

Olney Care Homes Limited

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

This unannounced inspection took place on 27 and 28 July 2017.

Bay House is registered to provide accommodation and personal care for up to 24 older people. On the day of inspection, there were 16 people living at the home.

There was a registered manager in post at the time of our inspection. 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.

People received care from staff that were kind, compassionate and respectful. Their needs were assessed prior to coming to the home and individualised care plans were in place and were kept under review. Staff protected people's dignity and demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals.

People felt safe in the home and relatives said that they had confidence in the ability of staff to keep people safe. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

There were sufficient staff to meet the needs of the people and recruitment procedures protected people from receiving unsafe care from staff that were unsuitable to work at the service. Staff were supported through regular supervisions and undertook training which helped them to understand the needs of the people they were supporting.

People were involved as much as possible in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information in the most appropriate way to enable them to make informed decisions and encouraged people to make their own choices.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed. Staff provided people with appropriate support to meet their nutritional needs and people were able to choose the food and drink they wanted.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy.

Staff and people were confident that issues would be addressed and that any concerns they had would be listened to. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

There were systems in place to monitor the quality and standard of the service; action was taken to address any shortfalls. The registered manager was visible in the home and encouraged feedback, actively looking at ways to improve the service.

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.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place which identified areas where people may need additional support and help to keep safe.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People had access to a healthy balanced diet and their health care needs were regularly monitored.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences.

Is the service responsive?

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Good ●

Is the service well-led?

The service was well-led.

There was a positive culture of person centred care and support that was understood and put into practice on a day to day basis by staff.

A registered manager was in post and they were active in the management of the service.

There were systems in place to monitor the quality and safety of the service.

Good ●

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 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 27 and 28 July 2017. The inspection was unannounced and was undertaken by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners who fund the care for some people using the service, and asked them for their views.

During the inspection we visited the service and spoke with three people who lived there and three relatives of people who were unable to talk to us. We also spoke to the relative of a person who no longer lived at the home, who had continued to visit and a district nurse. We looked at three people's care records and related documentation about the support people required. In total we spoke with eight members of staff, including the registered manager, deputy manager, cook, administration staff, activity staff and care staff. We looked at four records in relation to staff recruitment, as well as records related to staff training and the quality monitoring of the service. We also made observations about the service and the way that care was provided.

Is the service safe?

Our findings

People were supported in a way that maintained their safety and they told us that they felt safe. One person said "I like it here; I'm safe and comfortable and have my own room". People's relatives were confident that their family member was supported in a safe way; one person's relative said "I have no concerns about [Name] being here, we trust the staff, when we go on holiday we don't worry at all." We observed that people in the home were happy and comfortable with the staff supporting them and that people interacted comfortably with one another.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people were assessed for nutritional risks and risks to their skin integrity; appropriate controls had been put in place to reduce and manage the risks. Staff demonstrated an understanding of the actions that they should take to mitigate the risks to people and the need to adapt the level of support they provided depending on the person's needs and circumstances. For example a member of staff described the procedure they would follow if they had concerns about the condition of a person's skin; they told us that they would refer them to the district nurses and obtain any extra equipment that they may need.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at Bay House.

There were enough staff to keep people safe and enable people to take part in activities and staff had a good knowledge of the needs of the people they were supporting. People and their relatives told us that they felt there was a sufficient number of staff. One person said "They come and help me to wash and dress in the morning, I ring when I'm ready for help and it all runs very smoothly." The staff we spoke to said they felt there were enough staff and that staffing levels depended on the needs of the individual people. Staffing levels were increased at busy times in the day, for example in the morning when people needed assistance more staff were deployed to ensure no one was kept waiting for support. At the time of the inspection there were sufficient numbers of staff to meet people's needs in a safe and timely way.

People were able to call staff to assist them by using the call bell system in the home, with bells in each room. One person said "If I'm on my own in my room and want anything, I ring my bell. The carers come quickly." We observed that staff responded promptly to call bells and had ensured that when people stayed in their own room they had access to their call bell.

Safeguarding policies and procedures were in place and were accessible to staff. Staff were aware of safeguarding procedures and had received training in protecting people from harm and abuse. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described how they would report concerns if they suspected or witnessed abuse.

People received their medicines, as prescribed, in a safe way and in line with the home's policy and

procedure. We observed that staff spent time with people explaining their medication and ensuring they had taken their medicines. One person told us "I know what tablets I have and what they're for and I always get them at the right time." People's medicines were stored securely. Regular checks and audits of the medicines were undertaken by the deputy manager; any issues identified were rectified in a timely fashion to ensure medicine errors did not happen.

