Bay House Care Ltd

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Inspection report

Bay House Nursing Home
2 & 3 Middlesex Road
Bexhill On Sea
East Sussex
TN40 1LP

Tel: 01424210202
Website: www.bayhousecare.co.uk

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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

At the last inspection on 28 December 2014 & 05 January 2015 we asked the provider to make improvements to the safety and welfare of people, treating people with dignity and respect and the monitoring and assessing the quality of the care and support provided. The provider sent us an action plan stating they would be addressed by September 2015. We found our concerns had been addressed and the breaches in regulation met.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked reflected the positive comments people made.

Since our last inspection care plans had been reviewed and the format changed. Care plans reflected people's assessed level of care needs and care delivery was person specific and holistic. The delivery of care was based on people's preferences. The provider had progressed quality assurance systems to review the support and care provided. A number of audits had been developed including those for care plans, medicines and health and safety.

Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service and relatives told us they could visit at any time and they were always made to feel welcome and involved in the care provided.

The care planning system had been reviewed and records for each person were specific to their needs, with guidance for staff to ensure people received the support and care they needed and wanted. Risks to peoples' health and safety were well managed by knowledgeable staff. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Risk assessments included, falls, skin damage, behaviours that distress, nutritional risks including swallow problems and risk of choking and moving and handling. For example, cushions were in place for those that were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes and epilepsy.

Nurses were involved in writing the care plans and all staff were expected to record the care and support provided and any changes in people's needs. The registered manager said care staff were being supported to do this and additional training had been arranged. Food and fluid charts were completed and showed people were supported to have a nutritious diet.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff. People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles. People previously isolated in

their room were seen in communal lounges for activities, meetings and meal times and were seen to enjoy the atmosphere and stimulation.

Activity provision was provided throughout the whole day and was in line with people's preferences and interests.

Staff and relatives felt there were enough staff working in the home and relatives said staff were available to support people when they needed assistance. The provider was actively seeking new staff, nurses and care staff, to ensure there was a sufficient number with the right skills when people were able to move into the home. The registered manager told us it had been difficult to recruit nurses with the right knowledge, a deputy registered manager had been appointed and the provider continued to advertise for full time nurses.

Pre-employment checks for staff were completed, which meant only suitable staff were working in the home.

The provider had made training and updates mandatory for all staff, including safeguarding people, moving and handling, management of challenging behaviour, pressure area care, falls prevention and dementia care. Staff said the training was very good and helped them to understand people's needs.

All staff had attended safeguarding training. They demonstrated a clear understanding of abuse and said they would talk to the management or external bodies immediately if they had any concerns, and they had a clear understanding of making referrals to the local authority and CQC. People said they were comfortable and relatives felt people were safe.

Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. There were systems in place for the management of medicines and we observed staff completing records as they administered medicines.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, registered manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff said the management was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was very good; the registered manager was always available, they would be happy to talk to them if they had any concerns and residents meetings provided an opportunity to discuss issues with other relatives and staff.

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

Bay House was safe, and was meeting the legal requirements that were previously in breach.

Risk to people had been assessed and managed as part of the care planning process. There was guidance for staff to follow.

The staffing levels were sufficient. Recruitment procedures were robust to ensure only suitable people worked at the home.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Medicines were administered safely and administration records were up to date.

The premises were well maintained and people had access to all parts of the home.

Is the service effective?

Good

Bay house was effective.

Staff had received fundamental training and provided appropriate support.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good

Bay house was caring.

The registered manager's and staff approach was to promote independence and encourage people to make their own decisions.

Staff communicated effectively with people and treated them with kindness and respect. Staff ensured that people's equality and diversity needs were respected.

People were encouraged to maintain relationships with relatives and friends. Relatives were able to visit at any time and were made to feel very welcome

Is the service responsive?

Good

Bay House was responsive and meeting the regulation previously in breach.

People's support was personalised and care plans were reviewed.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

People and visitors were given information about how to raise concerns or to make a complaint. Relatives meetings had been introduced to encourage relatives to provide feedback.

