Avon Care Homes Limited

Bybrook House Nursing Home

Inspection report

Bybrook House
Middle Hill, Box
Corsham
Wiltshire
SN13 8QP

Tel: 01225743672

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 23 & 31 August 2017.

Bybrook House Nursing Home provides accommodation, nursing and personal care for up to 24 older people. At the time of our inspection there were 13 people living in the home.

There is a registered manager for this service. 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.

Our last inspection in February 2016 found areas which required improvement in relation to the administering and management of medicines. We had received an action plan setting out how the provider would address these areas. These areas included administering of PRN or "As Required" medicines, recording of medicines changes and maintaining the effectiveness of medicines through checking of environment temperatures. The provider had made the required improvements to ensure the safe storage and management of medicines.

At this inspection the arrangements for supporting people with their medicines were good and people received their prescribed medicines at the times required and people's health and welfare were protected.

The arrangements for the monitoring of pressure mattresses which are used where people are at risk of skin breakdown were not effective. There were a number which were not at the correct setting. People who were in bed and needed to be re-positioned to protect their skin integrity were not always re-positioned at the time intervals recorded in their care records.

People told us they felt safe and staff recognised and were confident about reporting any concerns about the safety and welfare of people. One person told us "I feel safe because I trust the staff, they know what they doing." A relative told us they felt confident their relative was safe and said, "When I leave the home after visiting I know (name) is safe and well looked after I do not worry about them."

The service was responsive to people's changing care needs and had good arrangements for getting support from outside professionals such as tissue viability nurses and dieticians. There were regular reviews of people care needs and people or their representatives had an opportunity to discuss their care needs so care plans accurately reflected their health and social care needs.

People and relatives told us staffing arrangements were good and staff were available at a time they were needed. Staff responded promptly to requests for help and support. One person told us "The staff are there when I need them."

There was a welcoming environment where people were able to maintain their relationships with family and friends. People and relatives told us there were no restrictions on visiting.

People felt able to voice their views or concerns about the service. There were regular meetings where people living in the home could give feedback about the quality of care provided in the home.

People spoke of staff being caring and kind. This was confirmed by relatives we spoke with. One told us "Staff are so caring and friendly." We observed staff supporting people in a sensitive and caring manner.

People had the opportunity to take part in activities of their choice. There was a varied menu, offering a number of daily choices and people were very positive about the quality of meals. One person said, "The food is very good I always enjoy my meal and we always get a choice."

People, relatives and staff spoke highly about the registered manager and senior staff. They were described as "Approachable and always there to listen." The registered manager and provider continually monitored the quality of the service and made improvements in accordance with people's changing needs. When concerns were raised during the inspection the registered manager was responsive to the matters raised and to ensuring improvements were made.

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

People were supported by staff who had received pre-employment checks to ensure they were suitable for the role.

People benefited from consistent staffing arrangements which were reviewed and changed where necessary.

People were supported by staff who knew how to recognise and report abuse.

People's health and welfare were protected by the safe administering and management of medicines.

Is the service effective?

Requires Improvement

The service was not always effective

People could be assured their legal rights were always upheld when their liberty needed to be restricted.

People's consent was sought for the use of restrictive equipment and where unable to give informed consent there was were arrangements in place to protect their rights.

People benefitted from being able to access support and advice from community health and specialist mental health services.

Is the service caring?

Good

The service was Caring

People benefitted from staff who were respectful and caring.

People benefited from being able to maintain their friendships and relationships with those who were important to them.

People benefited from a provider who was working to improve their end of life care.

Is the service responsive?

Good

The service was Responsive

People had the opportunity to take part in activities of their choice and interest.

People were involved in an assessment of their care needs and care planning.

People benefitted from planning of their care which was personalised to their needs.

People and their relatives felt able to raise concerns with the registered manager and staff.

Is the service well-led?

Good

The service was Well Led

The provider had systems in place to monitor the quality of care however, they failed to identify the shortfalls in mattress pressure monitoring and re-positioning of people.

People benefited from an approachable and listening registered manager.

People benefitted from a culture which promoted respect and person centred care.

Bybrook House Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 23 & 31 August 2017 and was unannounced. This meant the provider had not been given any notice we were going to carry out an inspection. The inspection team included an adult social care inspector, an Expert by Experience who attended the first day of the inspection and a specialist professional advisor. A specialist advisor is a person with a specialist skill and knowledge in a particular area. The specialist advisor we used was a specialist in care of older people. An Expert by experience is a person who had personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the home. We looked at notifications we had received from the service and reviewed action plans sent to us by the provider regarding the improvements they said they were going to make.

We looked at information we held about the provider and home. This included their 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 took this into account during the inspection.

