



Banbury Heights Nursing Home
Enter and View Report



July 2022

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1. Introduction

1.1. Details of visit

Details of visit:	
Service Address	Banbury Heights Nursing Home 11 Old Parr Road Banbury, Oxfordshire OX16 5HT
Service Provider	Banbury Heights Limited.
Date and Time	Wednesday 29 th June 2022, 2:00 – 5:30 pm
Authorised Representatives	Staff: Amier Alagab, Veronica Barry, Emma Teasdale, Glyn Alcock. Volunteer: Brian Allan
Contact details	01865 520520

1.2. Acknowledgements

Healthwatch Oxfordshire would like to thank the service provider, residents, volunteers, and staff for their contribution to the Enter and View programme.

1.3. Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



2. What is Enter and View?

Part of the local Healthwatch Oxfordshire programme is to carry out Enter and View visits. Our authorised representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers, on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Oxfordshire Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

2.1. Purpose of visit

- To observe how the facility operates and provides its services.
- To collect views from residents, volunteers, and staff on services.
- To identify 'Best Practice' and highlight any areas of concern.

2.2. Strategic drivers

Healthwatch Oxfordshire plan an annual programme of Enter and View visits. The visit to Banbury Heights Nursing Home was part of our 2022-23 programme.





2.3. Methodology

The planning for this visit was carried out by email and telephone with the Care Home Manager. We carried out a risk assessment before the visit and liaised with the home manager to ensure we followed any COVID-19 protocols the care home had in place at the time of our visit.

On arrival at Banbury Heights Nursing Home we were welcomed by the Deputy Home Manager. Two Healthwatch Oxfordshire staff had a meeting with the Care Home Manager and the Business Support Manager, and we were given information about the care home, how it currently operates, the services on offer and the range of staff who work at the care home.

We checked with the provider if there were residents that should not be approached or were unable to give informed consent. We were transparent about why we were there, ensuring we obtained consent from everyone we spoke to.

We used guided conversations with questions to capture residents' experiences of being in the care home and asked them if they had any further issues or comments. We used observation sheets to capture information on any other details about the environment of the home, including observations on health and safety, interaction between residents and staff, and accessibility. There were also staff questionnaires, which asked about their work environment, what they enjoyed about their job, the challenges they faced, and any recommendations for improvement.

2.4. Summary of findings

Please note these findings represent the experiences of the service users, their visitors, and staff on the day that we visited.

- The care home is run by a dedicated staff team who aim to deliver excellent person-centered care and who work hard to make improvements.
- Every resident we spoke to said they felt listened to by the care home team, and that staff were accessible, friendly to residents and easy to talk to.
- Comments from residents about the environment and efficiency of the services, and the attitudes of staff were generally very positive.
- The care home was generally clean. Some of the glass in the picture frames and in the doors were quite smudged – these require wiping over to be smudge-free.



- The carpeted area in the front entrance and stairs, although old, were clean.
- The garden had chairs, tables, and umbrellas, which were all in good repair. The flower beds were a little untidy and the courtyard needed a good sweep. A clear Perspex screen that was installed during COVID enables people to talk to each other via this screen and sitting in the small garden room.
- The services offered by the care home are impacted by staff shortages due to the care home being unable to recruit.

3. Results of visit

3.1. About Banbury Heights Care Home

Banbury Heights Care Home is a family-run home and has capacity for 59 residents (rooms). It caters for elderly residents with physical disabilities, dementia and learning disabilities, along with offering intermediate and rehabilitation care and short-term respite care.

On the visit day there were 20 staff, 28 residents and three visitors. Banbury Heights has faced several challenges as a result of COVID-19 and is striving to rebuild the trust of residents, relatives, and the local community. There is a core of staff committed to improving the care home to a high standard. Some new staff have been recently employed, but like many care homes, Banbury Heights faces recruitment problems in the competitive care sector. They are working hard to address this.

Before entering the care home, we were each required to show evidence of a negative COVID-19 test and were asked to sign the visitors' book. We were warmly welcomed by the Manager and given a tour of the care home.