Is the service well-led?

Good

Bay House was well led and was meeting the legal requirement that was previously in breach.

People, visitors and staff spoke positively of the culture and vision of the home.

The home had a registered manager. There was clear leadership and support from the registered manager and provider.

Quality assurance audits were carried out to ensure the safe running of the Home.

People, staff and relatives were encouraged to be involved in developing the support and care provided. People, relatives and staff were encouraged to provide feedback about the support and care provided.

Bay House Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 24 and 29 February 2016 and was unannounced. The inspection was carried out by two inspectors. During the inspection we spoke with 15 people who lived at the home, four visiting relatives, two registered nurse, six care staff members and the manager, the provider and the activity co-ordinator.

Before the inspection we looked at information provided by the local authority, contracts and purchasing (quality monitoring team). We also looked at the action plan supplied by the provider following our inspection on the 28 December 2014 & 05 January 2015. We reviewed all the information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

We looked at all areas of the building, including people's bedrooms, bathrooms, the lounge areas and the dining areas. Some people had complex ways of communicating and several had limited verbal communication. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the records of the home, which included quality assurance audits. We looked at eight care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us they felt safe living at Bay House. One person told us, I feel very secure living here." Another person said, "I have no concerns, I'm happy and safe here." Relatives said, "The staff are very good, they make sure people are safe, even when they want to walk around." Another relative told us their family member was safe and settled and they did not worry about their safety. Staff expressed a strong commitment to providing care in a safe and secure environment.

At the last inspection we could not be assured that people's safety was being promoted and protected. This inspection found that individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. We saw detailed plans that told staff how to meet people's individual needs. For example, one person had contracted limbs and needed specific safe moving and pressure care. The care plan told staff how to move the person safely and how to support the limbs to prevent pressure damage. Another care plan told staff how to meet their behaviours that challenge in a way that ensured their safety and well-being.

The staff used a risk assessment tool to monitor people's skin integrity against changes in their health, such as weight loss. We found that staff weighed people. Weight loss and gain for people within the past four months had been identified, monitored and appropriate action taken. The risk assessment had been updated to reflect the weight loss and therefore precautions and guidance was followed. Good skin care involves good management of incontinence and regular change of position. There was guidance for staff to follow to ensure people in bed to receive two hourly position changes and the use of a pressure relieving mattress. We also saw detailed guidance for people sitting in chairs and wheelchairs. During the inspection, we observed people sitting in the communal lounge and staff regularly offered people a change of position and provided continence care.

We observed safe transfers (people being supported to move from a wheelchair to armchair with the support of appropriate equipment). The transfers we observed showed that staff mindful of the person's safety and well-being whilst being moved. Staff offered support and reassurance to the person being moved. People told us they felt safe whilst being moved by staff. One person said, "I trust them totally to keep me safe, being moved is not pleasant but they do it nicely."

Staff felt there were enough staff working in the home. One staff member told us, "Yes, there are. Some days are busier than others but we cope ok." The staff rota revealed that staffing levels were consistent across the four weeks we looked at. The registered manager had recently increased staffing levels at night in response to the accident audits. This had impacted on the day staffing levels but this had been identified and senior staff (head of departments) were working on the floor until new staff had completed their induction programme. There was one incident during our inspection that identified that staff breaks had impacted on call bells being answered in a timely manner. One person had rung for assistance and whilst staff had answered they had told the person they would be back but did not return. This was brought to the

manager's attention to investigate. On the second day of the inspection we found that this had been investigated and the person and staff involved spoken with. Appropriate action was then taken by the manager.

The registered manager said they had advertised for nurses and care staff and records showed they had interviewed many prospective staff. The registered manager told us they were working towards having a permanent and knowledgeable staff team; a clinical lead had recently been appointed to drive improvement in everyday care delivery. The management team were continually reviewing the staffing levels and the dependency of the people they cared for.

Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. MAR charts indicated that medicines were administered appropriately and on time (MAR charts are a document to record when people received their medicines). Records confirmed medicines were received, disposed of, and administered correctly. People confirmed they received their medicines on time. One visiting relative told us, "(Person) gets her medicine on time." People's medicines were securely stored in a clinical room and they were administered by registered nurses and senior care staff who had received appropriate training. We observed two separate medicine administration times and saw that medicines were administrated safely and that staff signed the medicine administration records after administration. The clinical room was well organised and all medicines were stored correctly and at the correct temperature. The new clinical lead said that she was undertaking medicine audits and had identified areas to improve. There was a clear audit trail that defined what action was taken. She also told us that she was really pleased that medicine practices were continually improving and were safe.

Staff had an understanding of abuse and what action they would take if they had any concerns. They identified the correct safeguarding and whistleblowing procedures should they suspect abuse had taken place, in line with the provider's policy. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, anonymously if necessary. One staff member told us, "I would always tell my registered manager if I thought someone I was looking after was at risk. I'm sure they would do something but if they didn't, I'd let the local authority know." Another staff member said, "I would not hesitate to report anything like that." Staff confirmed the registered manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. The registered manager said all concerns were now reported to the local authority, they waited for a response before they took any action and records were in place to support this. This meant people were protected as far as possible from abuse.

A system was in place to record accidents/incidents with actions taken to prevent them as far as possible. Accidents were recorded with information about what had happened, such as an unwitnessed fall in person's bedroom. The information included action taken to prevent a further accident, such as increased checks. Audits were carried out for the accident/incident forms to ensure sufficient information was recorded. Accidents were reported to the local authority in line with safeguarding policies.

The personnel files for four staff included relevant checks on prospective staff suitability, including completed application forms, two references, Disclosure and Barring System (Police) check, interview records and evidence of their residence in the UK. This meant the provider had undertaken appropriate recruitment checks to ensure as far as possible only suitable staff were employed.

The home was clean, however as discussed there were some rooms that had an offensive odour. These odours were known by the registered manager and during our inspection further action was taken to manage them effectively. Following our inspection we received information from the provider that carpets

had been replaced to reduce unpleasant odours.

People were cared for in an environment that was safe. The provider and registered manager had assessed the environment of the home and looked at areas that could be improved to assist people such as clear signage, so people could navigate their way safely around the home. The floors and corridors were clear of obstruction and people were able to move safely around the home with walking aids and self-propelling wheelchairs. There were procedures in place for regular maintenance checks of equipment such as the lift, fire fighting equipment, lifting and moving and handling equipment (hoists). Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Health and safety checks had been undertaken to ensure safe management of food hygiene, hazardous substances, staff safety and welfare. Staff had received regular fire training which included using fire extinguishers and evacuation training.

Good

Is the service effective?

Our findings

People told us they liked the food. One person said, "Excellent, it's very good. Choice is good and we get a nice glass of wine or two." Relatives told us "It always smells and looks wonderful." Staff had a good understanding of people's dietary needs and had the time to support people when they were ready to eat their meals. One staff member said, "We have a good idea what people like and dislike and they can change their mind and we give them something else.

People commented they felt able to make their own decisions and those decisions were respected by staff. The staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff undertook a mental capacity assessment on people admitted to the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. There was evidence in individual files that best interest meetings had been held and enduring power of attorney consulted. During the inspection we heard staff ask people for their consent and agreement to care. For example we heard the registered nurse say, "Can I get you your tablets now, and have you any discomfort." Care staff were heard asking, "Can I help you to the bathroom before lunch," and "Would you like me to help cut up your food?" During our inspection we identified that staff would benefit from support on how to manage situations where a person becomes resistant to care delivery during the task. This was acknowledged by the manager.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). During the inspection, we saw that the registered manager had sought appropriate advice in respect of these changes in legislation and how they may affect the service. The registered manager knew how to make an application for consideration to deprive a person of their liberty and had submitted applications where they were deemed necessary. The registered manager confirmed that she had attended a training day provided by the local authority and would be cascading training to other staff on a continuous programme.

