

One Housing Group Limited

Baycroft Kempston

Inspection report

Fletcher Road
Kempston
Bedford
MK42 7FY

Tel: 02084284190
Website: www.baycroft.co.uk

Date of inspection visit:
19 May 2021
26 May 2021

Date of publication:
04 June 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

Baycroft Kempston is a 'care home' providing accommodation, nursing and personal care to nine people aged 65 and over at the time of the inspection. The service can support up to 80 people. The home is built over three floors with all bedrooms containing an ensuite wet room. Communal areas are also located on each floor.

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

People and relatives spoke positively about the service and provided feedback which included, "The home is lovely, the staff go above and beyond." And, "The level of care given is outstanding. Staff take time to make sure care is individual to the person. It is the best decision we made moving [person] to the home." Another relative told us, "I am very confident in the care provided. Staff take time to find out about [person's] preferences, life and interests."

Care plans and risk assessments were completed in partnership with people, staff and their relatives. Information was tailored to individual needs and provided guidance and direction for staff to deliver person centred care.

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 enough staff to meet people's needs. Relatives told us the staff team were consistent and familiar with people's needs. Staff completed a robust induction process and were confident in their role. The registered manager promoted staff development and encouraged staff to attend additional training to enhance their skills and knowledge.

Staff encouraged people to maintain their interests and hobbies. The activity co-ordinator was passionate in developing and providing a range of activities and made these available to all at the service.

A range of audits including satisfaction surveys were completed by the registered manager. The findings of these were shared with staff and used to drive improvement in the service.

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

Rating at last inspection

This service was registered with us on 29/11/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was first registered with the CQC.

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 ●

Baycroft Kempston

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 team consisted of one inspector.

Service and service type

Baycroft Kempston 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.

Inspection activity started on 19 May 2021 and ended on 26 May 2021. We visited the service on 19 May 2021.

What we did before the inspection

We reviewed information we had received about the service. 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

On the day of our visit we spoke with two people who used the service about their experience of the care provided. We also spoke with five members of staff including the registered manager, clinical lead, registered nurse, senior care worker and the activity co-ordinator. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

Following our visit, we spoke with three relatives over the telephone. We continued to review a variety of records relating to the management of the service, including policies and procedures, training data and quality and assurance records. We continued to seek clarification from the provider to validate evidence found.

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. One person said, "They [care staff] don't rush me which reassures me."
- One relative said, "I feel [person] is safe here, [persons] eyes sparkle since moving to the home. The method of care delivery has protected [person] at all times. Staff use distraction when supporting [person] to provide reassurance whilst completing care and support safely."
- Staff had received safeguarding training and were knowledgeable of their role and responsibilities in identifying and reporting abuse appropriately.
- The registered manager monitored and analysed trends of safeguarding alerts. The findings of these were discussed with staff as part of lessons learnt to mitigate future reoccurrence of events.

Assessing risk, safety monitoring and management

- People's records contained care plans and associated risk assessments. Risk assessments contained control measures for staff to follow to reduce risk of harm and injury to people.
- Where required equipment had been assessed and put in place to reduce risk. This included pressure relieving mattresses for those who were at an increased risk of pressure ulcers.
- A system was in place to ensure risk assessments were reviewed monthly and were updated to remain accurate.

Staffing and recruitment

- Staffing levels were appropriate. People were responded to in a timely manner when requesting help and did not appear to be rushed by staff.
- Relatives told us they felt the staffing levels were consistent in the service. One relative told us, "[Person] says the staff are always popping in and out of their room to say 'hi' and check they have everything they require."
- Pre-employment checks had been completed prior to staff commencing work at the service. Full employment history had been recorded and references had been verified. The manager had sought assurance that staff were suitable for the role of which they had been employed.

Using medicines safely

- People received their medicines as it had been prescribed. Medicines were stored safely and securely. Bottles and boxes contained labels detailing the date of opening.
- Staff received training to administer medicines safely. The manager conducted a competency check of staff skills and knowledge of medication administration to be assured of safe practice.

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.

Learning lessons when things go wrong

- Where incidents and accidents had occurred, these were reviewed, and outcomes used to drive change and improvement in the service.
- Lessons learnt were shared with the staff team during handovers and team meetings.

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

- People and relatives told us they were contacted prior to moving to the service and requested to complete a questionnaire. The information provided was used to support the care planning process. Care plans contained details of people's care needs, medical diagnosis and requirements, preferences, likes and dislikes and hobbies both past and present.
- Care plan reviews took place regularly. We saw that information had been updated in records to reflect people's current needs.

Staff support: induction, training, skills and experience

- Staff told us the induction process prepared them for their role. Staff said the induction was a mixture of e-learning, workbooks, reading policies, shadowing and competency observations of knowledge and practice.
- The manager encouraged the staff to develop their skills and provided learning opportunities for this to take place.
- One staff member told us, "The manager is supportive both personally and professionally and has encouraged me to progress in my role. They have faith in me."

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

- People's care plans and risk assessments identified levels of support required with food and fluid where required. People were weighed monthly and professional advice had been sought where people had lost weight.
- Dietary information had been shared with the chef to ensure that appropriate meals were available.
- People told us the food was appetising and choices were offered at all mealtimes. One person told us, "If I don't want what is on the menu, I can ask for something else, it is never a trouble."
- The chef served meals and took time to obtain feedback from people regarding their meal and dining experience. This feedback was used when reviewing menu options to ensure it continued to reflect people's likes.