During the inspection, we spoke with seven people who lived at Bybrook House, five relatives and six staff which included care and nursing staff, kitchen staff and activities co-ordinator. We observed care and support in communal areas and around the home and in some bedrooms after obtaining people's permission. We undertook general observations in communal areas and during mealtimes. We reviewed a range of records about people's care and how the home was managed. We looked at care records for six people, recruitment, training and induction records for five staff, people's medicines records, staffing

rosters, staff meeting minutes and quality assurance audits.

Good

Is the service safe?

Our findings

Our last inspection in February 2016 we found areas which required improvement in relation to the administering and management of medicines. We had received an action plan setting out how the provider would address these areas. These areas were administering of PRN or "As Required" medicines, recording of medicines changes and maintaining the effectiveness of medicines through checking of environment temperatures.

At this inspection people were supported to have their medicines when they were required. One person told us "I always get my tablets when I need them." and another person said, "We don't have to worry about our medicines which is good." Stock records were accurate including those medicines which required additional security.

There was secure storage for medicines with daily checks of fridge and clinic temperatures to ensure they were stored safely. There were daily stock check and audit of medicine administering records ensuring they had been completed accurately. There were no gaps in these records and any amendments had been signed by the person making the amendment.

Where people had been prescribed PRN or "As Required" medicines there were protocols in place setting out how and in what circumstances these medicines were to be administered. A nurse was able to tell us the circumstances in which a person required PRN medicines. This was as recorded in the person's PRN protocol. They also told us how some medicines could be used to improve people's well-being and when these might be administered. This meant the areas for improvement had been addressed ensuring people's welfare concerning their medicines were protected.

People told us they felt safe living in the home. The reasons included "Yes, because always somebody around." and "It is secure here, safe and secluded." and "Yes, because the staff look after you well." A relative told us "It definitively feels safe and everyone cared for." Another relative said they had "Peace of mind" and their relative was "Safe and well looked after."

Staff told us how they would respond if they had any concerns about possible abuse. Staff were confident the registered manager would respond to any concerns. One told us "I trust (name registered manager) they would do something if I told them." They were aware they could report any concerns to an outside organisation such as social services or the police. This meant people would be assured staff understood their responsibility to report any concerns about possible abuse and safeguard the health and welfare of people living in the home.

There were personalised risk assessments in place. They included where people were at risk of skin deterioration, poor nutrition and where people needed assistance to move. Actions were identified such as completion of repositioning and fluid charts. There were evacuation plans in place setting out how staff were to support people in the event of fire or emergency.

There had been an independent fire risk assessment carried out in April 2017, which identified a number of areas where actions were needed to ensure the provider was meeting the required standard. An action plan outlined areas for improvement which had included undertaking of three monthly fire drills, servicing of fire extinguisher and training of fire marshals. These and other areas identified by the assessments had been addressed. This meant the provider had responded to the identified improvements to protect people from the risk of fire and ensure staff had received the necessary training.

Staff confirmed that as part of their recruitment criminal record checks and references were obtained including references from previous employers. Records confirmed these arrangements. The required checks were undertaken to ensure employees were fit to work with vulnerable adults.

People told us they felt there were always sufficient staff. One person told us, "There is always someone around when you need them." Another person said, "Staff are there when I want them never have to wait that long."
There were consistent numbers of staff on duty and adjustments had been made to respond to any increasing care needs. However, staff commented there had been a reduction because the number of people living in the home had decreased. The registered manager told us an increase would be made when the number of people living in the home changed.

We observed staff responded in a timely way to requests for support. Call bells were answered promptly and people confirmed staff were "Quick to answer my bell." and "They come very quickly when I ring the bell." This meant people were supported and cared for by responsive staff who were able to meet people's needs safely.

Requires Improvement

Is the service effective?

Our findings

People were cared for on pressure relieving mattresses. These were set on a specific level dependant on the person's weight and degree of risk. There were a number where the setting was incorrect. Where people were assessed as at risk of developing pressure ulcers there were arrangements for those in bed to be re-positioned at specified time intervals i.e. every 2 or 3 hours. There was inconsistent re-positioning of some people which did not meet the assessed time interval for them to be re-positioned. This meant potentially people were at greater risk of skin breakdown and the developing of pressure ulcers.

At the time of our inspection there were no people who had a pressure ulcer or skin breakdown. We discussed with the registered manager what we had found in relation to mattress settings and re-positioning records. They told us they would immediately look at these arrangements to ensure people were receiving the necessary care and equipment was being used correctly.

