Bymead House Limited

Bymead 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

Bymead house is a residential and nursing home situated in Charmouth. It is registered to provide care for up to 30 people. The home is a detached property with rooms set out over two floors accessed by stairs or a passenger lift. There are lounge and dining areas on each floor of the home and a rear garden which is fully accessible. At the time of the inspection there were 26 people living at the service.

The home had not had a registered manager in position since February 2018. However a new manager had been appointed who was applying to Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good.

There was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People received care from a service which was very caring. Staff cared for people in a kind, compassionate manner. People had developed open and honest relationships with staff. One relative told us, "We chose Bymead as it struck us with a strong 'family' feel as soon as we walked in on our first visit.

There were enough staff to meet people's care and support needs. Staff had been recruited safely including full employment history and disclosure and barring checks. Induction and on-going training provided staff with the skills needed to carry out their roles effectively.

People were involved in decisions about the care and support they received. People's independence was respected and supported. People told us keeping their independence was important to them. The manager told us they were aware of their responsibility in ensuring people's rights to choice and independence were fully respected and upheld

People were protected from abuse because staff understood how to keep them safe, including more senior staff understanding the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised. People received their medicines safely. There were enough suitable staff to meet people's needs. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others.

Staff received training to ensure they had the skills and knowledge required to effectively support people. People were supported to eat and drink according to their likes and dislikes. People who lacked capacity had decisions made in line with current legislation. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to engage in activity programmes. People knew how to complain and there were a range of opportunities for them to raise concerns with the manager and designated staff

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? The service remains good	**Good**
Is the service effective? The service remains good	**Good**
Is the service caring? The service remains good	**Good**
Is the service responsive? The service remains good	**Good**
Is the service well-led? The service remains good	**Good**

Bymead 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 8 May 2018 and was unannounced. The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has direct experience of care services.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit
Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with local commissioners to gather their experiences of the service.

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

During our inspection we spoke with 12 people who used the service and six relatives. We spoke with the Nominated individual, manager, one nurse four care workers the chef and activity coordinator and one visiting health professional. We reviewed four peoples care files. We checked four staff files, care records and medication record, management audits, staff and resident meeting records and the complaints log. We walked around the building observing the safety and suitability of the environment and observing staff practice.

Good

Is the service safe?

Our findings

People continued to receive safe care.

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One member of staff told us, "Without hesitation I would raise an alert as I am sure we all would".

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around the home. Other risk assessments were in place for personal safety. One person told us, they felt "Totally safe, because they take so much care to ensure I don't fall over or slip. Staff are so reassuring they make sure I don't do anything risky". A relative told us, "There is always someone around". Another said, "It's a relief to know [loved one] is safe they used to fall a lot but have not fell since moving here."

There were enough staff available to respond to people's needs. We reviewed staff rotas and discussed staffing levels with the manager and senior staff. They told us that staffing levels were based on people's needs. Rotas showed there were enough staff with the right mix of skills. The manager confirmed if they needed more staffing due to a person's change in need this would be provided. A visiting professional told us, "There is always a member of staff to support us when we come here." Where agency staff were used personal profiles were kept on file. There was always a registered nurse on duty who was able to monitor people's health needs and act in accordance with those needs. People and staff confirmed they felt there was sufficient staff. One person said, "They always have been available, I don't need help often' 'I've nothing to compare with. I feel there must be days when there aren't enough when residents are ill".

Risks of abuse to people were minimised because there was an effective recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. Lessons were learnt and shared with staff to ensure action was taken to improve safety. For example the manager told us they shared information and learnt from mistakes such as medicine errors, ensuring additional support and training would be available.

People received their medicines by skilled staff who had completed medicines training and competency assessments. There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately

stored and clear records were in place. We checked records against stocks held and found them to be correct.

There were a range of checks in place to ensure the environment and equipment in the home was safe. These included a fire risk assessment, testing of the fire alarm system, personal emergency evacuation plans, water temperature checks and regular servicing and checks on equipment. Staff confirmed they received fire training and felt confident to evacuate the building if needed in the event of a fire.

There were systems in place to ensure people were protected from the risk of the spread of infection. Domestic staff were employed to clean the home and there were cleaning schedules in place for them to follow. Areas of the home were clean and free from any odours. Staff had access to personal protective equipment and we observed them using this appropriately during our inspection. The manager completed regular infection control audits to ensure safe practice was being followed.

Good

Is the service effective?

Our findings

People continued to receive effective care and support.

People's needs and choices were assessed and planned for. Each person had an assessment that was completed before they moved to Bymead House. This was used to create a plan of care and included details of people's needs and preferences.

People received effective care from staff who were knowledgeable, skilled, confident and well trained in their practice. Nursing staff were aware of their responsibilities to re-validate with their professional body, the Nursing and Midwifery Council. Nurse re-validation is a requirement of registered nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date.