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

- The staff engaged well with other care professionals including the GP and tissue viability nurses.
- We saw evidence in people's records where staff had acted promptly in contacting health professionals to discuss concerns and changes in health needs.
- During the COVID-19 pandemic the registered manager had scheduled multi-disciplinary meetings to

discuss and review people's support and health needs.

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

- The service had been purpose built and contained several communal areas as well as spacious bedrooms with ensuite's. There was also an outdoor area for people to enjoy, with many of the ground floor bedrooms having doors which opened onto a small patio area set with chairs and table.

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.

- Decision specific, mental capacity assessments had been completed and where required best interest decisions were in place. Records contained information of those who had been involved in the best interest decision process and included details of lasting power of attorney appointees.
- Staff told us they had received MCA training and were knowledgeable of applying this in their role. One staff said, "It is important to support people making decisions and choices in a person-centred manner and not take choices away, but ensure people have equal opportunities."
- People and relatives confirmed that staff always sought consent before providing support.

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 that staff were approachable, caring and thoughtful. One person said, "Staff are smashing, they are wonderful, and can't do enough." Another person told us, "The carers are friendly. They hold conversations with me and make time for me."
- One relative told us, "The staff are wonderful. You cannot fault them, the care and attention is above and beyond. Every need is met."
- Staff spoke with enthusiasm and passion about their job and the role which they played in the home. Staff told us that morale was good within the team, with everybody working together.

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

- Reviews and meetings in the service provided opportunity for people to provide feedback about their care and support.
- Records evidenced that people and their relatives had been involved in the care planning and review process and had been supported to express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed acting in a dignified manner, knocking on people's doors and waiting for a response before entering.
- One person told us, "The carers encourage me to do things myself. They encouraged me to walk again after being ill."
- Relatives were encouraged to visit people in the home and were provided with privacy when visiting.

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

- Information in care plans was tailored to support delivery of person-centred care. People and their relatives, where appropriate, were encouraged to provide details of life history and information regarding likes and dislikes.
- Staff told us the care plans were reflective of people needs and provided adequate information to ensure people were supported in a manner which they preferred. Staff were knowledgeable about the people they supported and the care they required.
- Relatives told us they were kept informed of people's care and support needs and were contacted by staff where there were concerns.

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 carer's.

- Information had been recorded in people's care plans informing staff of communication needs. Care plans also identified if people required communication aids including glasses, hearing aids and care pendants for use in an emergency.
- Staff were knowledgeable of people's communication needs and were observed speaking to people sensitively, providing time for people to respond to questions.
- A staff photograph board was on display in the service supporting people and their relatives in identifying the team. Photographs of meals had been taken and were used in assisting people with making menu choices.

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

- The service had an activities co-ordinator who planned a variety of activities based around people's interests and hobbies. During our inspection, activities were observed being offered and made available to people who chose to remain in their rooms.
- A person living at the service, who was keen on knitting, was observed teaching others also living in the service, and the staff team, to knit.
- During the COVID-19 pandemic the service had accessed church services via video calls for those who had expressed a wish to attend.

Improving care quality in response to complaints or concerns

- Systems were in place which recorded, responded and reviewed complaints and concerns.
- Complaints, concerns and compliments were shared with staff and discussed during team meetings where appropriate.
- People and their relatives told us they felt confident in approaching staff and the manager with concerns and felt they would be listened to.

End of life care and support

- At the time of our inspection nobody was in receipt of end of life care.
- The registered manager had developed dignified end of life care plans for people which were personalised.

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

- The registered manager promoted a positive environment which was supportive of those living at the service and staff.
- People, relatives and staff all told us they found the manager to be approachable and felt confident in raising concerns.
- All staff we spoke with were enthusiastic and motivated in their role. One staff member told us, "It is a happy staff team. I would be happy to be cared for here when I am older."

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

- The registered manager had a clear understanding of the responsibility of notifying CQC of reportable events when required.
- A range of quality assurance audits were in place to ensure the care and support was carried out effectively and safely. An action plan was in place to address any shortfalls identified through the audit process which was regularly reviewed by the manager.
- Compliments, complaints, feedback and audit outcomes were discussed with staff during team meetings.

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

- All people and relatives spoken with were positive about the care and support they received.
- People told us they attended resident meetings which provided opportunity to discuss what they would like to see taking place in the home, as well as learn of any changes which were planned.
- During the COVID-19 pandemic relative meetings had been held via video conference calls. Relatives told us they also received a regular newsletter and emails updating them of events and activities, as well any changes within government legislation relating to COVID-19.
- Staff told us they had regular supervisions and team meetings. These provided opportunity to put forward ideas and suggestions as well as reflect on feedback as a group.

Continuous learning and improving care

- The registered manager attended provider meetings held in sister homes and shared any learning with the staff to support driving change and improvements in the delivery of the service.

- The registered manager was enthusiastic to progress the staff team and enhance their skills. Training had been reviewed and additional topics had been included to reflect this.

Working in partnership with others

- The service maintained professional links with health and social care teams to support positive care provision.

