European Healthcare Group PLC

Bay Tree Court Care Centre

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

Bay Tree Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bay Tree Court Care Centre accommodates 59 people in one adapted building. At the time of our inspection there were 45 people living at the home. Bay Tree Court Care Centre no longer provides nursing care.

At the time of our inspection Bay Tree Court Care Centre had a registered manager in post. At our previous inspection in September and October 2016 the service was rated Requires Improvement. At this inspection we found the service was rated Good.

We found improvements to the management of people's medicines, the accuracy of records relating to people's care and the delivery of personalised care. Quality monitoring systems had also improved.

We heard positive comments from people using the service at Bay Tree Court Care Centre such as, "All in all I'm very satisfied", "I'm happy, no complaints whatsoever" and "Very comfortable and very well looked after".

We found the environment of the care home was clean and had been well maintained.

People received support from caring staff who respected their privacy, dignity and the importance of independence. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People had opportunities to take part in activities both in the care home and in the wider community. People were supported to maintain contact with their relatives. Care was provided for people at the end of their life.

People were protected from harm and abuse through the knowledge of staff and management. Robust staff recruitment procedures were used and staff were supported through training and meetings to maintain their skills and knowledge to support people. There were arrangements in place for people and their representatives to raise concerns about the service. Effective quality monitoring systems were in operation.

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 was safe.

We found improvements to the management of people's medicines.

People were safeguarded from the risk of abuse and from risks in the care home environment.

Staff were recruited using robust procedures.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People's health care needs were met through on-going support and liaison with healthcare professionals.

People gave their consent to care and their rights were protected because the staff acted in accordance with the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People benefitted from positive relationships with the staff.

People were treated with respect and kindness.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Is the service responsive?

Good

The service was responsive.

We found improvements to the accuracy of records relating to people's care and the delivery of personalised care.

People were enabled to engage in activities and social events.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

Good

The service was well-led.

We found quality monitoring systems effectively identified shortfalls and improvements were made as a result.

A registered manager was in post who was available to people using the service, their representatives and staff.

The views of people and their representatives had been sought about aspects of the service.

Bay Tree Court Care Centre

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 inspection took place on 9 and 12 March 2018 and was unannounced. One inspector carried out the inspection. We spoke with five people using the service, the registered manager the deputy manager, the activities coordinator and four members of care staff. In addition we reviewed records for three people using the service and looked over the premises of the care home. We observed a shift handover and examined records relating to staff training, recruitment and the management of the service. We used the Short Observational Framework for Inspection (SOFI) for people living with dementia. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, 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 information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Good

Is the service safe?

Our findings

At our inspections in September and October 2016 we found people had not always received their prescribed medicines as they should have. Records held about people's medicines were not always accurate and necessary guidance to ensure some medicines were administered safely was not in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider wrote to us about the improvements they were making to medicines management. They told us the improvements would be completed by the end of March 2017. At this inspection we found improvements had been made and the service met the requirements of this regulation.

We found accurate records had been kept of the administration of people's medicines. Detailed individual protocols were in place to guide staff when giving medicines prescribed to be given 'as required' such as topical creams or medicines for pain relief. We observed staff offering people medicines for pain relief. We also found handwritten directions for giving people their medicines had been checked for accuracy and signed by a second member of staff. Checks were in place to ensure staff were aware of the expiry dates of people's medicines once they were opened. There were records of medicines received and of medicines disposed of. Domestic medicines known as homely remedies were approved by people's GP. Staff responsible for administering medicines had received training and had passed competency assessments. Monthly medicine audits were completed and showed where action had been taken to ensure any issues found were resolved. Medicines were being stored at the correct temperature and medicine storage temperatures were being monitored. If medicines are not stored properly they may not work in the way they were intended and so pose a potential risk to the health and wellbeing of the person receiving the medicine.

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and contact details for reporting a safeguarding concern were available. Staff were confident any safeguarding concerns reported to the registered manager would be dealt with correctly. People using the service told us Bay Tree Court Care Centre was a safe place to be. People were protected from financial abuse because there were appropriate systems in place to support people to manage their money safely.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

People had individual risk management plans in place. For example, people's risks in relation to nutrition, the use of bed rails, moving and handling, falls and pressure area care had been assessed. These identified the potential risks to each person and described the measures in place to manage and minimise these risks and had been reviewed on a regular basis. People were protected from risks associated with the environment of the care home such as legionella, fire and electrical equipment through checks and management of identified risks. A recent observed fire drill had concentrated on how staff would respond to

the needs of people's in the event of a fire to ensure safe evacuation.

