

# Hellendoorn Healthcare Limited

# North Bay House

## 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

North Bay House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. North Bay House is registered to provide personal and nursing care to a maximum of 29 older people. At the time of inspection there were 26 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to protect people from the risk of abuse or avoidable harm. Staff knew how to identify and report potential abuse and risks to people were identified and planned for. Medicines were managed and administered safely. The premises remained clean and there were processes in place to reduce the risk of the spread of infection.

The service continued to deploy enough staff to meet people's needs in a timely way and to practice safe recruitment procedures.

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 continued to support this practice. Staff understood and promoted independent decision making.

The service provided people with a choice of adequate food and drink. Support people required to maintain good nutrition and hydration was reflected in care planning. People were supported to have contact with other health professionals where appropriate.

People received care from staff who had the training, skills and experience for the role. The service continued to offer staff extra training sessions so they could offer people enhanced levels of support.

People told us staff were kind to them and the service continued to promote a culture of kindness, with the registered manager, provider and all staff leading this practice.

The service continued to offer people personalised care based on their individual preferences and to involve people and their representatives in the planning of care. Peoples' wishes were adequately reflected in care planning, including their wishes when coming to the end of their life.

People were provided with adequate sources of meaningful engagement and were supported to feedback their views and experiences through meetings and surveys. People were made aware of how they could

complain.

The registered manager and provider continued to operate an effective system to monitor the quality of the service provided to people. Areas for improvement were identified and acted upon. Staff, people using the service and their relatives were enabled and empowered to be involved in the ongoing development of the service. Changes were made based on suggestions from people using the service, their relatives and staff.

Further information is in the detailed findings below.

## 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 good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# North Bay House

## **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 checked 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.

This comprehensive inspection was carried out by one inspector on 11 October 2018 and was unannounced.

Prior to the inspection we reviewed the contents of notifications received by the Care Quality Commission. Services must notify us of certain incidents that occur in the service, these are called notifications.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Some people using the service were unable to communicate their views about the care they received. We therefore carried out observations to assess their experiences throughout our inspection. We spoke with four people using the service, two care staff, the deputy manager, the cook, a domestic staff member, the registered manager and the provider.

We reviewed four care records, three staff personnel files and a sample of records relating to the management of the service.

# Is the service safe?

## Our findings

At the last inspection on 25 January 2016 the service was rated good in this key question. At this inspection the service remained good in this key question.

People told us they felt safe living in the service. One person said, "I feel very safe." Another person told us, "I feel secure, there are people here at all hours and I'm not alone." One other person said, "It's definitely safe and secure. They keep it all locked up tight and the staff check on me through the night." Another person commented, "I don't have to worry. If I need anyone I can just call and they are there."

The service continued to operate systems which protected people from the risk of abuse and avoidable harm. Staff were aware of how to recognise and report potential abuse. Each person had a set of personalised assessments which identified any areas of risk. Where risk was identified appropriate measures were put in place to reduce the risk. The service operated a robust system to monitor and investigate incidents and accidents. Action was taken to reduce the risk of repeat incidents.

The service continued to ensure there were enough staff to meet people's needs in a timely way. People told us they felt there were enough staff. One person said, "If you call, they are there in a flash." Another person said, "They are busy definitely but they never take long to get to me." One other person commented, "They respond quickly when I need help and I never have to wait long." The registered manager and provider told us that the staffing level was based on the needs of people using the service but that they also kept this under review regularly by speaking with care staff. Care staff confirmed this and said that they were asked at each supervision session whether the staffing level remained sufficient and that changes were made where needed based on staff feedback. We observed that when people used their call bell to request staff support, their requests were met quickly by staff. Staff were available in communal areas where people were seated to ensure they could respond to people who were showing non-verbal signs of requiring their support. The care staff were responsible for providing meaningful activities for people, and the staffing level was appropriate to ensure staff had time to engage people.

Medicines were managed and administered safely in the service. People told us that they received their medicines appropriately. One person said, "They are on time with the medicines. If I want any pain killers they will get them for me." Another person told us, "They are always spot on with my medicines, I don't have to worry about it myself." We compared the number of medicines remaining in the packets to the records of medicines administration and found these matched. The service continued to operate an effective system to monitor medicines administration and identify any errors or areas for improvement in staff practice. Where one error had been identified, action had been taken with the staff member to reduce the risk of the error reoccurring.

The service remained clean and free from unpleasant odours. People told us their home was clean. One person said, "They keep my room clean and tidy. Make the beds daily. It's never grubby." Another person told us, "The cleaners have attention to detail, they get right around the edges [of the room] and nothing is missed." There were appropriate processes in place to ensure the cleanliness of the service, including

regular audits of cleanliness carried out by the registered manager and provider. Appropriate procedures had been implemented to reduce the risk of the spread of winter viruses such as flu. Signage placed by the front door requesting any visitors who were showing signs of being unwell did not enter the service.

The provider ensured that the building and the equipment within it remained safe for use. Regular checks were carried out on the safety of mobility equipment such as hoists to ensure they were in a good state of repair. The service had two members of maintenance staff who also checked the building to identify any areas which required maintenance or repair. Where issues were identified these were recorded and signed off when the repairs were completed.