People lived in an environment that was safe. There were environmental risk assessments in place and a list of emergency contact numbers was available to staff. Contingency plans were in place in case the home needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.

Any accidents/incidents had been recorded and appropriate notifications to relevant organisations had been made. The registered manager collated the information around falls and accidents/incidents and took action as appropriate.

Is the service effective?

Our findings

People received support from staff that had the skills and experience to meet their needs. New staff undertook an induction programme which was specifically tailored to their roles and experience. Staff new to working in a care environment also undertook the Care Certificate which is based on 15 standards. It aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff also shadowed more experienced staff over a period of time until they were assessed to be competent in their role.

The staff training program was focused on ensuring staff understood people's needs and how to safely meet these. All staff had completed the training they needed and there was regular updated training available to help refresh and enhance their learning. Staff received mandatory training such as mental capacity, fire safety and manual handling. Additional training relevant to staff members' job role and the needs of the people they were supporting was also provided; this included training in catheter care and dementia and challenging behaviour.

Staff received effective support and supervision from senior staff. The staff we spoke with told us that they felt well supported by the registered manager and that they had access to supervision meetings. They were able to discuss their on-going progress in their job role, any concerns and any training needs. One member of staff said "I had supervision with the deputy manager, we talked about how I was getting on, the shifts I was working, any problems and any ideas I had for how the home could improve."

People received care and support from staff that had received the training they needed to ensure that support provided was in people's best interest. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and applied this knowledge appropriately. The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we saw that people were asked to give consent for their care and support and staff followed the principles of the MCA 2005. The registered manager and staff we spoke to were aware of their responsibilities under the MCA 2005 and DoLS codes of practice; care plans contained assessments of people's capacity to make decisions. The registered manager had followed the legal process when applying for DoLS authorisations to place restrictions on people's liberty. Appropriate plans of care were in place to ensure that people's care and support needs were met in the least restrictive way.

People were supported to eat a healthy balanced diet, their feedback about the food was very positive. One

person said "The food is always good; the roast chicken dinner is very good, lovely stuffing." Another person said "The dinners are lovely, I like a small dinner and they always remember." There was a choice of meals available and the cook was able to offer alternatives if someone did not like what was on the menu. The menu was varied regularly and adapted to the changing weather climate. The cook told us "I go round and ask everyone what they want for lunch and can do something different if they don't want either of the choices on the menu."

There were systems in place to monitor people's health and well-being. A GP visited regularly, people confirmed they saw the GP if they needed to and had access to an optician, dentist and chiropodist. One person said "They [Staff] get the doctor when you need to see one. I had a bad knee and they got the Doctor out for me." We spoke to a community nurse who was visiting the home, they said "They [staff] always call us out when needed and take on board our advice; they're always available to help when we visit people."

Is the service caring?

Our findings

People told us they had developed positive and caring relationships with the staff. One person said, "It's the staff that make the place, they are all very nice." The relative of another person said "We like the way the care is provided, the feel of the home and the kindness of the staff." Staff knew people well. We observed positive, caring interactions between the staff and the people living in the home. Staff sat with people and chatted with them, they provided prompt reassurance if people were anxious. People said that they felt the staff understood their needs and preferences. One person said "I've been here a number of years, the staff know me well, they know how I like things."

People were treated with dignity and respect; they were relaxed and comfortable in the presence of staff and clearly felt at ease in their presence. Staff were able to tell us about each person, for example their likes and dislikes, their past life and family and the activities that they enjoyed. They were able to describe how this knowledge impacted on the support they provided to individuals; particularly at times when they may be upset or anxious.

Staff supported people to maintain their independence and encouraged people to do what they could for themselves. One person said "I want to make sure I can keep walking, after dinner I walk all the way back to my room with a carer, they encourage me to do it."

People were encouraged to express their views and to make choices. People or their representative were involved in planning how their care and support would be provided. Care plans included information about people's preferences and choices. People confirmed that their wishes were respected and staff involved them in decision making. People we spoke to said they got up and went to bed when they chose.

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, in a private area so they would not be overheard. People told us and we observed that staff were respectful of their personal space and that when people wished to spend time alone this was respected. We saw people's privacy and dignity was respected at all times, for example staff were respectful of people's personal and private space and only entered their rooms after knocking and being invited to enter.

The registered manager was aware that if people were unable to make decisions for themselves or had no identified person to support them that they would need to find an advocate for them (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives). They had requested the support of advocacy services for people when needed.

Visitors, such as relatives were encouraged and made welcome. People's relatives told us that they were made to feel comfortable when they visited; one person's relative said "I always feel welcome when I visit, if it's a mealtime they offer me a meal and they always offer a cup of tea". Another person's relative said "It's important to us that we can visit whenever we like and we're always made welcome."

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met. The registered manager explained to us that they went out to meet with people and their family if appropriate. This enabled them to gather as much information about the person as possible and to assess the level of support they needed. We saw that the information gathered was used to develop a person centred care plan which detailed what care and support people needed and their likes and preferences.

Care plans contained all the relevant information that was needed to provide the care and support for the person and gave guidance to staff on each person's care needs. There was information about the person's life, hobbies, interests and relationships prior to coming to the home. This was particularly important to help staff to effectively support people living with dementia. Staff demonstrated a good understanding of each person in the home and clearly understood their care and support needs. Care plans were reviewed on a regular basis and adjustments made if people's care needs changed.

Risk assessments and care plans were linked together and cross referenced to give a full picture of people's needs and people received care that corresponded to their care plans. Staff responded promptly when people's needs changed. One person's relative said "They quickly made sure [Name] had the right equipment; for example a hospital bed, we were very reassured." Relatives were contacted promptly if staff had concerns about the wellbeing of the person. Where people were at risk of pressure ulcers, their care plans recorded the equipment and support they required to help prevent them.

People were encouraged to follow their interests and join in any activities being offered. The home had an activities co-ordinator who was passionate about supporting people to engage in meaningful activity. They had spent time with people to look at what activities they may like to do individually or in a group. Art work that people had been supported to create was displayed in the home and the registered manager showed us a reminiscence book that staff had produced to support people during reminiscence discussions. People told us that they enjoyed the activities provided and there was plenty to do. One person said "I'm never bored, I can go down to the lounge and join in with what's going on or stay in my room doing the crossword, the staff always bring the paper for me to read." Another person's relative said "They do lots of different things; music, sing-a-longs, dancing, quizzes; [Name] really enjoys the music." On the day of the inspection we observed a number of people take part in a musical exercise session.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. We saw that when complaints had been made these had been investigated and responded to in a timely way. People told us they had no concerns with raising any issues with any of the staff. One person told us "I've got no concerns about anything, but I know if I did I could speak to the staff or the manager."

Is the service well-led?

Our findings

There was a registered manager in post, who was supported by a deputy manager in the day to day management of the home. People had confidence in the registered manager and people's relatives and staff commented on their competence and ability to ensure that the service was providing positive outcomes for people. One person's relative said "[Registered Manager] is very responsive, they've been brilliant in organising everything [Name] needs." Staff said that the registered manager was approachable and they had confidence in their ability to manage the home. One member of staff said "[Registered Manager] is a good manager; you can always talk to them about anything you need to."

The provider had arranged for an external company to fulfil some aspects of governance and quality assurance at the service. Some people felt that the service would benefit from more regular input from the provider. We discussed this with the registered manager who said that they were able to contact the provider with any concerns and were confident in the support they provided to the home. Everyone spoken to told us that in the absence of the provider, the registered manager responded promptly to their queries and overall they were happy with this.

The registered manager demonstrated an awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided for people in the home. The management team had clearly defined areas of responsibility and the registered manager provided the deputy manager with regular, on-going support. We saw that people were comfortable and relaxed with the managers and all the staff. Staff we spoke with were aware of key policies such as safeguarding and whistleblowing, and were able to explain the process that they would follow if they needed to raise concerns outside of the company.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people in the best way possible. There was an open, inclusive culture in the home that emphasised continuous improvement and providing individualised support to people. One person's relative said "We couldn't ask for better care for [Name], they [Staff] know them and know how to care for them." A member of staff told us "We've worked so hard to improve what we do, we spend time with people, we get to know them and understand what works best for them." A weekly residents' care meeting was held for staff to discuss and review people's needs.

There were arrangements in place to consistently monitor the quality of the service that people received, as regular audits and surveys had been carried out. The provider had recently arranged for an external company to carry out a health and safety audit. Audits undertaken internally covered areas such as infection control, medicines, fire safety and the environment. The registered manager had recently undertaken an unannounced night audit. We saw that actions required as a result of these audits were completed. Regular surveys were undertaken and these specifically sought people's views on the quality of the service they received. We reviewed responses to these, which were generally positive.

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was

competently managed. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were kept and well maintained. Records were securely stored to ensure confidentiality of information.