

Bupa Care Homes (ANS) Limited

# Bayford House Care Home

## Inspection report

Rookwood  
Stockcross  
Newbury  
Berkshire  
RG20 8LB

Tel: 01488608632

Date of inspection visit:  
03 July 2017  
04 July 2017

Date of publication:  
31 July 2017

## 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

Bayford House Care Home is a residential care home with nursing, registered to care for up to 63 people. The service comprises of two units, one known as Bayford House and the other as Newdale Court. At the time of the inspection there were 35 people living in Bayford House and ten in Newdale Court. Most people living in Bayford House required nursing care for various health conditions while those people living in Newdale Court received support with daily living activities and did not require nursing care. The service is set in picturesque grounds which are well used by people and visitors.

The home manager had applied to the Care Quality Commission to become the 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.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

People continued to receive safe care. Staff were knowledgeable about how to keep people safe from harm. Risks to people's safety were assessed and plans were in place to manage and reduce risks. Staff were recruited safely using robust procedures. There were sufficient numbers of staff to keep people safe and meet their needs. Medicines were managed safely by staff who had received appropriate training and had their skills monitored. Staff were aware of and had practised emergency procedures.

People continued to receive effective care. Staff were trained and competent to carry out their roles effectively. They were supported in their job roles through one to one meetings, appraisals and team meetings. People were supported to eat a choice of freshly prepared meals. They were supported with special diets if required and when necessary their dietary intake was monitored. Frequent snacks and drinks were available. People were supported to maintain their health and wellbeing. Advice was sought from healthcare professionals when necessary.

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 supported this practice.

The service remained caring. Staff were kind, considerate and compassionate in the way they delivered support to people. They encouraged people to be as independent as they possibly could be. People's privacy and dignity were maintained. Staff addressed people in the way they liked. They spoke respectfully to and about people. People's relatives and visitors were welcomed into the home whenever they wished to visit.

The service had made improvements and was now responsive. Activities were designed to take people's individual interests into account. The range of activities had been widened and included more opportunities for trips out and community involvement. One to one sessions were now a regular feature for people who were at risk of being isolated. People received person centred care. This focussed on their individual needs and recognised their preferred routines. People and their relatives were comfortable to raise concerns and speak with the staff team or home manager if they wished.

The service remained well-led. There was good leadership in place and the staff team worked well together. There were systems in place to assess, monitor and analyse the service in order to make improvements. Links were maintained with the local community to provide support to people living at Bayford House Care Home.

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 was responsive

A full programme of activities were available including individual sessions for people at risk of social isolation.

People received person centred care focussed on their individual needs.

People knew how to raise concerns and were confident action would be taken if necessary.

### Is the service well-led?

Good ●

The service remains Good

# Bayford House Care 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.

This was a comprehensive inspection which took place on 3 and 4 July 2017, it was unannounced on the first day and announced on the second. The inspection was carried out by one inspector and an expert by experience on the first day. One inspector and an inspection manager completed the inspection on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert who attended this inspection was experienced in caring for older people.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and contacted community professionals, commissioners and the local authority safeguarding team for feedback. The local authority told us there were no current safeguarding concerns and we received feedback from one community professional and the local authority quality team.

We reviewed the 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with 15 people who live at the service and six relatives/visitors. We also spoke with 18 members of staff including the home manager, deputy manager, three registered nurses, a senior care worker, six care workers, two activity staff, a housekeeper, the receptionist, an administrator and the hostess. We looked at records relating to the management of the service including seven people's care plans and associated care records. We looked at six staff files including staff training and recruitment records. We reviewed the compliments, concerns and complaints log and the accident/incident records as

well as a selection of documentation relating to the maintenance and safety of the premises.

# Is the service safe?

## Our findings

The service continued to provide safe care. People were confident about their safety and all of the people we spoke with told us they had no concerns and felt safe living at the service. Some of the comments made included, "I trust the staff and I feel safe because the bells are answered so promptly." "Yes, oh gosh yes, safe." "I feel safe, I leave the window open at night, it only opens a little bit so unless a leprechaun can get in its fine." Relatives also felt the service provided safe care and told us, "[Name] is very safe here, I had my first good night's sleep when he moved in here." "It's very safe here, she's very happy so we're happy."