The management team organised all staff training and worked with staff regularly to underpin what was needed in the training sessions. These sessions contributed towards staff supervisions by giving staff and the registered manager an opportunity to share and reflect on their practise. Staff received training in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. Staff also received additional training specific to peoples' needs, for example care of catheters, dementia care and end of life care provided by the local hospice. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, "All the staff get training. I have completed a National Vocational Qualification in Care -Level 2. We all complete mandatory training."

We saw that staff applied their training whilst delivering care and support. We saw that people were moved safely, that they received assistance with eating and drinking, all undertaken in a respectful and professional manner. Staff also showed that they understood how to assist people who were becoming forgetful. Staff

ensured clocks were correct and people were reminded of the day and date in order to re-orientate people and lessen their anxiety of forgetting things.

Staff received supervision regularly. Feedback from staff and the registered manager confirmed that formal systems of staff development, including an annual appraisal was undertaken. The registered manager told us, "It's important to develop all staff as it keeps them up to date, committed and interested." Staff told us that they felt supported and enjoyed the training they received. Comments included, 'interesting, valuable and the RN (registered nurse) works with us on the floor to make sure we do things correctly.'

People told us the food was good and we saw staff asked them what they wanted at mealtimes and with drinks in between. People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. People told us that their favourite foods were always available, "They know what I like and don't like, always give me my preferred drink, meals are good." A nurse told us, "People have a nutritional assessment when they arrive. We can cater for diabetic, vegan, soft or pureed and any other special diets. We don't have any cultural preferences at the moment but the chef would be able to meet any dietetic requirement."

People's weight was regularly monitored and documented in their care plan. Staff said some people didn't wish to be weighed and this was respected, "We notice how their clothes fit, that indicates weight loss or weight gain if they don't want to be weighed." The registered manager said, "The kitchen staff and staff talk daily about people's requirements, and there is regular liaison with Speech and Language Therapists (SALT) and GP." The staff we spoke with understood people's dietary requirements and how to support them to stay healthy.

We observed the mid-day meal service. People either ate in their room or in the dining area. The dining area was attractively set with good light. Tables were set with condiments and glasses and people could choose where they sat. People told us they could choose where they ate, "The staff always ask me where I would like to take my meals, alone or in the dining area." One person who ate in their room said, "I prefer it, it's what I want, I go down occasionally but it's nicer to eat here, I do go down to parties and festivities though." Another person said, "I like sitting in my chair to eat, it's what I did at home." We saw that staff supported people to enjoy a glass of sherry or wine if that was what people wished. One person said, "I am looking forward to my glass of wine, it's a tradition." The food was well presented, people were offered condiments and were seen to enjoy their meals. Staff recorded amounts eaten of those who required monitoring and ensured people ate a healthy diet. Fresh fruit was offered at meal and drink times. We were also told that snacks were available during the evening and night if someone felt hungry. One staff member said, "The kitchen is always open we can access bread, cheese and soups." Visitors told us, "Food is nicely prepared, they get a lot of choice, in fact whatever they fancy."

Bay House provided care and support to people with swallowing difficulties, for example following a stroke. For people assessed with a swallowing difficulty, the use of thickened fluids when drinking was required to minimise the risk of choking and aspiration. Thickened fluids are easier to swallow; however, the quantity and texture must be appropriate for the individual as otherwise they can place the person at risk of aspiration. Nursing staff were responsible for the management of thickened fluids and guidance was in place on the required texture of thickened fluids. Input from dieticians and speech and language therapists were also sourced. Guidance was readily available in people's care plans about any special dietary requirements such as a soft diet. One person's care plan had a report which identified they required a 'soft, moist diet'. We saw that this was followed. Staff informed us that this person was eating very little and their food intake chart reflected this. Staff told us of various ways they fortified people's food, "We use cream for soups and add cream to sauces, we make milk shakes as well."

People's health and wellbeing was monitored on a day to day basis. Staff understood the importance of monitoring people for any signs of deterioration or if they required medical attention. One care staff told us, "Some people may be unable to tell us if they feel unwell, however, signs such as not eating, facial expressions or not being themselves may indicate to us something isn't right." People had regular access to healthcare professionals and GP's visited the home when required. A GP we spoke with felt staff were good at escalating any concerns and following their advice.