Some people told us there were not enough staff although they acknowledged how hard the staff worked. One person said "If you ring the bell sometimes they come and say, "Bear with us we are busy". Staff also commented about staff shortages at times. Throughout our inspection we found staff responded promptly to people's requests for assistance. The registered manager was aware of the demands on staff and told us the response times to call bells were being monitored particularly where individuals may have a higher than usual use of the call bell. Advice had also been sought from a care home support team on how to manage the identified high levels of call bell use.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

We found the environment of the care home was clean and people told us it was kept clean. One person told us "We have our rooms cleaned regularly". The latest inspection of food hygiene by the local authority for the care home in November 2017 had resulted in the highest score possible. Regular infection control audits were also completed as well as spot-checks on the use of personal protective equipment such as gloves and aprons by staff.

The registered manager described how accidents and incidents were analysed for any lessons that may be learnt in terms of how the staff team responded and any revisions to support plans and risk assessments were made. A clinical risk register was in use to highlight any clinical issues people may have, such as weight loss or an infection, for action. This included referrals to health care professionals.

Good

Is the service effective?

Our findings

People's needs were assessed to ensure they could be met before they moved in to Bay Tree Court Care Centre. We saw an example of an assessment of a person's needs who had recently moved in to the service. On-going assessments were in operation using recognised assessment tools relating to areas such as nutrition and pressure sore prevention.

People using the service were supported by staff who had received training for their role. Staff told us they had received training such as moving and handling, equality and diversity, first aid and health and safety. Records of staff training confirmed this. New staff had undergone an induction process where they worked alongside a more experienced member of staff. Training specific to the needs of people using the service had also been completed such as dementia. Staff new to the role of caring for people had completed the care certificate qualification. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Staff had also achieved nationally recognised vocational qualifications in social care. Training was planned for April 2018 for falls prevention.

One person commented about staff, "They know what they are doing". A member of staff commenting on the training they had received told us, "I feel confident in my own practice." Staff had regular individual meetings called supervision sessions with senior staff. Annual performance appraisals were completed. The registered manager reported both supervisions and appraisals were up to date.

People's healthcare needs were met through regular healthcare visits and appointments. Care records indicated that other health professionals were involved in the provision of care such as GPs and chiropodists. District nurses were visiting and treating people at the time of our visit.

People were supported to eat a varied diet. Seasonal menus were used, with the winter menu which would run until the end of April being offered at the time of our inspection visit. The menu included a number of choices with a vegetarian option included for lunch each day. We observed staff offering and providing choices to people at breakfast. People told us the meals provided were "alright", "excellent" and "plenty of good food".

All had access to communal areas used for sitting and watching television and a dining area. There was also a courtyard at the centre of the building which people could access in fine weather. This included raised flower beds for people to tend. Work had started to develop rooms on the first floor for the needs of people living with dementia.

The 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. Assessments had been made of people's capacity to consent to decisions about aspects of their care and support. Where decisions had been made about resuscitation these were prominently displayed in people's

care plan folders.

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 were being met. Applications for authorisation to deprive fifteen people of their liberty had been made. Five applications had been approved, we checked the two approvals with conditions and these were being met.

Good

Is the service caring?

Our findings

People had developed positive relationships with the staff that supported them. One person said, "Staff are very good, nothing ever seems to be too much of a problem" and described staff as, "Very considerate and kind", another commented they were, "Very well looked after". A social care professional told us, "I find the staff very pleasant, friendly and co-operative. I also have observed that the staff show dignity, respect and diplomacy within the home towards residents and make them feel at home.''

During our observations we saw staff checking on people's well-being, responding appropriately to requests for help and were observant to people's needs. Staff maintained a good rapport when communicating with people. The registered manager was aware of the standards relating to producing information in an accessible format although at the time of our inspection visit there were no people using the service with such needs.

Information about advocacy services was available and on display at the service. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCAs). There were no people using advocacy services at the time of our inspection visit although the registered manager had identified a person who may benefit from advocacy and was contacting a local advocacy service.

People's privacy and dignity was respected. The Provider Information Return (PIR) stated, "New staff recruited reflect the caring ethos of the home and the care with compassion mission statement of the company. On arriving at the home they undergo an induction programme which includes the importance of maintaining dignity and respect in relation to residents, their families and friends." People told us they were able to maintain their privacy and staff would always knock on the doors of their individual rooms. This was the practice we observed during our inspection visit with staff also greeting people with the time of day before entering their rooms.

