

Bayith Rest Home Limited

Bayith Rest Home

Inspection report

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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

The inspection took place on the 26 May and 1 June 2017 and was unannounced.

Bayith Rest Home is a family-owned residential care home for up to 12 people. At the time of our inspection the home was fully occupied. People were accommodated on two floors. Shared areas comprised a dining area, activities area and a lounge. There was an enclosed secure garden which was accessed from the rear of the property.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had whistleblowing and safeguarding policies and procedures in place. All staff had received safeguarding training to raise awareness of how to recognise signs of potential abuse and poor practice and what actions they would need to take. Staff told us they were confident they understood what might constitute abuse and how to report it.

The service operated safe recruitment practices to ensure staff were suitable for their role. People's needs were understood and met by sufficient numbers of skilled and experienced staff.

People were protected from the risk of harm. The provider assessed any identified risks to people and put measures in place to minimise them.

Staff had been inducted into the service and had received relevant training to enable them to support people effectively.

Medicines were stored and secured appropriately and safely administered.

People were encouraged to eat a varied diet that took account of their preferences and dietary needs. Where necessary, people were supported to eat. People were supported effectively with their health needs and had access to a range of healthcare professionals.

People were looked after by kind and caring staff who knew them well. They were supported to be involved in all aspects of their care. People were treated with dignity and respect.

People using the service and their relatives knew who to speak to if they wished to make a formal complaint or were unhappy with the care they had received.

People living at the home all thought that the home was well-led. They all spoke positively about the

registered manager and staff group.

There were a number of quality audits in place to assist the registered manager in reviewing the delivery of care in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service had improved and is now effective.

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the deprivation of liberty safeguards. Applications for deprivation of liberty safeguards had been made where relevant.

People's dietary and hydration needs were met. People had access to other health and social care professionals as needed.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Bayith Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 26 May and 1 June 2017 and was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service, such as notifications that the provider is required to send us by law, For example, of serious incidents and safeguarding concerns. We used this information to assist us in the planning of our inspection.

During our inspection we spoke with five relatives, two health professionals, five members of staff and the registered manager. We looked at the care records of six people, seven staff files including training records, complaints and compliments, accidents and incidents recordings, medication records and quality audits.

The service was last inspected in December 2014 and was rated good.

Is the service safe?

Our findings

People told us they felt safe living at Bayith Rest Home. One person told us, "I feel safe living here, the staff are all brilliant and care for me very well." Another said, "I feel lucky to have found this place. All the staff look after me and I always feel safe here." A relative told us, "Our relative is safe here. The staff always tell us if anything changes. They support our relative really well."

The provider had whistleblowing and safeguarding policies and procedures in place to help keep people safe. These were available to all staff to ensure they had access to relevant and up to date information. All staff had received whistleblowing and safeguarding adults training. Staff knew how to raise a safeguarding concern appropriately. For example, one staff member told us, "If I witnessed anything that I thought was a safeguarding I would raise it with the registered manager straight away. If I felt they had not taken it seriously, I would report it to the local authority." Another said, "I have never needed to raise any concerns, but if I did I would speak with the manager straight away. I am confident they would follow up my concern." Staff told us they would use the whistleblowing policy if they ever had any concerns with another member of staff. One staff member told us, "I would not hesitate to report my concerns to the manager. I am sure they would treat everything confidentially and sensitively."

There were risk assessments in place relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. These included assessment of people's risk of developing pressure sores, risk of malnutrition and risk of falls. Staff were knowledgeable about risks to people and worked in line with the assessments to make sure people remained safe. Staff told us, "The risks assessments give clear guidance on what I should do; to minimise the risk to the person."

There were specific risk assessments to manage medicines and fire safety. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence.

The provider had a safe recruitment procedure in place. Records showed that appropriate checks had been carried out. This included completing Disclosure and Barring Service (DBS) checks. The DBS holds information about individuals who have been placed on a barring list that might exclude them from working in care services. References had been obtained and applications forms completed, a detailed employment history and proof of identity was also recorded. These checks enabled the provider to make safer recruitment decisions. Staff confirmed that they had not commenced work until these checks had been completed.