People told us they had confidence in the skills of staff. One person said, "Yes, they are knowledgeable, they are very good, they have the skills." Another person said, ""Yes, they do have the skills to do the job. If I need them they're there". Staff told us they received regular training. One spoke of attending training at a local hospice about providing palliative care. Another told us "We keep up to date with our training. I do not think there is anything I need to do as far as training is concerned." One staff member has undertaken qualification to provide first aid and moving training to all staff. Registered nurses had received competency training in the administering and management of medicines, use of syringe driver and changing of catheters. Some staff had completed the care certificate a nationally recognised training for care assistants. For others this was in progress being part of ongoing induction and training for all care staff.

The PIR spoke of "Different opportunities for staff to attend other courses that are of interest to them that are not mandatory." Staff training had included safeguarding vulnerable adults, moving and handling, infection control, health and safety, dementia care and fire safety. There was no training specific to health conditions such as diabetes, Parkinson's disease and stroke.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

There were arrangements in place to gain consent from people where they required equipment which could be viewed as restrictive such as bed rails and pressure mats. Where it was assessed people were unable to give informed consent because of lack of mental capacity a best interests decision had been made. This meant people's rights were protected and upheld where decisions needed to be made to protect people's health and welfare.

People can only be deprived (or restricted) of their liberty to receive care and treatment when this is in their

best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service had made a number of applications for people and to date three had been authorised with no conditions. The provider was acting within the principles of the MCA to protect people's legal rights when restricting their liberty.

People had access to community health service such as chiropodist, dentist and opticians. One person said, "The doctor comes on Tuesdays and Thursdays. I get to see him as needed". Another person said, "I get to see my doctor whenever I need to I only have to ask." Where people were assessed as needing specific support in areas such as diet and nutrition referrals had been made to a dietician or speech and language specialist.

People told us they enjoyed the meals provided in the home. One person said, "Food excellent, too good! Cook talks to you, discusses food with you" and another person said, "The food is very good always a choice." There was a varied menu with seasonal changes. People had suggested changes in the meals and these had been acted on.

The majority of people had chosen to have their meals in their rooms. This reflected the general well-being of some people in the home as well as others who made a choice not to use the dining room. One person told us they would have liked to see more people in the dining room saying "This would make it more of a social occasion, it is nice to have chance to chat with people." Another person confirmed to us they chose to have their meals in their room. They said, "I prefer to eat on my own and staff know this."

We observed some people being assisted with their meals. This was undertaken in a gentle and interactive manner. Where people needed soft diet this was being done following an assessment from a specialist advising the correct consistency. This ensured people received meals which enabling them to swallow the food safely alleviating the risk of choking.

Staff received regular one to one supervision and yearly appraisals. One staff member said, "When we have supervision it is a chance to talk about how we are doing and any issues I have." Another member of staff told us "We can always go to the nurse or senior if we want to ask anything."

Good

Is the service caring?

Our findings

People told us they found staff caring and kind. One person said, "Staff excellent, kind and helpful". Another person said, "Personal care, privacy can't fault it, they are very respectful." Some people chose to spend all their time in their room. When we asked one person about this they told us "It is what I want I know I can go to the lounge but do not want to." A staff member told us they always tried to encourage this person to participate in any activities or sit in the lounge, have meals in the dining room but "They do not want too so we respect their choice, it is her home."

Staff interacted with people in a kind, respectful and quiet way and spoke with people in a calming and friendly way. One staff member told us "I treat people here the same as if they were members of my family and with respect." Staff were observed offering people choices and asking what the person wanted to do or where they wanted to be. Staff knocked on people's doors and waited for a response before entering. One person told us "They give you space which is what you need. They knock the door. They leave me alone unless I ask". Another person said, "Staff close the door, close the curtains when I'm getting changed. If they didn't I'd tell them off. "This meant people were treated with respect and had their dignity and privacy respected.

One person was receiving visits from a hospice nurse to provide support and advice to staff because their needs were changing and they needed specific end of life care. Care plans include information about people's "last wishes" and advanced care. This was where people had stated where they wanted to be cared at the end of their life's, medical treatment and any specific wishes they had. One relative had commented on the end of life care saying "You made their final days comfortable, they could not have been in a better place or have had a better team caring for them." Another relative had commented "It is a comfort to know they ended their days in the peaceful setting of your home."

The registered manager told us they worked closely with the local hospice and some staff had completed palliative care training. Nursing staff had all received syringe driver training to enable people to receive pain relief. For some people there were "Just in Case" medicine prescribed by the person's GP to be available at the time people needed. They were in date and kept securely. This was generally pain relief medicine. This meant the home was working to ensure people received the appropriate care at the end of their lives.

Good

Is the service responsive?

Our findings

People who wished to move to the home had their needs assessed to ensure the home was able to meet them. This assessment was then used to create a plan of care once the person had moved into the home. Care plans included information specific to the person about their needs and life history. They also identified personal preferences such as whether they preferred a male or female care worker. The PIR said how care plans were being improved to provide a more "person centred approach."

Staff told us about the particular routines, likes and dislikes of people. They told us about how one person had a specific routine when getting up. For another person they told us how they responded when the person was upset.

The assessments gave staff information about people's mobility needs and health needs. Care plans provided specific information where people had a disability such as Parkinson's disease and specific medical needs such as diabetes.

One person had minimal communication however, there was no indication in their care plan about how they might express pain or emotions such as sadness or being uncomfortable. The PIR said the home was looking at improving how staff communicated with people who may have a communication difficulty or visual impairment through the use of picture cards and large print documents.

People told us they had visited the home before they decided to live in the home. One relative explained they had visited without notifying the home and made to feel welcome.

People told us they had been involved in reviewing their care plans. One person told us "Staff are always asking me if there are any other things I need help with." Another person said, "I met with the manager to talk about the help I needed and if things had changed for me." A third person said, "We are treated as individuals, I get my needs met."

Meetings had been regularly held with people and relatives being an opportunity to talk about the care provided. "The meeting will be surrounding your views of your care, needs and wants please bring any ideas, concerns and feedback." (From poster advertising meeting.) Topics discussed included comments from people about the use of agency staff, recruitment of new staff, menu choices and people's preferences about meals, all people having a copy of the complaints procedure. One person told us "The meeting are good and things get done like changes in the food we get."

People told us there were no restrictions on having visitors. One person said, "Family live in the area, they bring in their dogs. Dogs were always part of my life." Another person told us "Family all live in the area, they all come and see me". A relative told us they regularly visited the home and were always made to feel welcome. They said, "It is always nice to come here and see my relative, staff are all very friendly. They always keep me informed about how (NAME) is and any concerns or changes." This meant people were able to maintain relationships important to them.

People told us they knew they could make a complaint. One person said,
"If I had worries or concerns I could take them to anyone." Another person told us "If I wasn't happy they would do what they could to put things right." A relative told us "If I have any issues I go to the manager." They had made a compliant and had received a "Satisfactory response with a written response." There had been three complaints since our previous inspection. These had all been investigated and action taken where the complaint had been substantiated. Written responses were made and in one instance, a meeting held to discuss how the complaint could be resolved.

People told us there were a range of activities and they had the opportunity to decide what activities took place in the home. One person said, "There is always enough to do for me and I have suggested things which we have done." Another person said, "I always get the activities sheet and chose what I want to go to."

Activities included gardening club, pottery, gentle exercise, quizzes and "Bybrook Cinema club. The activities organiser told us they spent one of their three days spending time with individuals who did not take part in the group activities out of choice or because of their frailty. They spent time reading to the person, talking about their past experiences and the daily news. Staff told us they would try when possible to be involved in activities or undertake activities with people when the activities organiser was not working. One staff member said, "Sometimes we just like to sit and have a chat with people."

Good

Is the service well-led?

Our findings

People spoke of a registered manager who was accessible, approachable and aware of people's needs and what was happening in the home. One person told us "Yes, I do see the manager, they always come if you need them" and another said "They (registered manager) are always around; they are very kind and good listener." A relative described the registered manager as "Someone you can speak with and gets things done." Another said "There is an open door policy, friendly and positive approach." This was echoed by staff. One staff member said of the registered manager, "They are always there if you need support." Another said, "They are approachable and listens to residents and us." The PIR spoke of an "Open and transparent home ethos."

Staff described the culture of the home as "Caring, friendly and a home where people's wishes and choices are respected." The registered manager spoke of wanting a home where people needs were always met and cared for in a professional and caring manner. It was planned to have specific "Champions" such as Dignity, dementia care "Encouraging and enabling individual to build up expertise"

There is a focus on obtaining feedback from people living in the home about the quality of the care they received. Areas such as activities, meals and menu and Living in the Home had been the subject of questionnaires. The later had received overall satisfaction from people.

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home. They were supported by a deputy manager and a team of senior care workers and care staff. The area manager supported the registered manager and undertook regular quality monitoring visits as well as reviewing the audits undertaken by the registered manager.

Monthly visits by the area manager looked at areas such as quality audits, activities, staffing and recruitment and complaints. They had identified some areas for improvement and actions had been completed such as evaluation of care plans, weighing of people and completion of recording charts.

An audit matrix identified completed scoring of audits. This had included care plan, accident and incident, medicines, (monthly) infection control, fire safety (six monthly). They showed where improvements had been made reflected in improved audit scoring. There were systems in place to review accidents and incidents and identify any improvements such as referral to outside agencies for support and advice and any changes to the person's environment.

No audit had identified the areas for improvements we identified at this inspection namely mattress setting monitoring and the correct setting of mattresses and arrangements for re-positioning of people.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.