Each person had a multi-disciplinary care record which included information when dieticians, SALT and other healthcare professionals had visited and provided guidance and support. Input was also sourced from the falls prevention team, Parkinson's nurse and tissue viability nurse. People felt confident their healthcare needs were effectively managed and monitored. One person told us, "If I'm ever unwell, they always get the nurse for me." All new staff underwent a formal induction training period. Staff records showed this process was structured around allowing staff to familiarise themselves with policies, protocols and working practices and was based on the Skills for Life Care Certificate. The Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to when they provide support and care. Staff 'shadowed' more experienced staff until such time as they were confident to work alone. Staff felt they were working in a safe environment during this time and were well supported. One staff member told us, "I'd never done this type of work before so I did a lot of shadowing. If I still felt unsure I know that the registered manager would have let me do it for longer." Another staff member said, "The induction programme was helpful. There was always someone around to ask."

Staff told us they had regular one to one supervision with the registered manager and felt this gave them a chance to sit down and talk about anything, as well as find out if there were areas where they could improve. The supervision records showed staff attended regularly and appraisals had been carried out or were planned. Staff said they could talk to their colleagues, including the registered manager and provider, at any time, and they were clear about the disciplinary procedures if the registered manager or their colleagues thought they were not providing the care and support people needed. One staff member said, "I do feel well supported anyway but supervision really helps." All of the staff said they felt well supported by the management.

Good

Is the service caring?

Our findings

The home had a relaxed atmosphere and people responded to staff as they approached them in a kind and dignified way. People nodded and smiled when asked if staff were kind and caring. Relatives felt staff offered the care and support people needed and wanted. One relative thought the staff were, "friendly and caring" and, "We have a laugh and a joke." Staff told us they spent time with people and didn't try and rush them to get everything done. One staff member said, "We provide the care people need when they are ready for it, rather than when it suits us, which is how it should be."

People were treated with kindness and respect, as individuals, and it was clear from our observations that staff knew people very well. Staff made eye to eye contact as they spoke quietly with people, they used their preferred names and took time to listen to them. Staff knocked on people's bedroom doors before they entered, saying "Hello (name)" and, "You are looking lovely today." We saw several lovely interactions, staff used affectionate terms of address and gentle physical contact as they supported people, and people responded with smiles. Staff said, "Hello you are looking bright and cheerful today." We also saw a care staff member sit with a person during breakfast and encourage them with eating independently with gentle prompting, "Would a tea spoon be easier to manage" and, "Shall I help you, you can hold my hand whilst I hold the spoon if you like." This enabled the person to retain their dignity whilst accepting help.

People's preferences were recorded in the care plans and staff had a good understanding of these. There was information about each person's life, with details of people who were important to them, how they spent their time before moving into the home, such as looking after their family or employment, hobbies and interests. Staff said they had read the care plans and told us each person was different, they had their own personality and made their own choices, some liked music and noise while others liked to sit quietly with a soft toy, and they enabled people to do this as much as possible. People chose how and where they spent their time. People, who wanted to sit and read, rather than participate in activities, were supported to do so. Newspapers were provided and one person told us, "Staff know I like my coffee and paper in the lounge, they always make sure I get it."

People's privacy and dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were assisted to wash and get up. We saw staff encouraged one person to return to their bedroom to change, although they wanted to remain in the lounge, staff spoke quietly with them, encouraged them and they agreed to change their clothes. Staff told us, "People need a lot of support with their personal care and we keep in mind at all times that some things are very private. We would not like everyone to know that we had had an accident and our clothes were wet and needed changing. We just need to imagine how we would feel if it was us or a relative." This showed staff understood the importance of privacy and dignity when providing support and care.

Staff promoted people's independence and encouraged them to make choices. We saw that those people who liked to move around independently were supported discretely by staff. Staff talked to people and asked them if they needed assistance, they explained to people what they were going to do before they provided support and waited patiently while people responded. One staff member said, "Shall I help you to

the table, its lunchtime soon." They leant down to talk to the person face to face so they could see their expression, and waited until the person responded. Comments from staff included, "We try to make sure people are as independent as they can be, we let make decisions about all aspects of the support we provide, even if we don't agree with them." "I don't interfere if I think someone can do something for themselves" and, "I like to get people to make their own decisions if they can. For example, if someone doesn't want to do something then we make sure we offer later."

People's equality and diversity needs were respected and staff were aware of what was important to people. One person liked to wear make-up, nail varnish and particular clothing to reflect their lifestyle and staff supported them to do this. Staff said to them, "Would you like me to help you with your lipstick before we go down stairs." Another person liked to look smart and told us staff ensured that their clothes were clean and pressed, another person told us, "I can't do my own hair now, but staff help me."

Staff said relatives and friends could visit at any time and relatives told us they were always made to feel very welcome. One relative told us, "We ring the bell and wait to be let in, so people here are looked after, and they always make a cup of tea for me and I have a chat with the staff, registered manager and provider. They always let me know what is going on and they have got used to me as I visit every day."

Care records were stored securely in a lockable filing cupboard at the nurse's station. Confidential information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Good

Is the service responsive?

Our findings

People liked their rooms and had individualised them with colour schemes, memorabilia, photographs and personal possessions with the assistance of relatives and friends. Relatives said they were involved in discussions about and the planning of people's care and felt able to talk to the staff about this at any time. One relative said, "I know there is a care plan and I get asked regularly for my input." Another relative said, "I am informed of any changes and if my relative is unwell the staff ring me."

At the last inspection the registered provider had not ensured that people's individual needs were met. People's needs had been assessed before they moved into the home and the previous care plans had been developed from this information. The registered manager had reviewed this information and updated it with the help of relatives, friends and representatives. Each care plan looked at the person's individual needs, the outcomes the support and care aimed to achieve and the action staff had taken to achieve this. For example, one person's need was assistance with mobility. The outcome was for staff to ensure proper footwear and that their walking aids were nearby. We saw that staff followed these care directives. Another person who lived with diabetes had guidance within their care plan of how to respond if their normal blood sugar varied and what action to take. For example if their blood sugar was lower than their normal range, staff were to give a glass of milk or a biscuit and to retake their blood sugar. This meant that care delivery was responsive to people's individual needs.

The care plan format had changed since the last inspection. This was undertaken to provide staff guidance to follow with a more person centred approach. Staff said they found the new care plans much easier to use, people's needs had been clearly recorded and they felt they could provide the care and support people needed if people were unable to tell them. One staff member told us, "We look at the care plans and if there are any changes we will update the record." Our observations during the inspection confirmed that staff did this. We also saw that staff referred to care plans if they needed to know something, such as the person's previous weight to reset the pressure relieving mattress.

Another staff member said, "We have our daily meeting which is very useful. We can talk about things, and get other people's ideas and support and make a decision." The purpose of the daily meeting was to review the care and support provided over the previous 24 hours and to share knowledge and developments with a view to maintaining high standards of care. The meeting was conducted in an open and inclusive manner and all staff were invited to share their observations and opinions. The discussions were focused on people's care needs with clear plans of action drawn up following the meeting. For example, people's dietary needs were reviewed and potential issues discussed and action agreed. One person was having antibiotics to treat an infection. The team discussed the care of this person and the need for extra fluids to be taken at this time and for closer observation until the person has recovered, with fluids recorded so they had a record of how much the person had consumed. Minutes of the meeting were taken and given to staff. We looked at a selection of these and found they were clearly focused on the care needs of people living at the home. This meant that staff had a good understanding of people's support needs.

The support and care provided was personalised and based on people's preferences. An activity programme

was displayed on the notice board, which staff said was really just suggestions for people to think about joining, it's very much down to people's choice. A number of activities were provided throughout the inspection and these varied depending on what people wanted to do. People sat around a dining table, some were supported to do craft work and talked together and with the activity staff, whilst some people observed what they were doing. They were relaxed and comfortable together and smiled and laughed at the suggestions made by staff. Everyday a person chose the background music for the lounge areas. The activity staff said they spent time with people who remained in their rooms and we saw also them talk to people sitting in the lounge. Conversations were relaxed and friendly, people responded when spoken to and there was a considerable amount of smiling and laughing.