There were enough suitably skilled staff deployed to support and meet the needs of the people living in the home. People told us there were enough staff to safely support them. One person told us, "Staffing has been consistent. I never need to wait too long for someone to help me." A relative told us, "There always seem to be enough staff about. If we need any help the staff are always quick to respond."

There were clear policy and procedures in place for the safe management of medicines. We found the policy

covered all aspects of ordering, storing, administering and disposing of medicines safely. Records showed that competency assessments had been carried out on all staff who handled medicines to ensure they did so safely. One staff member told us, "They regularly check we are competent to administer medication safely."

People had individual medicines profiles that contained information about their medicine administration record (MAR), any medicines to which they were allergic and personalised guidelines about how they received their medicines. Some people required their medicines to be administered on an "as required" basis. There were protocols for the administration of these medicines to make sure they were administered safely and consistently. These were regularly audited and checked to ensure medicines were given and recorded accurately.

People told us they received their medicines safely. Comments included, "I get my medication regularly, staff make sure I take it" and "I need extra tablets for pain relief sometimes, staff always give them to me, when I need them."

The provider had plans in place to deal with foreseeable emergencies, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as hoists, pressure relieving equipment and beds, were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed.

There was a Personal Emergency Evacuation Plan (PEEP) for each person living in the home. This is a document which assesses and details what assistance each person would need to leave the building in case of an emergency. The PEEPs we saw included detailed information on how to assist the person to leave the building in case of a fire. This meant that staff would be clear in an emergency situation how to safely evacuate people from the building.

People lived in a homely environment that was well maintained. The provider had a programme to maintain the environment of the home and its décor. The provider had infection control processes in place to maintain the cleanliness of the property and reduced the risk of infection.

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge to meet their needs effectively. One person told us, "The staff know how to meet my needs properly." Another said, "Staff support very well, I am very happy here." A relative told us, "We have no complaints, staff are supportive towards our [relative] work flexibly and know how to meet her needs."

At our last inspection in December 2014 we found two breaches of regulation.

A breach of regulation 17 of the Health and Social Care Act 2008 (regulated activities) regulations 2014. The registered person had not maintained accurate, complete and contemporaneous records of care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

During this inspection we saw that improvements had been made. We found the new care plan system had been fully implemented and care plans had regularly been reviewed. Staff told us they found the care plans easy to follow and ensured they updated the daily records to reflect the care the person had received.

A breach of regulation 11 of the Health and Social Care Act 2008 (regulated activities) 2014. Failure to ensure people's capacity was assessed and to apply for Deprivation of Liberty Safeguards (DoLS) authorisations to the supervisory body (local authority).

During this inspection we saw that improvements had been made.

The Mental Capacity Act (MCA) 2005 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. We observed people being asked for their consent before care was given by staff. Care records showed people's capacity to consent to their care had been assessed and any preferences or choices they had made was clearly recorded. Where people had been deemed to lack the capacity to consent, we saw that a best interest decision involving the family had been recorded.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood the principles of MCA 2005 and DoLS. We saw the provider had made appropriate DoLS applications or had authorisations in place for people who had been assessed as lacking the capacity to consent to their care.

We saw staff had received training in MCA 2005 and DoLS. Staff were aware of how capacity was assessed and recorded in care plans and told us they provided care in the least restrictive manner. One staff member told us, "I always assume the person has capacity and follow the guidance in their care plan." Another said, "If someone does not want to do something they have a right to say no. We can offer alternatives and encourage them but always follow their wishes where possible."

New staff undertook a period of induction before they were assessed as competent to work on their own. The care staff told us that their induction incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. One staff member told us, "The induction gave me the ability to commence my role effectively and know what was expected of me."