Banbury Heights is quite an old building. Externally, it needs some refurbishment as some of the masonry paint has fallen off. There is a small car park and a small garden/patio area to the side of the building that residents and visitors can use. The outside space was reasonably well maintained. There is a Perspex screen in the visitors' room set up for safe contact during COVID-19. Access to the garden/yard is only via the front door.

Inside, the building was clean and in good overall condition, with care taken



throughout regarding decoration, posters, pictures, notices etc. There was no perceivable smell. Some of the corridors are narrow.

In the entrance hall, there was a range of useful information on display. We saw a Care Quality Commission (CQC) report, a 'Tell Us - good care, poor care' CQC poster, Reviewus.co.uk care home survey and a Healthwatch Oxfordshire poster about our visit. A 'Busy Bees' board showed results from the resident and family feedback survey, resident, and staff satisfaction. Responses and action plans were also displayed, compiled by the care homeowner, Taylor and Taylor (independent research company), showing changes implemented as a result.

A photo of 'staff of the month' was displayed with staff getting rewards and giving staff value and recognition. Other things on display included a 'Thank You' card, Public Liability insurance certificate, food hygiene rating and COVID-19 information. There was also a family suggestions and comments box.

Although there were information posters, there were no "welcome to Banbury Heights" signs at the entrance and inside the building for visitors or family relatives. This would be a good addition.

We noticed that there were no signs on the administrative office doors indicating staff names and function (e.g., 'manager's office'). It would be helpful to have some photos and names of administrative staff on display so that visitors can be familiar with whom they are speaking on arrival.

The main entrance felt somewhat confusing, with lots of alarms, key safe, light box, fire security and exit code pads. It could be simplified to help in case of emergency. The 'fire points' map plan should be made clearer and easier to understand, and the evacuation procedure kept available for residents.

All doors were controlled via a keypad lock. There was no specific reception/waiting area for visitors and the corridor is very narrow, where visitors sometimes talk to staff.

On the ground floor inside the home, there was a lovely pictorial 'family tree' display of all staff with photos and names and lots of nice posters and pictures e.g. different foods, hydration, activities list and programme.

COVID-19 precautions were being followed. Visitors need to show a negative lateral flow test (LFT) before entering the building. Besides us, we also saw a staff member request a couple visiting to take a LFT outside before entering the building. Face masks and hand gel were readily available throughout the home.



On each of the doors of resident's room, there is a laminated card with their name and images of interest to them, which is turned around to highlight that the resident is receiving 'personal care'. All staff were observed knocking on residents' doors (even those doors that were open) before entering.

The ventilation was well-maintained, and most windows were kept open in residents' rooms.

We were told that all residents have an assessment of their dietary requirements, likes and dislikes, and allergies on arrival at the care home. In each room the residents have a laminated card which shows their favourite foods, snacks, and drinks.

We observed excellent interaction between staff and residents in the activities room with the ventriloquist/singer. There is a weekly activity plan on display. This has included trips out of the home for residents, COVID-19 permitting.

3.2. Medical support

The care home receives a regular visit from a GP. Nurses were looking after the residents, giving medication, and other caring duties. The care home now offers regular care plan reviews with families. Family is included and able to meet with staff to discuss their loved one's care plan – 3-monthly, 6-monthly, or yearly, depending on what the family want.

We were told that if the GP visits a resident, the care home calls the family to let them know what the GP said and about any changes to their loved one's health. We noticed a paramedic team arrived for an emergency case during the visit.

3.3. Activities

Banbury Heights employs Activities Co-ordinators. Activity options are discussed at resident meetings. We spoke to the Activities Co-ordinator after the activities had finished. They told us that if residents don't join in and prefer to remain in their rooms, they will support them with finding room-based activities of interest. There is a rolling schedule of outside entertainers who visit the home such as ventriloquist/singers. We were told that Activities Co-ordinators try to meet with individual residents for 1:1 work where possible.

Residents were positive about the range of activities provided by the home. Residents are free to take part as they choose, and no-one felt forced to engage.



Banbury Heights aims to encourage and support residents to be able to continue to engage with activities they enjoy before returning to their rooms for reading, watching TV etc.

One resident told us that they never participate in group activities due to their health condition.