The provider had appropriate procedures in place to reduce the risk of legionella bacteria being present in the water system. An external company had carried out a risk assessment and testing of the water systems. Areas identified for improvement had been actioned. The maintenance staff carried out regular flushes of the water system to ensure that risks were reduced.

The provider arranged for an external company to service the fire detection and alert systems regularly to ensure they remained in good working order. Regular tests were carried out by the staff.

The service learned lessons when things went wrong and made changes to reduce the risk of repeat incidents. For example, where an error had been identified in medicines administration the staff member had been removed from these duties to reduce the risk of people not receiving their medicines appropriately.

# Is the service effective?

## Our findings

At the last inspection on 25 January 2016 the service was rated good in this key question. At this inspection the service remained good in this key question.

The service continued to assess people's needs before they came to live at the service. People's care was planned having taken into account best practice guidance, legislation and standards to ensure it was effective.

The service continued to ensure that staff had appropriate training and development for their role. People told us they felt the staff were well trained. One said, "They know what they are doing. When they are moving me about they are never rough." Another person told us, "I can't fault them, they are very good at what they do."

Staff demonstrated a good knowledge of subjects they had received training in and told us they were supported to obtain further qualifications if they wished. The service offered staff extra training to improve their knowledge. For example, staff had been placed on 'memory joggers' training to learn how to conduct more effective reminiscence sessions with people. Reminiscence sessions are helpful for supporting those living with dementia to remember things from the past they may have forgotten. Staff had also recently undertaken a musical therapy course so they could better support people with musical activities in a meaningful way. The service continued to operate procedures to assess the competency of staff and identify areas for improvement.

Staff told us they felt well supported by the management of the service and had access to regular supervision sessions with the registered manager where they could discuss any issues or training needs. Staff also had an annual appraisal, setting goals and objectives for the next year to develop the staff team and offer opportunities for growth.

People were offered a choice of suitable food and drink in line with their needs. People told us the food was good quality and they had varied choice. One person said, "Great food. The cook left for a while and then came back which I am glad about as they are brilliant." Another person told us, "They know how much food I like on the plate, not too much. They know what I like. They do seasonal menu's so you always get fresh seasonal vegetables." Another person commented, "If you don't want the options on the menu [the cook] will do you something else. In the mornings you can have toast, cereal, fried breakfast. [The cook] makes a great cake." One other person said, "We get lots of food. The [staff] are always bringing round more food and I never get hungry."

The service continued to operate systems to identify where people were at risk of malnutrition or dehydration and implement effective measures to reduce the risk. The service understood the importance of a 'food first' approach and reduced the need for nutritional supplements where possible. They achieved this by ensuring people at risk of malnutrition were offered regular snacks and homemade high calorie smoothies to boost their intake. People's meals were also fortified with full fat creams to increase the



calorific value. Observations of the lunch time meal demonstrated that people were supported appropriately to eat their meals. Staff encouraged people to be as independent as possible and offered ad hoc support to people where it was required.

People told us that the service continued to support them with accessing support from external healthcare professionals such as GP's, dentists and opticians. One person said, "[Staff] sort getting the doctor in if I need it." Another person told us, "The doctor comes often and the staff help me sort my hospital appointments."

The service was decorated in a way which made it easier for people living with dementia to find their way to key areas such as toilets or the dining room. Each part of the service was decorated differently with different paintings on the walls which made it easier for people to differentiate between the corridors and areas of the service. There was signage on bathrooms and toilets so people could identify these more easily.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service continued to act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. People were supported in the least restrictive way possible and were encouraged and enabled to make decisions according to their ability. Staff, the registered manager and the provider understood the importance of independent decision making.

## Is the service caring?

### Our findings

At the last inspection on 25 January 2016 the service was rated good in this key question. At this inspection the service remained good in this key question.

The registered manager and provider continued to promote a culture of caring, and we observed that this practice was led by all the staff. We observed that staff interacted with people in a kind, caring and considerate way. We observed that staff showed genuine concern for one person who told staff they felt unwell, spending time with them trying to make them feel better. Later we observed a staff member talking to the person about having a bubble bath to warm them up, to which they agreed. It was clear from our observations that all staff, including the registered manager and provider had taken time to get to know people personally. For example, we saw staff talking with one person about a book they were reading.

People told us that staff were kind and caring towards them. One said, "The staff are so kind, friendly, always a smile." Another told us, "It's just in their nature to be kind." One other person commented, "Always considerate. They care for me well."

People told us that staff continued to respect their privacy and uphold their dignity. One said, "I like to spend most of my time quietly reading in my room. [The staff] keep me informed about the activities going on in case I want to join but otherwise they leave me to it and check I'm okay now and then." Another person told us, "If you want privacy it is no problem. They always knock on your door before they come in. They help me get to the loo and then I'm able to sort myself and they will help me when I'm done." One other person commented, "I am a quiet person and they don't invade my privacy, they know I like to be left alone."