Staff records showed that all staff had received a range of relevant training including medicines management, manual handling, equality and diversity and caring for people living with dementia. The registered manager maintained a training record which identified training completed and when updates were required. We saw that training was up to date or booked for all staff. Staff said training provided them with the skills and knowledge required to meet people's needs effectively. One staff member told us, "The training here is quite good, the manager lets us know when we need a refresher to keep us up to date."

Staff received regular supervision and an annual appraisal. All staff told us that they were a positive experience and they welcomed feedback on their performance. We saw records of supervisions were kept in staff files. The registered manager had reviewed people's annual appraisals and noticed that some staff were overdue their appraisal. The registered manager had put a plan in place to ensure all staff had up to date appraisals by the end of June 2017. Staff told us they found the supervisions and appraisals useful. For example, one staff member told us, "My annual appraisal is always a good time to reflect on work and think about what went well and what didn't."

We observed the lunchtime meal and saw the atmosphere was very sociable with people and staff enjoying some humorous banter at times. There was a choice of meals and drinks offered to people. If people did not like the choices available the chef would prepare them something else. Where required we saw staff supporting people to eat their meals in an unhurried manner and engaging with people while they supported them. One person who had just finished their meal told us, "Very nice, cannot fault the food. It is always tasty." A relative told us, "If I am ever here at meal times they always offer me a meal. I have to say it is consistently good." Another said, "They get in specific food especially, because they know that [relative] likes it."

People were provided with a well-balanced and nutritious diet. The provider told us they had a rotating monthly menu and said they catered for people with special dietary needs such as reduced sugar or sugar free and gluten free. Care staff knew what action to take when a person was at risk of weight loss. One member of staff said, "We know those people that need it. We monitor their food and fluid in-take and record it in their care plans. If we see that people are continuing to lose weight or becoming dehydrated we will seek advice from the GP."

People told us their health care was well supported by staff and by other health professionals. People saw their GP, dentist, district nurse and chiropodist when they needed to. A health professional told us, "Staff here are very good. They give us good feedback and updates on the people we see. There is a positive approach from staff."

Is the service caring?

Our findings

People were positive about the care provided and told us they received good care. One person told us, "The care I get is good. It feels very personal, I get my hair and nails done. I am happy." Another said, "I cannot fault the staff, they are all lovely. It feels more like home than a care home. One relative told us, "The staff provide excellent care. I cannot fault the care my [person's name] gets. So lucky to find this place; I will be coming here myself when the time comes. I'm already booked in." Another said, "The staff have all been lovely, excellent care."

Throughout the inspection we observed staff were consistently helpful, respectful and caring. We observed staff responding to people in a calm and compassionate manner. We noted frequent, appropriate physical contact between staff and people which demonstrated the familiarity and relationships that had developed between people and staff. People who required support received it in a timely manner that was unhurried and respected the individual.

People were treated with dignity and respect. We observed staff knocked on doors before entering people's rooms. Staff understood the importance of maintaining people's privacy and dignity. For example, one staff member told us, "It is really important to respect the person, keep doors closed when giving care in their room or bathroom. Even if the door is closed you make sure people are covered to maintain their dignity."

We observed staff including the registered manager supporting a person who was living with dementia in a caring way. When the person became distressed and knocked everything from the table. Staff supported the person gently and slowly encouraged the person to move away to a more quiet area and engaged them in some craft activity.

The atmosphere in the home was relaxed and calm. As it was a hot day, staff ensured that people were kept cool with plenty of drinks and fans were switched on in communal areas which were comfortable homely and welcoming.

The registered manager and staff informed us there were no restrictions imposed on relatives or others visiting the home to see people living there. One relative told us, "The staff always greet me with a smile and offer me a drink the moment I enter the house." Another said, "I have visited at various times of the day and even the early hours of the morning. There has never been an issue."

Is the service responsive?

Our findings

People's needs were assessed before they were admitted to the home to ensure their care needs could be met appropriately by the provider. Their care and support was planned in partnership with them, their families and any health or social care professionals involved in their care.

Care plans detailed the care and support people required and how they would prefer to receive this. Each care plan included a person's life history with input from relatives. Care plans were individualised and reflected the findings of the assessment carried out. For example, one person with mobility problems had a clear care plan on the prevention of pressure sores. Another had a care plan on how to manage their diabetes. The staff told us they had access to the care records and that they were easy to follow and helped them understand how to meet people's individual care needs. Care plans were regularly reviewed in conjunction with the person and where appropriate their relatives.

Staff had a good understanding of people's individual care needs and were responsive to their needs while promoting people's independence. Staff we spoke with told us, "I will always give assistance to people if they need it or ask. But part of that is encouraging the person to do as much as possible for themselves." Another said, "Part of the role is to encourage people to maintain their skills and be as independent as possible." We observed staff responding quickly to people who requested assistance to go to the toilet and those that requested help to return to their room for a while. One person told us, "You couldn't get better staff. They are always quick to respond when I need help." Another said, "You never wait long before someone comes along and helps you." A relative told us, "The staff are very responsive to people's needs. Whenever we have been there, the staff are quick to respond to people asking for help and if we have ever needed staff support it has readily been given."

Activities were planned on a weekly basis and this was a mixture of external organisations and staff supporting people with craft and art activities. During the inspection we observed the staff facilitating a reminiscence group in the garden with a small group of people, talking about events in the past and singing songs.

People told us they were able to express their views and to give feedback about the service. The provider held regular meetings with people who used the service and their relatives. The provider had also completed an annual survey with people and their relatives. Feedback from both surveys was positive and the registered manager told us they shared the information with staff and used the feedback to help drive improvement.

People we spoke with told us they were aware of how to make a complaint and were confident that if they raised a concern with any of the staff it would be listened to. One person told us, "I cannot imagine ever having to complain, but if I did I would speak to the manager, she is lovely. I'm sure it would be resolved quickly." A relative told us, "Yes the complaints procedure has been explained to us, but we are very happy with the care our relative gets."

We saw evidence to demonstrate that all complaints were reviewed and monitored on a regular basis and that the registered manager for the service checked any complaints received as part of their regular quality audit.

Is the service well-led?

Our findings

People and relatives told us they were happy with the quality of the service and it was well led. One person told us, "The manager is very visible and they always come round asking if people are alright and check everything regularly." Another said, "The care is second to none and well run." A relative told us, "Staff are always very polite and the manager certainly knows the people and staff well. They keep us updated on everything we need to know."

The registered manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. They explained that they were introducing a new management structure within the home. The deputy manager had recently left and the registered manager had taken the opportunity to review the current structure. They had decided not to replace the deputy role and introduced a number of senior carer roles that would provide staff with a senior member of staff to refer to for support and leadership across the 24 hours of the day. The registered manager hoped this would offer more consistent support to the staff team. Staff told us they felt supported by the registered manager. For example, one staff member told us, "The manager is very approachable and really supportive of the staff." Another said, "The manager leads by example, they are quite happy to help staff and support people at lunchtime and with personal care." Another said, "We work really well as a team and we all support each other. The manager encourages an open and inclusive approach from the staff."

We saw minutes of regular staff meetings which gave the registered manager and staff the opportunity to communicate and discuss any information. Staff told us the registered manager was always available when they needed to speak to them. The registered manager said staff could speak directly to them at any time when they were on duty or out of hours on the telephone, if they preferred.

The registered manager carried out a range of audits to ensure that the service provided people with safe care. These included risk areas such as pressure care, infection control, falls, medicines, accidents, kitchen safety and training. Where shortfalls had been identified, an analysis was carried out with actions in place to minimise future risks. Lessons learned and reflections for future learning were recorded for staff discussion in meetings.

Feedback from annual surveys was used to drive improvements in the service. For example, People had feedback they felt the wall in the garden was unpleasant to look at. The provider arranged for the wall to be painted with a mural of flowers and three different arches.

The registered manager understood their legal responsibility for submitting statutory notifications to CQC and other appropriate agencies of incidents that affected the service or people who used the service.