3.4. Mealtimes

Our visit took place after lunchtime. From the residents' points of view, they were all happy with the meals provided. We heard that they get a menu before mealtimes asking them what they want, and that sometimes they request different food choices, which the care home try to provide.

We visited the kitchen, which was clean, and the food appeared to be of good quality and quantity. We observed staff putting food on trolleys to deliver to residents either in their rooms or with other residents in the lunch hall, depending on the resident's wishes. People were offered support with eating where needed and given time to eat at their own pace and preference.

We spoke to two residents in the lunch hall, where they were watching TV and drinking tea with biscuits. They told us they sometimes like to sit together and talk to each other.

We were told that residents have a choice of two different meals at every mealtime and were given the choice daily. There is a four-weekly menu rotation. All residents are weighed on a fortnightly basis.

There were 'snack and hydration stations' at different points within the home, with drinks available, fruit and other snacks. Keeping hydrated was prioritised, and pictorial displays reminded residents of this.

3.5. Resident movement and safety

The home is split into different zones, based on support needs, and separate areas are secured with control locks. The home uses mats and hip protectors for residents who are at risk of falls. We were told that safety checks are carried out on residents who were identified as being at risk and that risk assessments are reviewed by the GP.





3.6. Addressing previous CQC report and future plan

Banbury Heights staff and management have worked hard since the receiving a CQC report in June 2022 that gave a 'Requires Improvement' rating. It should be noted that Banbury Heights Nursing Home was rated as 'Good' in the areas of effective, caring, and responsive. The team are working hard to address the areas that require improvement. The home has a very supportive Manager and a staff team who are very committed to bringing about change. The home is aiming for a 'Good' rating in the next CQC report.

The current manager would like to keep the staffing levels at 120% to cover illness and holidays and are in the process of employing additional staff. They hope that the garden room can be opened again into a functioning 'shop' as it was before COVID. They are working on regular refurbishment work.

3.7. Complaints and communication

The current manager runs a monthly surgery where her door is open. However, some residents said they were not aware of this. The manager tries to deal with complaints or concerns informally at first and then escalates them following the complaints policy. The home holds quarterly relatives' meetings. The manager told us that she walks around the entire home to chat to residents at the start and end of each day.

4. Staff feedback

We spoke to ten staff members including nurses, carers, cleaners, volunteers (care home visitor), and admin. Staff spoke very positively about working at Banbury Heights Nursing Home, saying that they loved working with the residents and that they had a great admin and staff team. They told us they received a comprehensive induction before joining and online training.

We heard from staff that they would like to instigate more person-centred activities as well as receiving further training on engaging with residents who have dementia or are non-verbal.



Some staff felt that Banbury Heights building was a bit old and would like some additional time to create new systems i.e., a different way of organising resources.

We heard from staff that the first floor is uneven and could be a risk when pushing a trolley or wheelchair down the sloping surface. The medication rounds are meant to take a trolley in every room, but this is very tricky now with narrow corridors, and would be much easier for them to park it in one place and lock it, then take medicines to rooms.

Staff told us that the care home used to have a poor reputation, but felt it now had improved. A staff member said that they have all the equipment they needed to do their job and that they feel comfortable approaching the team leader if they need anything.

Some staff told us that staffing levels was an issue, and they would like to see more staff being employed to reduce the time that residents had to wait until being seen. Overall, the staff we spoke to felt supported and listened to.

Staff were disappointed and upset that the CQC gave the home a 'Requires Improvement' rating as they had all hoped for a 'Good'. Some wondered if there was anything they could have done better to get a higher rating.

The care home manager started in post in March 2022 and is trying hard to implement improvements. She is being sent on external leadership training to help understand the business side of the care home. She started the training recently and will attend another phase in September. She told us that she wants to become a better manager.

Staff told us they were happy working at the care home, a couple of staff mentioned the word 'family', telling us "Everyone is really caring, it is like a family". Staff told us what they liked about their job. One said, "*This is my life, it's nice to think you go home and know you've done something for the residents*".

