Hallmark Care Homes (Banstead) Limited

Banstead Manor Care Home

Inspection report

6-10 Brighton Road
Banstead
SM7 1BS

Tel: 01737351353
Website: www.hallmarkcarehomes.co.uk

Date of inspection visit:
15 June 2021

Date of publication:
20 July 2021

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Banstead Manor Care Home is a residential care home providing personal and nursing care for up to 77 people. The service is set across three floors. One floor is adapted for people living with dementia. There were 44 people living at Banstead Manor Care Home on the day of the inspection, some of whom were living with dementia.

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

People told us staff were kind and caring and they felt safe at the service. There were sufficient staff to support people effectively. Staff were aware of risks related to people's care and how to support people appropriately. People received their medicines on time and were supported to take them independently where they wished to.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Care plans were person-centred and included information on risks associated with people's care and the steps staff should take to ensure appropriate care was provided. Safety checks of the premises and equipment had been completed regularly. There were plans in place to protect people in the event of a fire and other emergencies.

People told us they had access to healthcare professionals and care records we reviewed confirmed this. Staff had received regular training and supervisions to perform in their role and were supported in their progression.

People were provided with a range of group and one-to-one activities. Staff had considered the risk of social isolation and records we reviewed confirmed regular checks had been completed where this was appropriate.

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.

There were systems in place to monitor the quality of care provided. People and relatives told us they knew how to complain and were confident complaints would be listened to and addressed appropriately. People , relatives and staff told us they felt there was a positive culture at the service that actively engaged with them; and that the service was managed effectively.

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

Rating at last inspection
The service was registered with us on 24 May 2019 and this is the first comprehensive inspection of the service. The service was inspected previously in the key areas of safe and well-led but no overall rating was provided (published 20 January 2021).

Why we inspected
This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and as an overall rating has not been provided since the service first registered with the Care Quality Commission. As a result, we undertook a comprehensive inspection of all five key areas.

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.

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 safe. Details are in our safe findings below.	**Good**
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 well-led. Details are in our well-led findings below.	**Good**

Banstead Manor Care Home

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 two inspectors.

Service and service type
Banstead Manor Care Home 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 inspection was undertaken on 15 June 2021.

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 five people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the interim home manager, area manager, kitchen staff, senior care workers, care workers and the interim clinical lead. The registered manager was away from the service at the time of the inspection and the provider had appointed an interim home manager. We observed interactions between staff and people who used the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five 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 spoke with four relatives to hear their feedback about the care provided. We looked at training data and quality assurance records. We spoke with one professional following the inspection. We sought feedback from healthcare professionals who regularly visit the service.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person told us, "I feel safer here than anywhere I've been." Another person told us, "It's definitely safe here." A relative told us, "They've done everything to keep people safe. I can't fault it."
- Staff understood what constituted abuse and what they would do if they suspected abuse. One member of staff told us, "Abuse can be physical like bruising. [I would] report it to the manager or I would follow the whistleblowing policy and go higher."
- We reviewed documentation which showed staff had received training for safeguarding and whistleblowing. One member of staff told us, "I've done safeguarding training this year." Another member of staff told us, "In the team room there is a whistleblowing poster with all the numbers and emails."

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

- Assessments were in place to identify and manage risks. Risks had been assessed and this included information on the steps staff should take to manage risks. For example, one person had a falls care plan in place which gave clear instructions to staff on what to do to mitigate risks. This included ensuring the person had a walking aid within reach and regular monitoring.
- Staff told us they knew what to do to reduce known risks. One member of staff told us, "[Person using the service] is checked for [their] welfare every hour because [they] can fall. I make sure the call bell is next to [them] so [they] can call for help."
- The provider had an emergency evacuation plan and people had individual personal emergency evacuation plans in place. We observed fire exits were marked clearly and free from obstructions.
- The provider had monitored accidents and incidents to identify trends and ways to reduce the risk of recurrence. For example, in one month's analysis, the provider had identified that people had fallen less and this was attributed to the actions taken in the previous month's analysis. The analysis included comprehensive information on each person who had fallen and what steps were taken.

Staffing and recruitment

- The provider followed safe and effective recruitment practices. We reviewed staff files which showed the provider had completed appropriate checks prior to commencing employment. These included requesting and receiving references from previous employers and checks with the disclosure and barring service (DBS). A DBS check is a record of a prospective employee's criminal convictions and cautions. Where necessary, evidence of up to date registration with the Nursing and Midwifery Council (NMC) was included.
- People and relatives told us they felt there were sufficient staff to meet people's needs. One person told us, "They always seem to manage to get it covered if they're unwell. I'm sure they have enough staff."

Another person told us, "I haven't had to wait [for staff]." One relative told us, "There's enough staff. There's always plenty of people around."
● People's needs were assessed regularly and staffing levels adjusted to ensure people's needs could be met. One member of staff told us, "I can tell the manager if we're struggling. There's normally enough staff."

Using medicines safely
● People's medicines were managed in a safe way. People's medicines were recorded in electronic medicine administration records with a photograph of the person, their allergies and guidance for 'as required' (PRN) medicines.
● Staff had completed regular training and competency checks to ensure they had the relevant skills required to administer medicines.
● Where topical medicines needed to be applied, there were body maps in place informing staff where and how to apply these.
● People were supported to administer their medicines independently if they wished. One person told us, "I do my own inhalers. I need help with everything else."

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was 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.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The provider had completed a pre-admission assessment to ensure they were able to meet the person's needs prior to admission to the service.
- Pre-admission assessments included information about the prospective service user's allergies, communication methods, medical history, mobility needs, dietary requirements and cognition.
- Care provided was in line with national guidelines and legislation. For example, the National Institute for Care Excellence (NICE) and the Mental Capacity Act 2005 (MCA).

Staff support: induction, training, skills and experience
- People and relatives told us they felt staff were competent and had the skills required in their role. One person told us, "They've had training and they are very good." A relative told us, "They all have to have training. I'm very pleased."
- We reviewed training records which showed staff had completed an induction period that involved shadowing an experienced colleague, the completion of mandatory training and supportive supervisions.
- Staff had received regular training and refreshers. This included training for health and safety, fire training and moving and handling. A member of staff told us, "The training is definitely good. I can ask for more if I'm interested."
- Staff had received regular supervisions to discuss their performance and progression. One member of staff told us, "I've had appraisals." Another member of staff told us, "I can talk about anything in my supervision."

Supporting people to eat and drink enough to maintain a balanced diet
- People told us they enjoyed the choice of food and drinks in the service. One person told us, "I am allowed to ask for special food. I get a menu in the morning and if I don't like it, I am able to ask the kitchen to do something else for my meal." Another person told us, "It's the only place I know where it's à la carte. If I want eggs on toast or fish, they will do it." A relative told us, "They bend over backwards. They do really accommodate for her."
- The hospitality manager took the time to discuss people's dietary requirements and preferences and worked with the chef to ensure people received the food and drink they wanted and were advised to by healthcare professionals, such as the speech and language therapist (SALT). A member of staff told us, "The chef has done the IDDSI [International Dysphagia Diet Standardisation Initiative] training." IDDSI is a global standard to describe texture modified foods and thickened liquids used for individuals with dysphagia (swallowing difficulties).
- The kitchen team told us they ensured people who chose not to eat certain types of food for cultural

reasons were not given those.
● Staff knew how to find out more about people's diet and had completed specific training for food safety, dysphagia and competencies to assist people to eat. A member of staff told us, "There are charts and files in the kitchen if we have queries."
● We observed people were offered regular drinks and snacks throughout the day and were assisted with meals where appropriate. People were offered a wide choice and an alternative menu should they wish. Those people who required a modified diet were supported with this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff shared information about people's needs with healthcare professionals when this was appropriate. This included the community mental health team and physiotherapists. Care records confirmed this. The GP undertook regular doctor's rounds and reviews of people's health.
● People had appropriate access to health services. A person told us, "Once a week the doctor comes. The nurse will come and see you and you can tell them and they will assess and if necessary they will call the doctor or an ambulance."
● Staff were aware of how to monitor people's health effectively. As a result of the COVID-19 pandemic, staff were recording people's temperature and oxygen saturation daily and monitoring for symptoms. A member of staff said, "If the temperature is high, I would go to the senior. The senior would then call the doctor."

Adapting service, design, decoration to meet people's needs
● The premises were purpose-built and decorated to a very high standard. People had access to a garden via a lift and were supported to access other areas of the building, such as a hairdressing salon, a cinema room and a therapy room. One person told us, "The decoration is very nice. I know my way around." A relative told us, "It's spotless. I could move in there myself."
● People's rooms had been personalised and people had access to specialist equipment. People who required air flow mattresses due to their risk of developing pressure areas had these in place. Where people had a history of falls, they had sensor mats in place to alert staff when they had stood up.
● The floors were on one level and we observed people using wheelchairs independently to move around the service. Adaptations had been made to support people living with dementia, such as clear signage around the service and on eye level.

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.

● We observed staff interacting with people in a respectful way and seeking consent prior to assisting

people. A person told us, "They say, 'Is it okay to make your bed?'" One member of staff told us, "You always ask first."

● Staff we spoke with knew the principles of the MCA and knew where to check if they were unsure. One member of staff told us, "Always assume capacity before helping." Another member of staff told us, "I've done MCA training. I make sure [people using the service] understand [what is explained]."

● Staff had completed mental capacity assessments and submitted DoLS applications to the local authority. Capacity assessments were completed for specific decisions, such as for people lacking capacity to consent to have a floor sensor mat in their room and to live in a unit with locked exit doors. Records we reviewed showed family and healthcare professional involvement in the decision-making.

● Records we reviewed showed where a capacity assessment indicated that a person lacked capacity for a specific decision, staff had involved relatives as part of a best interest decision on behalf of them. A relative told us, "They involve me in everything. It's very important to me."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People and relatives told us staff were kind and caring towards them. One person told us, "The care is very good. The staff here are lovely." A relative told us, "[Staff] are kind, caring and fantastic."
- We observed staff interacting with people in a kind and compassionate way. For example, staff communicated on eye level and were gentle in their approach which reassured a person who was in distress.
- People told us staff went out of their way to ensure they were comfortable. One person said, "They do everything here to help to make you comfortable. They don't mind."
- People were able to access to various religious services should they wish to do so. People's pre-admission assessments included information relating to "religious beliefs, spiritual needs and cultural customs". The assessment also included information relating to the prospective resident's expression of their sexuality and how best to support these. A relative told us, "I've just received an update. [Person using the service] attended a church service [in the home]."
- Visits were undertaken in line with COVID-19 guidelines to ensure people were safe but were still able to maintain relationships with family and friends. One person told us, "Visits are flexible. They go out of their way to fit everybody in." A relative told us, "I've got regular visiting slots. They're quite strict there, which I appreciate."

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

- People and relatives told us they felt involved in their care. One person told us, "They show you the care plan and you go through it. If I don't understand something, I comment on it." A relative told us, "They involve me in everything to do with her care. The updated care plan was a 24-page document."
- Where people chose to stay in their rooms, this was respected by staff and they carried out regular welfare checks to ensure people did not feel isolated.
- We saw people's rooms had been personalised with family photos and people's own furniture should they wish to.
- People were able to make choices, such as their clothes for the day and what time they would like to get up in the morning. One person told us, "I can stay in bed all day if I want. They're lovely - the staff here."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were respectful towards them. One person said, "They're very respectful." A relative told us, "As far as I know, the staff are respectful. They would never force her to do anything."

● We observed staff ensuring people's privacy was respected. For example, staff closed doors before providing care and ensured they communicated sensitively when people required assistance.
● We observed people being encouraged by staff to eat and drink independently where they were able to and provided minimal assistance, such as cutting food into manageable sized pieces, to allow people to eat independently.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives told us staff knew their needs and preferences well and provided people with the appropriate support. One person said, "They know what you like. They want to please you." A relative told us, "They know him well and cheer us up."
- Care records for people were person-centred, detailed and outlined an individual's care and support. This included care plans for mobility, communication, nutrition & hydration, skin integrity, continence support, activities and interests, medication and cultural needs.
- We saw from records and observed the hospitality manager speaking to people and discussing their dietary preferences and working with kitchen staff to ensure they were able to provide this. This included reduced-sugar options for people living with diabetes.
- Staff told us they completed daily handovers and heads of department meetings to discuss changes to people's health and other needs. One member of staff told us, "The communication is good. We have daily handovers, so I know if someone has a UTI [urinary tract infection]."

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 service manager told us they were able to provide documents in an accessible way such as large print and easy-read formats.
- We saw care records which confirmed staff had supported people to access the audiology clinic to ensure they were able to communicate effectively using their hearing aids.

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 and relatives told us they were happy with the types and the number of activities on offer and that they were able to suggest what they would like. People were provided with a weekly activities schedule. One person told us, "There's always something on. I did meditation today. I give them constructive criticism if I don't like it. They act on it."
- We observed activities staff engaging with people during the inspection. People appeared to enjoy the activity and there were sufficient activities staff to support people to leave should they not wish to participate further.

● Where people chose to remain in their rooms or were cared for in bed, staff took the time to undertake one-to-one activities to reduce the risk of social isolation. We confirmed this in people's care records.

Improving care quality in response to complaints or concerns

● The provider took people's complaints and concerns seriously and used the information to improve the service. People and relatives told us they knew how to complain and felt confident the provider would act appropriately. One person told us, "I would go to the manager first. I've never had cause to complain." A relative told us, "I feel comfortable with what they've done [in response to a complaint]."

● We reviewed documentation confirming the provider had investigated complaints appropriately and responded. The registered manager had responded by writing to a person complaining. Where this did not resolve the situation, the provider investigated this further and implemented changes in the service.

End of life care and support

● We reviewed care plans relating to people's needs and preferences for their end of life care. Care plans were detailed and included information such as whether the individual had a do not attempt cardiopulmonary resuscitation (DNACPR) order in place and whom they would like with them during the last stages of their life. Information in the end of life care plan also included which music people would like to listen to and what items they would like to provide comfort.

● Relatives told us they were involved in people's end of life planning. One relative told us, "When he first moved in, we discussed [plans for the person's end of life care]." Another relative told us, "They spoke with [person using service] what [they] would like for end of life care. [Person using service] would like to smell grass or flowers."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives were complimentary about the management of the service. One person told us, "The staff all get on with each other. They're like a big family." Another person told us, "The staff here will do anything for me. That's why I stay." A relative told us, "The manager seems very nice. I can always contact [them] if there is anything I need to discuss."
- Staff were positive about the management of the service and told us they felt supported. One member of staff told us, "The manager's lovely. I get supported here." Another member of staff told us, "We get a written thank you letter from the manager. There's lots of support."

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

- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that have happened in the service. The provider had informed the CQC of events including significant incidents and safeguarding concerns.
- Relatives told us they had been informed of changes to people's healthcare needs or when there had been an incident. One relative told us, "I feel reassured, 100%. They keep me up to date. It's just such a peace of mind for me and my family."

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

- There was a clear structure of governance in place and staff told us they knew what their role was. One member of staff told us, "[It's] open communication. If there are any issues or [if I'm] not clear about [something], I will just go straight to [the manager]." Another member of staff told us, "I know who does what. If I don't know something, I'll ask the senior or manager."
- Where we highlighted areas of concern during the inspection, management communicated with us throughout to update us of the progress. In one instance, this was in relation to reporting minor accidents to the local authority and we received assurances that management had considered our advice.
- Daily heads of department meetings took place to inform staff of any changes to people's needs and events happening in the service that day. This was also an opportunity for staff to feedback to management about staffing requirements.
- The provider carried out audits of the quality of care in the service. These included audits for infection

prevention and control, medication and care plans. We saw short-term actions had been signed off and where actions took longer, there was a plan to address these.

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

● People and relatives had the opportunity to attend meetings and feedback on the service. We reviewed minutes of meetings and people told us they were asked for feedback. One person told us, "They take criticism very well. They welcome it." Another person told us, "Yes, [they have meetings] I haven't been to anything because I haven't wanted to but there are meetings you can go to." Another person told us, "They have area managers come in and check up. They ask me how I like it." A relative told us, "I went back to them with some feedback [about the care provided]."

● Staff had the opportunity to attend meetings to discuss the service and any areas they required further support in.

● Staff told us they felt valued and supported. One member of staff said, "Some days it's tough, but on the whole, I feel valued. I could tell the manager if I didn't feel valued." Another member of staff told us, "Yes, I definitely feel valued."

Continuous learning and improving care

● People and relatives told us they felt the service would take action if they identified an area for improving care. One person told us, "They're very open to suggestions, even to improve the service as a whole." A relative told us, "[In response to making a suggestion] I can't think of anything else they could have done."

● Staff told us they had discussed incidents and accidents during meetings to see if there were steps they could take to reduce the risk of recurrence and improve the care provided. One member of staff told us, "We always talk about errors [relating to medicines] so they don't happen again." Another member of staff told us, "The team [is] keen to learn and they are welcoming of new ideas."

Working in partnership with others

● People and relatives told us they had access to healthcare professionals if they needed this. One person told us, "The doctor comes fairly often. I can ask the carers if I need to see someone [a healthcare professional]." A relative told us, "[When person using the service was feeling unwell], they called the doctor and told me." Another relative told us, "They always let me know and let the doctor know. [GP] comes around weekly." A third relative told us, "They put us in contact with community mental health teams and come up with suggestions."

● Care records we reviewed contained information relating to which healthcare professionals (HCPs) were involved in people's care. One HCP commented in a person's notes, "I am very pleased to report that [person's] skin is in excellent condition. Credit to [person's] carers at Banstead Manor Care Home."