Care staff said they did not have a lot of time to spend with people doing activities, but felt they should be involved in this and expected this to change when they have a full complement of staff. One staff member said, "We have some time to sit and talk to people, but often it is when we are supporting them during meals, but it is still chatting about something that is not about the care they need which is important."

A complaints procedure was in place; a copy was displayed on the notice board near the entrance to the home, and given to people and their relatives. The registered manager kept a record of complaints and the action taken to investigate them. We saw that complaints were responded to appropriately and in line with their complaints procedure. People told us they did not have anything to complain about, and relatives said they had no concerns and if they did they would talk to the manager, provider or the staff.

The provider and registered manager wanted to encourage feedback from relatives and friends and had arranged relatives meetings. We looked at the minutes from the meetings held throughout 2015. It was clear the staff were quite open about what was happening in the home, including the changes to staffing, and relatives were encouraged to raise any concerns. The meetings provided an opportunity to discuss any issues they had, and the minutes seen contained a plan to decide what action would be taken as a result of the meeting, by when or by whom. This was an area that was continuously improving. A new quality assurance tool had been introduced. This entailed an outside person independently chairing a resident forum, where people could share their views. As this person was not connected to the service it gave people an opportunity to raise things that they might find difficult to broach with the Bay House staff. A first meeting took place during our inspection morning and afternoon and was well attended. The registered manager and provider were excited about this development as they felt it gave the people who live in Bay House a 'voice.'

Good

Is the service well-led?

Our findings

From discussions with relatives, staff, the manager, the provider and our observations, we found the culture at the home was open and relaxed. Care and support focused on providing the support people living at Bay House Nursing Home needed and wanted. Relatives and staff said the manger was always available and they could talk to them at any time. We observed the registered manager sitting with people and talking to them at various times throughout our inspection. Relatives said the management of the home was very good, they could talk to the registered manager when they needed to and staff were always very helpful. One relative said, "The home is well led, the provider and registered manager are always here and keep any eye on what is going on." The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified us of all significant events which had occurred in line with their legal obligations.

At the last inspection we found the provider did not have an effective monitoring system in place to protect people against inappropriate care and support. We found these concerns had been addressed.

Quality monitoring systems had been developed and sustained. A number of audits had been introduced and other audits developed, including for care plans, which had identified that additional training and support was required to ensure care staff updated the care records when people's needs changed. Medicine audits looked at record keeping and administration of medicines and the registered manager said action would be taken through the supervision process if issues were identified. Staffing levels had been reviewed, and a recognised tool was used, and an active recruitment programme was in place.

Since the last inspection the manager had successfully been registered with CQC. The registered manager is a registered nurse and continues to work alongside staff delivering care as required. This was appreciated by staff and people. One staff member said, "We can rely on the manager to assist us when we need it, her expertise is welcomed."

The provider and registered manager have been working consistently to develop the support and care provided at the home. From their reports we saw a record of some of the improvements we identified, such as the care plans and staff recruitment as well as areas for further improvements, with action plans to address them. The registered manager said, "Whilst we feel we have really improved, we want to continue to improve to deliver really outstanding care."

Relatives felt they were able to talk to the registered manager and staff at any time and the relatives meetings provided an opportunity for them to discuss issues and concerns with other relatives, friends and management on a regular basis. One relative said, "If I have a problem I just talk to the staff or registered manager and they deal with it."

Staff told us they were involved in discussions about people's needs and were encouraged to put forward suggestions and opinions during the daily meetings and the monthly staff meetings. Staff said, "We are

encouraged to be involved in developing the service here." "I think the management is strong and approachable." and, "I feel sure that if I speak to the registered manager about anything, something will be done about it, I don't just mean complaints suggestions are encouraged as well and they listen to us.