We heard from a volunteer who is a regular visitor to care homes for the last 12 years and visits Banbury Heights on a weekly basis. They mentioned that the home is superb and of all the care homes they had visited, this one was the best. They said they were impressed with how excellent the staff were with residents – for example, one lady needs support with taking medication and a nurse sat with her for half an hour to encourage her to take them. They also praised the activities worker. They said that the nurses were excellent, that nothing is too much trouble, and that they are patient and understanding.



Every member of staff we spoke to felt fully supported in their role and said they were comfortable raising any issues or concerns with their managers.

4.1. Person-centered care

Where observed, staff showed a good understanding of person-centred care. We were told that human relationships are the key and that everyone should be treated with respect and as an individual. Staff explained how they asked residents about their likes and dislikes, offering choices, finding out what they enjoy, and importantly, never putting a limit on their capabilities. Staff were very supportive and understanding to encourage residents to keep up with previous interests or hobbies and were very respectful of how residents chose to do this.

We did hear some staff refer to residents via their names which we felt was positive and in line with the person-centred approach.

When it came to meeting residents' religious and cultural needs, we were told that this is established during the assessment stage, as well as in ongoing conversations.

Regarding the whistleblowing policy, the level of staff knowledge was mixed. Some staff were very clear that it was about reporting bad practice and escalating to the relevant person. We were told that the policy was covered during induction and that copies were kept in the manager's office.

Not all staff had a clear understanding of the Mental Capacity Act. We were told that staff never assume that someone doesn't have capacity and that a written assessment takes place to establish this. It is then very important to follow directives accordingly if residents have DoLS (Deprivation of Liberty Safeguards) in place.

Staff were very keen to encourage residents to maintain as much independence as possible giving choices for all activities taken part in.

5. Residents' feedback

When asked how they felt about living at Banbury Heights Care Home residents



told us they were satisfied, that they made friends and company, and were happy living there. We heard socially it was good and that there is always someone to do activities with. Most of the residents told us they felt safe, particularly during the day.

Feedback about day staff was very positive with residents telling us that staff worked hard, were very friendly and often had time to chat.

Residents told us they were happy with the way that medication was handled and distributed, and that medical and nursing care was very good or excellent.

When asked what the best thing was about Banbury Heights Care Home, residents told us that they enjoyed the contact they have with other people and the support they received during personal care.

Residents were very happy with the food, saying it was good and that there was plenty of it. No changes were required. Some residents like a hot lunch, one said lunch is cold when it is brought to them.

The menus change and they can choose what they want. Some residents like to eat in their own room where they can watch television.

We heard from some residents who did not really like to participate in group activities but were happy with their own company. Some have their own laptop and phone, write, and have their own activities.

Regarding requesting any changes, residents said they would speak to the staff or manager, give feedback at residents' meetings, or tell their relatives. Not all residents were clear about how to give feedback.

We were told by a resident about how well they felt staff looked after them, that it was like being in a hotel, and that all their needs were met.

Other residents said they feel listened to and were asked what they needed e.g., have eyes tested, transport out, a haircut. The carers asked and made immediate arrangements.

A resident told us that when they first arrived, the bed was too short, but the care home staff sorted it out immediately and provided another one.



6. Relatives' feedback

The relative we spoke to on the day felt happy with the care their loved one received. They said they felt safe, and Banbury Heights was a bright, cheery place that was well maintained. They said, they felt welcome and part of the 'family'. They usually had to book an appointment to visit but understood that this was to protect the residents.

They said the care home arranged quarterly care plan reviews and had regular family group meetings to give updates and get feedback.

They said they knew how to make comments or suggestions, either informally by talking to a member of staff or during the regular meetings with the care home management.

When asked what they would change about the care home they said it would be helpful to arrange more frequent personal care appointments, such as hairdresser, chiropodist, and dentist. Before COVID, they arranged everything for their loved one but, although their loved one was on the list for hair appointments, it is not offered as frequently as they would like.

7. Recommendations

- Clear signs needed on administrative offices and welcoming areas, identifying admin staff and role, Welcome signs for visitors on arrival with information about who to speak to.
- Reorganise the information about main entrance (labelling) including alarms, key safe, light box, fire security and exit code pads to avoid confusion in case of emergency. Simplify fire safety maps to provide clearer visual information.
- Continue to carry out necessary internal and external refurbishment and repairs including tidying up yard area to make it more welcoming?
- Provide all staff with name badges to wear during shifts.