Staff described how they would act to maintain people's privacy, dignity and the confidentiality of information about them. At shift handover we observed staff discussing the needs of one person in relation to maintaining their privacy. Care plans described people's preferences for the gender of staff providing personal care. People's preferred forms of address were recorded for staff reference. Staff training in dignity in care was planned for April 2018. People were supported to maintain their independence. Care records contained information and advice tailored to support people who wished to maintain independence.

Good

Is the service responsive?

Our findings

We found improvements to the accuracy of records relating to people's care and the delivery of personalised care. People's care plans included guidelines for staff to follow to provide care and support in a personalised way to meet people's needs preferences and wishes. For example "(the person) likes to go down to her room at 7pm and have two cups of hot chocolate with sugar before getting into her night clothes and sitting to watch the television" and "(the person) wears glasses at all times please make sure they are clean." People also had care plans to guide staff with meeting their emotional needs. Care plans had been kept under regular review. Information was recorded about people's life histories for staff reference with information for some people supplied by their relatives. Some people living with dementia received comfort from dolls which they held; this was a recognised practice known as 'doll therapy'.

People took part in a range of appropriate activities. The activities schedule for March 2018 included, quizzes, musical exercise, making Easter cards and arts and crafts. Activities outside of the care home included trips out in a minibus and an annual boat trip. A chaplain visited the home on a weekly basis and other people went out of the home for church services. One person told us "We have plenty of entertainment; we haven't got time to get bored". Individual activities were provided for people who spent time in their individual rooms such as looking through and discussing people's photo albums. The activities coordinator described how one person who had been reluctant to take part in activities at first had benefited from a gradual approach and was now regularly taking part in various activities.

People were supported to maintain contact with family in response to their wishes. People were able to receive visitors without restrictions. Care plans acknowledged people's relationships with their relatives.

There were arrangements to listen to and respond to any concerns or complaints. Records of investigations had been kept and appropriate responses given to complainants. Information was available for people using the service to guide them in how to make a complaint. A record of previous complaints received and the responses to them had been kept. The registered manager described how the complaints process was viewed as a tool to improve the quality of the service provided. People were consulted about aspects of the service at regular residents' meetings. The provider information Return (PIR) stated, "There are regular resident meetings with action plans and feedback to residents." Minutes of these meetings showed people giving their views on staffing, meals and activities. Updates were provided on action taken on matters from the previous meeting such as changes to menus.

People were supported at the end of their life where this was possible with the support of local health services. People's wishes for the arrangements at the end of their life had been discussed and recorded where people or their relatives felt able and willing to do this. Records showed where appropriate care had been provided for one person at the end of their life.

Good

Is the service well-led?

Our findings

Systems to check and improve the quality of the service provided had improved. A range of audits were completed with the most recent example being a quality audit completed in January 2018 by the registered manager. These audits ensured checks were completed on management processes, care plan files, complaints and health and safety. We found the medicine monitoring audit had been effective in making the required improvements. A number of action points had resulted from the audit and the registered manager had put together a plan of actions to take to address any issues found. For example, further care plan training for staff, specific improvements to daily records and monitoring of the completion of records. The action plan recorded the progress of the improvements against a timetable for completion. Other audits included a risk management audit (which checked any environmental risks), a nutrition and hydration audit and a pressure ulcer audit.

The views of people using the service and their representatives had been sought through annual questionnaires. Views were sought on aspects of the service provided such as a food satisfaction survey. Any areas for action were documented and allocated to individual staff with timescales for completion. Examples of where action was being taken, based on people's comments included call bell answering times, wireless internet access and more activities.

Bay Tree Court Care Centre had a manager in post who had been registered as manager since December 2015. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The rating from our previous inspection was displayed at the care home and on the provider's website.

We heard positive comments about the management of the service. One person told us, "I find it very well run". A social care professional told us, "The Registered Manager and her Deputy have made great strides in improving and ensuring standards are kept high and constant in regards to the provision of care and keeping their residents safe and stimulated". Staff told us they found the management to be approachable. The registered manager kept up to date with current practice in the field of residential adult social care. For example through meetings with other managers in the provider's organisation and receives feedback through a local care provider's association.

Links had been made with the local community. The registered manager had worked with local groups to meet a need for older people living in the local community. For example people from the village came to the care home for a regular lunch club and there were plans to provide day care. The registered manager described this "Bringing the community into the home." and "Establishing the home at the centre of the community".

The registered manager described their vision for the service as, "To look at meeting the changing needs of people with the change of service to residential and to provide a service for people living with dementia with a dementia-friendly environment. Current challenges were recruiting enough staff to reduce the use of agency staff. Regular meetings ensured staff were informed about developments with the service and the expectations of the manager and provider.