The service continued to enable people and their representatives to be involved in the process of planning their care and in making decisions about their care. Care records clearly reflected people's views and were signed by the person where they were able or a relative. People told us they were involved in their care planning. One said, "I remember signing something. They went through it again and asked me if it was still ok." Another person told us, "We talked about what I needed and they were asking me about my life, what I liked and didn't like. [My relative and I] signed it off."

## Is the service responsive?

### Our findings

At the last inspection on 25 January 2016 the service was rated good in this key question. At this inspection the service remained good in this key question.

The service continued to offer people personalised care based on their individual preferences. People told us staff knew them well. One said, "They know everything there is to know." Another person told us, "I know [the staff] well and they know me, it's like they're part of my family." Care records were individualised and person centred to include detail about people's likes, dislikes, hobbies and interests. Observations and discussions with staff, the registered manager and provider demonstrated that they knew people well and this meant that they could provide people with personalised care.

There was end of life care planning in place for each person using the service. This reflected their wishes when coming to the end of their life, including whether they would wish to remain in the service or go to hospital.

People told us that they had opportunities to engage in a good range of activities within the service and didn't get bored. One said, "I am never bored. They sort me out with 28 books from the library a month and I get through them all. I go on some of the trips on Fridays." Another person told us, "We have a trip every Friday we can go on. We have been to Southwold, on a broads boat and we went to Somerleyton too which was beautiful." Another person commented, "There is lots to do. The music is good and we get offered all the trips. The summer fayre was a nice day."

On the day of our inspection we sat in on an activity attended by the registered manager and provider where they sang Hymns with people. One person played the piano and despite having limited verbal communication due to their dementia, they retained the ability to read music and this was encouraged by the provider. We observed that the person seemed to enjoy the activity and they had previously been a church organist.

Throughout the day we observed staff engaging people in other activities on either a one to one or group basis. There were photographs displayed in the hallway of a recent Hawaiian themed day they had held at the service, with different food and activities on offer. There were also photographs of a summer fayre held annually which was open to the public. This also presented an opportunity to fundraise and the registered manager told us the money raised from this fayre meant that all the trips organised throughout the year were fully funded and people did not need to contribute anything extra.

Minutes of meetings with people and relatives demonstrated that discussions had been held around the possibility of turning one room into a relaxation room. The registered manager said they were looking at starting this project soon, with foot spas, relaxing music and stimulating items such as interactive LED fish tanks being included in the plans.

The service continued to support people and their relatives to make complaints. There was a complaints

policy and procedure displayed in a communal area which informed people of how they could complain. Whilst the service had not received any complaints, people told us they knew how to complain. One said, "I don't have anything to complain about but if I did I wouldn't worry about doing it. I'd talk to [registered manager]." Another told us, "Everything is great but if I wasn't happy I know I could tell any of the staff and it would be sorted."

## Is the service well-led?

### Our findings

At the last inspection on 25 January 2016 the service was rated good in this key question. At this inspection the service remained good in this key question.

The service had a registered manager. 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 service continued to operate effective systems to monitor and assess the quality of the service. A variety of audits were carried out by the service, including checks on infection control, medicines administration, accidents, incidents and care planning. Bedroom audits were carried out regularly to assess the cleanliness of the room and condition of furnishings to identify if anything required replacement or maintenance. Records demonstrated that where issues were identified, action plans were put into place and improvements made. These were followed up and signed off by the registered manager or provider.

People made positive comments about the leadership of the service. One said, "They run a tight ship here. Everything is organised well." Another told us, "[Registered manager] and [provider] are really good, they are always around looking at what is going on. It is reassuring." One other person commented, "[Registered manager and provider] are very approachable, they come and chat with me when they come in and if I wanted to say anything I could."

The service continued to involve and give people opportunities to feedback on the service through surveys and resident's meetings. We reviewed the results of surveys of people's views carried out in 2017 and in 2018 and saw that the responses were all positive. Minutes of meetings demonstrated that people were consulted about things such as the menus, activities, and trips they would like to take.

The service also sought the views of staff through annual surveys and in regular meetings. We reviewed the responses to a survey of staff views carried out in 2017 and 2018 and saw the responses were all positive. All the staff who responded stated they felt the service was a good place to work and that the provider was a good employer. Minutes of staff meetings demonstrated staff were asked for their views and encouraged to make suggestions. In one meeting we saw that staff had requested the time of the lunch time meal be changed and we observed during our inspection that this change had been made in line with staff suggestions. Staff told us they felt involved in the running of the service and felt like their views mattered. Staff said they felt valued and one staff member said the service was such a nice place to work that they had continued working there for seven years despite living some distance away.

The registered manager and provider continued to engage with external organisations to keep up to date with best practice. The registered manager attended training courses offered by Suffolk County Council and other organisations and felt these were a good way to network with other managers and learn from each other. They told us they were a member of the National Care Association and the Suffolk Association of

Independent Care Providers. Both organisations kept the service up to date with best practice and changes in legislation or CQC inspection methodology. The registered manager also told us they attended conferences run by both organisations where best practice and ideas were shared and there were opportunities for networking with other care providers. Additionally, the service was involved with Care Development East, an organisation offering training and guidance on best practice in East Anglia. Several staff were booked onto training courses run by this organisation.