People appeared relaxed and comfortable in the presence of staff. We observed positive interactions and it was clear that people enjoyed an easy repartee with staff as they went about their work. People told us they could talk to any of the staff if they had any concerns about their safety and were sure their concerns would be listened to. Staff had received training in safeguarding vulnerable adults. They were able to identify and describe what may indicate someone had suffered abuse. Information on safeguarding was available in the service for staff to refer to and they were familiar with the procedure to report concerns if they arose. When necessary, the home manager had reported safeguarding issues to the appropriate authorities. Staff were familiar with the provider's whistleblowing policy which was called 'Speak up' and said they would have no hesitation to report poor practice. One told us, "I'm not backward in coming forward. If I saw something I would be straight on to the manager." Staff were aware they could report concerns to other organisations such as the local authority or the Care Quality Commission if necessary.

Recruitment procedures were robust and appropriate checks had been completed on all staff prior to them commencing work at the service. These included the completion of an application form detailing a full employment history with an explanation of any gaps. Appropriate references were obtained and a check was carried out to ensure candidates did not have a criminal conviction preventing them from working with vulnerable people. Staffing levels were determined by the needs of the people living at the service. An assessment of need was carried out before a person moved into the service and their on-going needs were reviewed regularly on a monthly basis. We reviewed a sample of duty rotas which showed the necessary staffing levels were maintained. The manager showed us how they checked the number of staff hours on a weekly basis and we saw more than the minimum hours required had been worked. Staff felt there were enough of them to provide safe care, one said, "More staff would be nice but there is enough of us to keep people safe."

Risks to people's safety were assessed, these included individual risks associated with mobility, falls, skin integrity and nutrition. Where a risk had been identified it was incorporated into the person's care plan which provided guidance for staff on minimising and monitoring those risks. A comprehensive programme of assessing risks relating to the service was in place. These included risks relating to fire, legionella, equipment and hot water as well as the maintenance of the property and environment. Areas of risk that required attention had actions planned to address them. For example, a path through the ground had been identified as uneven and in need of levelling. This had been noted and was being considered as part of the current improvement programme. The provider had an emergency contingency plan in place and staff had practised actions to take in an emergency such as a fire. The manager confirmed that fire drills were on-

going and we saw future sessions were planned.

Medicines were managed safely either by the registered nurses or a senior care worker who had received appropriate training. Competency was tested before staff were allowed to administer medicines unsupervised. Staff praised the training they had received with regard to medicines. One told us how they felt the rigorous assessment afterwards had made them feel "very confident" in supporting people with their medicines.

# Is the service effective?

## Our findings

The service continued to provide effective care and support to people. People benefitted from being cared for by staff who had received appropriate training and had gained the necessary skills for their job role. New staff received a four day induction to the service which included training sessions in areas such as safeguarding vulnerable people, moving and handling, infection control and fire safety. Following this they spent time shadowing experienced staff in order to meet and get to know the people they would be supporting. All new staff were then required to complete the care certificate and each had an allocated mentor to support and assess them. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The provider set out a range of training that all staff were obliged to attend and refresh at regular intervals. Staff told us they were reminded regularly which training required an update and records showed training had been completed as required. They praised the training they received and felt it had equipped them for their role. One care worker said, "I've had lots of training." Another told us, "The training has been very good and thorough." A registered nurse explained they had training opportunities to ensure they were able to maintain their professional registration. In addition, staff were encouraged to undertake recognised qualifications in health and social care. At the time of the inspection ten staff had gained a qualification and a further three were working toward one. Information relating to qualifications and training was displayed for staff and we saw this related to all departments including administration, health and safety and catering.

Staff were supported through regular one to one supervisory meetings with their line manager. They reported the meetings gave them opportunities to discuss their work and raise any worries or concerns. One care worker stated, "The deputy manager works really hard, she makes sure everything is ok and supports (us) such a lot and the (home) manager has turned this ship around and has already changed a lot." They then went on to give an example of support they had received when they had raised a concern and said prompt action was taken. The care staff consistently reported it was not necessary to wait for a formal supervision meeting as they felt confident to approach any of the senior staff for advice and guidance. Staff received an appraisal of their work each year providing them with an opportunity to discuss their development and training needs.

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. We checked whether the service was working within the principles of the MCA. People's rights to make decisions and remain in control of their lives were promoted by staff who had received training and had an understanding of the MCA. Staff supported people to make their own decisions as much as possible and we saw people moved around the service as they wished. Where people lacked capacity there was evidence that best interest assessments had involved consultation with family and professionals to help determine what was in the person's best interests. For example there were records of best interest meetings and decisions relating to the use of a hoist with lap straps for one person.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications for DoLS had been made appropriately to the supervisory body when necessary and at the time of the inspection authorisations had been granted for three people.

People were mostly complimentary about the food. Comments included, "It's very good" "Great, the choice is brilliant, home cooked." "The food is very good, too good at times and I've put on weight since being here." and "The food is good, lots of variety." However, some people said they did not always enjoy the meals and one commented that food varied depending on who was preparing it. People told us there was always a choice and we saw there was an additional menu available at any time from which people could choose alternatives such as jacket potatoes, omelettes and sandwiches. We observed the lunchtime meal on both units and observed people enjoying their food in a very pleasant and social atmosphere. People chatted to each other and the staff who were supporting them. We noted in Bayford House there was some delay between the first and second course. When we spoke to the home manager they were aware of this and it was an area they were looking to adjust in order to improve the experience for people. Some people chose to eat in their own room and staff respected this decision, taking their meal to them on a tray. Where necessary people were assisted to eat and drink at a pace suitable for them. The kitchen staff were kept fully informed of dietary requirements and preferences.

People were supported to maintain their health and well-being. People saw health and social care professionals for new and on-going conditions. Records indicated medical advice had been sought promptly when people had become ill. Regular visits from allied health professionals such as chiropodists and opticians were also organised.

## Is the service caring?

### Our findings

People continued to be supported by staff who were caring, compassionate and kind. People thought highly of the staff and the care they provided. Some of the comments we received included, "The staff, they are good, they're there immediately." "It's prompt, sensitive care. This morning I was quite ill in the bathroom, staff attended immediately and dealt with it sensitively. No-one made me feel awful and they didn't make a fuss." "Everyone bends over backwards to help, I have utmost trust in them." "They're very good, I have been ill and they have helped me, they're very respectful and caring." Relatives and visitors also spoke positively about the staff team. One said, "They are respectful, caring and very kind." Another told us, "They are all so kind and [Name] likes them very much. We've no complaints, they respond to requests quickly." A third relative commented when speaking about staff kindness, "It's those little touches that mean a lot."

People made decisions about their care and were involved reviewing their care plans whenever possible. When appropriate and with people's consent relatives or other significant people were also involved. Each person had a key worker and those living in Bayford House unit also had a named nurse. A system known as resident of the day was used to focus on a person each day. This ensured every person had a regular day when they were made to feel special, care plans were reviewed, relatives were contacted and they had their room deep cleaned. Additionally, they were visited by the chef to discuss meals and they could ask for anything special they would like. People told us they liked this system, mostly appreciating the deep clean of their room.

People were supported to be as independent as they were able to be. Care plans provided guidance for staff in encouraging this and clearly indicated areas in which people remained independent. They also encouraged staff to ask people how they liked things done and we observed staff checking with people how they wished to be supported. Where people's independence had reduced due to illness or injury they were supported to regain as much independence as possible following recovery. Staff had a very good understanding of people's individual needs and knew people's personal preferences and routines.

Relatives told us they could visit the service at any time and stay for as long as they wished. They said they were made to feel welcome at all times. Several relatives we spoke with visited regularly, many on a daily basis and we observed they came and went freely and were always greeted warmly by staff. People's privacy was protected and staff told us they acted discreetly when assisting people with personal care. We observed that staff knocked on people's doors and waited to be invited into rooms. If they received no reply they opened the door slowly, announcing who it was and again requested if they could enter. People told us they felt their dignity and privacy was respected.

## Is the service responsive?

### Our findings

At the previous inspection in February 2015 we found the service required improvement. People told us that sometimes they felt isolated as staff were busy and did not always have time to, "Stop for a chat." The manager told us that this was an area they planned to improve. We made a recommendation that the provider seek guidance from a reputable source, about promoting activities and contact for people who use the service. At this inspection we found that improvements had been made.

People told us there was a programme of activities they could take part in every day. Each unit had a dedicated activity co-ordinator who organised activities according to people's particular tastes and interests. They told us they usually spent mornings going to individual rooms and spending time with people who either did not wish to leave their room or due to frailty could not do so. We saw examples of the activities they did on a one to one basis included chatting, reading newspapers or books and engaging in manicure sessions. Records indicated people received visits at least two to three times each week which prevented them feeling isolated. Group activities took place in the afternoons and included braille scrabble sessions, singing for fun, afternoon tea in the garden, arts and crafts, quizzes and visits from a PAT dog and other animals. People spoke enthusiastically about a visit from a Shetland pony that had visited them in their rooms. Themes such as Independence Day were celebrated with specially prepared food and displays were made by people and staff to mark events such as Wimbledon fortnight. People's birthdays were marked with a special cake and singing.

It was clear that people valued the activities and spoke positively about their enjoyment of them. The visits from the mobile library and the local church were particularly popular. More recently additional trips had been introduced in response to requests made by people to have the opportunity to go out. The manager confirmed this would be on-going and we were shown photographs of a recent trip to the park. We noted from the activity programme a shopping trip was planned for later in the month. People had requested more outside activities. To provide for this new garden furniture had been obtained and we observed people spending time outside potting plants, flower arranging or going for walks in the grounds with staff.

People's needs were assessed before they moved into the service. This information was used to create a care plan for each person. With the involvement of people and when appropriate relatives, each care plan was designed to meet people's individual needs. Care plans were updated on a regular basis and meant staff had up-to-date information about the individualised support needed for each person. Records showed that where there was a concern or a change in someone's needs, the care plan was reviewed and updated promptly.

People received care and support from a staff team who worked together to offer person centred and responsive care. A relative commented on how they felt the staff, "Do their very best." and went on to say how their family member's needs were responded to promptly. People told us they were happy living in the service and said they received the care and support they required when they required it. One person commented, "The staff, they are good, they're there immediately." While another told us, "They're helpful, they sound perfect don't they." One person's family had requested that staff support the person in going for

a walk if they wished. We observed this person walking in the grounds with a staff member which they appeared to be enjoying very much.

People and their relatives were encouraged to provide feedback on the service. The manager held resident and relatives meetings to gather views and discuss plans for the service. The minutes of the most recent meeting in May 2017 showed information was shared to keep people informed of changes and future plans. Time was also given to allow people and relatives opportunity to express their views. We noted that whenever possible a response had been provided to any questions raised.

Compliments had been received in the form of letters, cards and emails. In addition some people and relatives had completed an on-line review. The comments made praised the manager and staff team for the care provided. They referred to staff kindness, special efforts being made, people receiving exceptional healthcare and support to families when they lost a family member. The provider had a complaints policy and people told us they knew how to complain. There had been three complaints in the last year which had been responded to appropriately.

## Is the service well-led?

### Our findings

At the time of this inspection a home manager was in post and had applied to register with the Care Quality Commission to manage the service. They had previously been the registered manager at another of the provider's services and had moved to Bayford House in May 2017. They were present and assisted us throughout this inspection.

There was an open and honest culture within Bayford House Care Home. Throughout the inspection we noted a warm and friendly atmosphere between everyone at the service. The home manager and deputy manager regularly walked about the two units and their presence was clearly visible. We observed people, visitors and staff were relaxed in their company and happy to have a conversation with them as they went about their daily work.

There was consistent praise from people and relatives for the home manager who despite being at the service for a relatively short time had clearly made an impression. Comments included, "[Name] has made such a difference, my brother and I were cock-a-hoop to learn she was here" "[Name] is lovely, she is the main reason I came here." "Everyone is more upbeat since the new manager started." "When [name] came she held a meeting for us and it really was quite inspirational. [Name] is just wonderful, a breath of fresh air." Some people said they didn't know the manager well yet but one told us, "I know it's a lady and she's very nice."

Staff spoke positively of the registered manager and said she was both approachable and supportive. Additionally, they commented on the support they received from the deputy manager who they told us was knowledgeable and always willing to advise. A staff member said, "These are the best people I've worked with in my life." Staff enjoyed working at Bayford House Care Home and felt there was good team work. They said, "There is really good team work here." and "The staff team are really positive and all work well together, (we) are here for the residents." The home manager told us that "It was a big decision to move here..but the staff have embraced everything." They went on to explain how the staff team had accepted change and were committed to moving forward and looking for ways to make life better for the people living in the service.

A system of audits and checks to monitor the quality of the service was in place. This included audits related to health and safety, medicines, infection control and accidents and incidents. We saw that where they had identified any areas of concern, action had been taken to address and improve them. In addition to internal audits, a visiting manager completed a monthly home review. This was followed up by a visit from a regional director to ensure actions had been taken to make any necessary improvements. A home improvement plan was in place and the home manager signed off actions as they were completed.

As a way to bring the community into the service a number of new initiatives had been instigated. These included an antiques valuation day, a car boot sale and a 'relax and pamper' afternoon for people caring for an elderly relative or friend in the community. The staff team were keen to embrace the local community and involve them in the life of Bayford House. We were told that a favourite time for people was when

children from the local primary school visited. Equally, opportunities for people to go out into the community were being created as a direct result of requests from people using the service.

Incentive schemes for staff had been introduced. Staff celebrating significant birthdays received cards and flowers. Gift vouchers and thank you cards were sent in acknowledgement of recognition in the 'everyday hero' scheme. In this scheme anyone can nominate an 'everyday hero', for doing something kind or making a difference. Employee of the month also recognised special contributions made by staff members. The home manager was also keen to build bonds between the provider's other services in the local area. One such event was advertised in the staff room where we saw a poster advertising a staff rounders' match to include four other BUPA homes.