- Identify more personal care providers to offer more frequent services including hairdresser, chiropodist.

8. Service provider response

Responses in italics to the recommendations received by email on 11th August 2022 from Warren Canicon, Chief Operating Officer, Taylor and Taylor.

- Clear signs needed on administrative offices and welcoming areas, identifying admin staff and role. Welcome signs for visitors on arrival with information about who to speak to.

We reorganised information board in the main reception based on your suggestion. This is to ensure there is clear signs on administrative/directors offices and identifying admin staff and role. We have purchased a suitable door sign and awaiting delivery. However, we have temporary placed a sign until we receive the item. (See before and after photo)

Welcome sign for visitors is now in place in main reception. Information about who to speak to is also in place via staff photo and roles.

- Reorganise the information about main entrance (labelling) including alarms, key safe, light box, fire security and exit code to avoid confusion in case of emergency. Simplify fire safety maps to provide clearer visual information.

Information about the main entrance has been reorganised and simplified. This is to minimise confusion in case of emergency. (See before and after photo) Fire maps have been simplified and printed on A3. This is to ensure there is a clear visual information, especially for people with visual impairment.

- Continue to carry out necessary internal and external refurbishment and repairs including tidying up yard area to make it more welcoming?

Refurbishment programme remains in progress at Banbury Heights. Ground and first floor corridors have been repainted (colour was decided by our residents). We have also refurbished our Tea/shop room and not being used by our residents.



COO also authorised several bedroom carpets to be replaced and several new equipment were ordered such as complete set of bedroom furniture, soft furniture, beddings etc.

- Provide all staff with name badges to wear during shifts.

All our staff have been provided name badges prior to your visit. However, it would appear some of the external agency staff have either lost or not been provided name badges. We now have provided external agency staff their name badges to ensure any staff on duty (internal/external) have name badges.

- Identify more personal care providers to offer more frequent services including hairdresser, chiropodist.

We have met with the personal care providers of our sister home in Shipston Lodge and have agreed for their hairdresser, chiropodist etc. to visit Banbury Heights. This will enable Banbury Heights to offer more frequent service to our Residents.

The service provider also responded to the report and recommendations with the following comments, observations and actions:

- We have re-issued our Whistleblowing policy and procedure staff and copies are made available in staff notice boards.
- Refresher training was provided to staff re: reporting bad practices and escalating to the relevant person
- Refresher training for Mental Capacity Act/Best Interest and DoLs were provided to staff
- A meeting was held with our Head Chef and kitchen staff will now support in serving Residents meal to ensure lunch is being served at the correct temperature.
- The management team will include “how to give feedback about the service” in the resident meeting agenda each month to ensure residents are made aware/reminded on how they can give feedback to the service.
- We have made fire points and map clearer and easier to understand. Furthermore, we have also made a large print out of our Fire plan, complaints procedure etc. and placed them on a A3 folder for people with impaired vision.

Banbury Heights Nursing Home has also sent in photos of some the actions already taken.

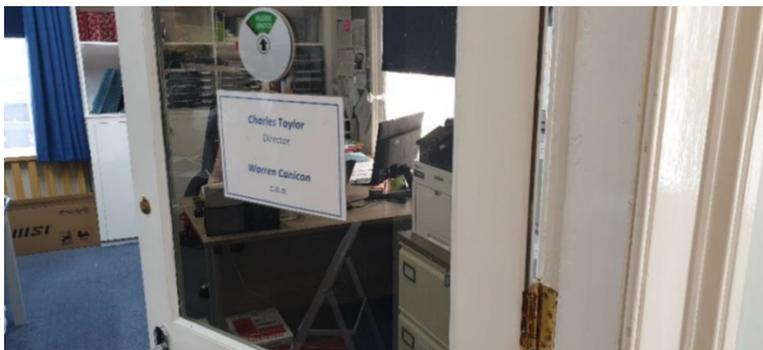




Information Board on reception (welcome sign and photo) before and after:



Administrative and Directors offices door before and after:





Tidying up yard area to make it more welcoming before and after:

