, "Never any problems, the staff sort everything out straight away and you don't have to wait. I think there's enough on duty."



# 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 June 2018 inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Where the provider and registered manager had recognised staff practice fell below accepted standards, we were told that formal supervision and a performance management plan would be put in place. However, we found this action had not been followed. We found evidence of continued poor practice.

The lack of monitoring and oversight of staff performance put people at risk of harm. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2018.

- A staff induction and training programme was in place. Specialist training based on people's specific needs had been completed. For example, dysphagia care (swallowing).
- Nurses received training, development and support to fulfil the criteria needed to revalidate their professional registration. However, clinical skills training was not well recorded on the training matrix.
- Staff were supported through supervision and annual appraisals.

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.

- DoLS renewals between September 2019 and January 2020 had not been made. The registered manager had not checked and monitored this.
- MCA assessments were not robust. Some documents were not dated. The assessments were not person centred and did not evidence how the person was assessed.

- People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.

We recommend the provider considers current guidance on MCA and DoLS assessments and acts to update their practice.

- The registered manager made renewal requests for two people's DoLS on day two of our inspection.

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

- Assessments of people's needs were completed on admission. However, staff did not always update risk assessments and care plans following accidents, incidents and changes in need. The registered manager said, "Care plans are still being developed and the completion of monitoring charts is improving."
- Care and support did not always reflect current evidence-based guidance, standards and best practice. However, feedback from people was positive about their care and support and they felt safe when staff used equipment during their visit. People said, "From what I can see they know what they are doing, but then again I don't need much help really" and "I feel safe - very much so; because I was a nurse, I am aware of some of the training, handling skills and first aid and that."
- Observation of people during the inspection indicated they received appropriate care to meet their needs.

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

- People and their relatives told us the quality of the food was good. A person said, "The food has been excellent, but every now and then there is something I'm not keen on." A relative commented, "I eat in the dining room with [Name] twice a day, seven days a week. I'm spoilt as you get great food and you get your 'five a day' every day."
- People received sufficient fluids on a regular basis and staff made them a drink when asked. People had drinks available in their bedrooms and in the communal areas.
- People's weight and nutritional intake were monitored by staff; appropriate action was taken if there were any concerns.

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

- People's healthcare needs were met in a timely way. Staff supported people to access a range of healthcare services and followed professional advice. People said, "Yes, my doctor comes here to see me, I don't ring them, so the staff do it for me and they take me to see the dentist in the town if I need to go" and "I see the chiropodist who comes here, four times a year."
- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.
- A visiting health professional told us, "I am in every day. The staff are lovely. They take me to people's bedrooms to give treatment and they follow my advice and record it in the care files. I am called out appropriately and staff will ask me to get them pressure relieving equipment in a timely manner."

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

- The service design and layout met the needs of people who lived there. For example, bathrooms and toilets had aids fitted to assist people with using the facilities; specialist beds, mattresses and lifting equipment also meant people were comfortable when in bed or being assisted by staff to move from bed to chair.
- People had communal spaces to sit in and take part in activities. There was good access to outdoor space. Flat walkways ensured people with mobility problems were able to move around with ease.

# 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 June 2018 inspection this key question was rated as good. At this inspection this key question has remained 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

- Although we have reported on some issues around medicines, risk management and record keeping within this report, they had a low impact on people's health and wellbeing. People said they were well looked after, and staff demonstrated a friendly approach which showed consideration for their individual needs. One visitor told us, "From what I have seen the staff are always pleasant, helpful and very caring, they really look after [Name of relative]."
- Staff communicated with people in a caring and compassionate way. They gave time for people to respond. People told us they were all treated equally and felt there was no discrimination from staff.
- People's bedrooms were tidy and personalised. All had space within which staff could deliver care. People had locks on their rooms if they wished and were able to spend time in private when they wanted to.

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

- We observed staff and people together and saw there was a good working relationship and people were happy and relaxed in the company of staff.
- People confirmed staff included them when making decisions about how they wanted their care provided. A visitor said, "I am [Name of relative] appointee and next of kin, so I speak for them about their care needs and I do feel they take notice of what I say."
- Communication between families and staff was good. The registered manager and staff kept relatives up to date with their loved one's care and health.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff were knowledgeable about how to do this and care plans supported this. A person told us, "Aye, they are caring and respectful. Because I need help (with personal care), they close the doors for my privacy. They are very nice people and very caring."
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. A person said, "They get me to move about on my own as much as they can, to the dining room and to the lounge; but I need my stick though because I've got trouble with my leg and foot."
- Personal information was stored securely which helped to maintain people's privacy.

# Is the service responsive?

## Our findings

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

At the June 2018 inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider and registered manager were aware of the Accessible Information Standard (AIS). However, the service had not made an assessment of people's information and communication needs. Some care plans and records had details of people's needs, but these were not systematically recorded. Discussion with people indicated this had little impact on their quality of care and they could still communicate effectively with staff and others.
- Care plans and risk assessments were not robust, and people's records did not always contain information about their current care needs. For example, documentation required review and updating around care plans and risk assessments following falls and MCA and DoLS. Medicine care plans needed to reflect people's medical conditions and risks associated with this; oral care and end of life care plans needed rewriting with more details about each person's needs and wishes.

The lack of appropriate records is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 stated they engaged and participated in the planned/organised activities within the care home. Activities included music sessions, general chats, hair and beauty sessions, board games, movie afternoons, bingo and visiting entertainers. In addition, coffee mornings were held in the in-house café situated on the ground floor.
- People were able to come and go from the service with their families. One relative said, "We'll be out and about in the summer when the weather improves with [Name]."
- The activities person carried out one-to-one interactions with people such as nail care, putting music and films on, where people needed assistance, and ensuring everyone had quality time spent with them.
- People enjoyed attending a monthly in-house church service and said their religious needs were met.

Improving care quality in response to complaints or concerns

- The provider's complaint procedure and systems were effective at addressing issues. People and relatives could be confident their issues would be positively addressed.
- Relatives and people were confident about reporting any issues. One relative said, "I'm not aware of anything to complain about and I visit three times a week normally. [Name of resident] has never complained about anything to me."

End of life care and support

- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- Staff understood the importance of providing good end of life care. They ensured people were comforted and had company when they needed it.

# 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 June 2018 inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; 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; Continuous learning and improving care

At the June 2018 inspection the provider had failed to have effective audit systems in place to keep people safe and failed to maintain adequate maintenance records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- People were at risk of avoidable harm. Care plans and risk assessments were not reviewed following falls or were incomplete for medical conditions. Medicines were not safely stored or administered as prescribed by people's GP. Infection prevention and control practices were ineffective as strong odours were noted in the service.
- The provider and registered manager did not have formal supervisions and performance management plans in place for staff whose work practice fell below required standards. Continuing poor practice was found during the inspection.
- We found that systems and processes were not operated effectively to ensure the service was assessed or monitored for quality and safety in relation to the fundamental standards. This led to breaches of regulation in relation to medicines management, risk management, staffing, record keeping and quality assurance. These issues were discussed during and at the end of the inspection with the divisional director, regional manager and registered manager, when we gave both written and verbal feedback on the outcomes of the inspection.

The failure by the provider to have effective governance and record keeping processes for monitoring and improving quality and safety of the service, assessing and mitigating risks to people who used the service and maintaining an accurate, complete and contemporaneous record in respect of each person using the service is a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider and registered manager failed to notify the Commission of five serious injuries sustained by people living at the service. Three injuries were damage to bones and two included damage to muscles, tendons, joints or vessels.

This is a breach of regulation 18 (notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. We will follow our processes to consider an appropriate response to this outside inspection.

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

- The service had a registered manager in post. A relative said, "[The manager] is really lovely and is always pleasant and polite and easy to talk to."
- The service had a welcoming and friendly atmosphere. Staff morale was high and the atmosphere was warm, happy and supportive.
- Staff told us they felt listened to and that the registered manager was approachable. They understood the provider's vision for the service and told us they worked as a team to deliver high standards.

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

- People, relatives, staff and health care professionals were asked for their opinions of the service. Meetings, satisfaction surveys and one to one discussion were used to gather feedback. This was analysed and followed up by the registered manager. A visitor said, "I get invited to residents' meetings, I don't come to them I just can't be bothered. [Name of relative] gets opportunity to go to meetings. I do a survey every year, I feel they action things from them."

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not provided in a safe way for people who used the service. Risks to people's health and safety and the mitigation of those risks were not sufficient to keep people safe from harm, including those around medicines management and competent staff.  Regulation 12 (1) (2) (a-d) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance and record keeping processes were ineffective in monitoring and improving quality and safety of the service, assessing and mitigating risks to people who used the service and maintaining an accurate, complete and contemporaneous record in respect of each person using the service.  Regulation 17 (1) (2) (a-c) (f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider failed to ensure staff received appropriate support, training and supervision to enable them to carry out the duties they are employed to perform.  Regulation 18 (2) (a)