People's nutritional needs were met. Staff told us they knew how to support people's nutritional requirements and were aware of people's individual needs. The chef told us, "We keep a list of residents dietary needs updated. Carers check that residents still wish to have the meal they ordered. If they change their minds it is not a problem". Comments on the food included, "It's good. I'm very fussy about food, there's enough choice". "The food very good, practically all the time. Example today we had curry, one of the best meals I've had, it was very tasty."

We observed lunch in the main dining room and smaller dining room on the first floor and saw that people received the support they required in a dignified manner. We also noted that people were provided with appropriate equipment, to enable them to eat independently. When people had finished their main meal they were shown a chalk board with the days deserts listed on it. A sweet trolley held a variety of hot and cold deserts for people to choose from.

Technology was used to support the effective delivery of care and support. For example, pressure mats and chair mats, which alerted staff when a person was mobilising in their room or communal areas if they were at risk of falling. Where these were in place, decisions had been made with people wherever possible. People unable to make these decisions had been assessed in line with the Mental Capacity Act (MCA) and best interest's process had been followed. Relatives told us where they held legal power of attorney for their loved ones they were consulted in their care and any best interest decisions.

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.

Care records showed when people were unable to make decisions; these were reflected in a capacity assessment. Any decisions had been made through a best interest meeting and included professionals and

people of importance to the person and the decision.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider was meeting their legal responsibility in relation to the DoLS. Records showed us that where applications for DoLs had been made, people's legal representatives or best interests decisions supported the applications.

The home was spacious with ample space for people who used wheelchairs or mobility aids. Communal areas were set out with easy chairs, televisions or radios were available for people to watch or listen to. Signage was in place for people to navigate their way around the home, such as toilet signage and exits. People had personalised their rooms and they were decorated as they wished. People had access to gardens and were seen to relax with visitors for lunch in the garden. People were able to move around the home either by stairs or lifts. Handrails supported people where needed.

People's care records showed relevant health and social care professionals were involved with their care. People were supported to stay healthy and their care records described the support they needed. Staff monitored people's health and worked closely with other professionals to make sure care and treatment provided good outcomes for people. One health professional told us, "Very effective team, if I leave instruction I know they will be carried out

Good

Is the service caring?

Our findings

People continued to receive a service that was caring.

People were valued and treated with compassion and kindness by a highly motivated and dedicated staff team. Staff had built caring relationships with people, interactions were person centred and respectful. There was a person centred culture whereby staff supported people to express their views and choose what they wanted to do. Comments from people in regard their care and support included, 'I think they are wonderful, they give you everything imaginable." Oh yes, it's just excellent'

Staff demonstrated that they continuously and consistently looked for ways to improve and provide the opportunity for meaningful experiences. For example an activity coordinator spent one to one time to have lunch in a quiet dining room with someone who had not been coming out of their room. This proved to be a special time for both the person and staff member. These meetings continued whereby different groups of people have one to one social time to discuss interests and future activities.
People were cared for by staff that knew people's individual preferences very well and valued their relationships. Relationships were seen to be equal with staff and the people they were supporting enjoying each other's company. One member of staff told us, "I love working here, and love the residents and know they like us. We all celebrate each other's birthday, spend time chatting and laughing." They told us the relationships made them feel valued and respected and part of a "Large happy family"

Care plans were person centred and placed the person at the heart of their care. They contained information which enabled staff to provide care in accordance with people's expressed wishes and preferences. People and those important to them had been included in the development of the plans which were subject to regular reviews. Relatives told us they were involved. Comments included "The care here is wonderful, the carers are amazing". "I come in to visit most days, they [staff] never cease to surprise me, and there is always something going on and lots of laughter". "From a visitor point of view they [staff] make an effort to get to know us, they know our names and always offer drinks or food." "I think this home is outstanding, because of the little things they do, and the lovely smell of the home".

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. We observed that all the staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people's wellbeing. We saw a member of staff laughing and joking with one person and saw how this enhanced the individual's mood. Staff were keen to include people in conversations, making sure "Nobody feels left out".

The home responded to people's changing physical conditions and individual needs in an extremely person centred way. This helped them to understand what was important for individuals and how to approach their care in a bespoke way. For example, when people needed one to one support staff were seen sitting with people for long periods of time either in the home or out in the grounds, chatting and sharing experiences. One visitor told us, "They know about people and their histories. Last week we had a cooking demonstration

and all made pizzas for tea. This weekend I came to visit and all the residents were in the garden enjoying the sun, potting plants and drinking G&T or lemonade." They told us everyone had had a "Lovely time, even those who were unable to make them on their own came along with staff to help. They gave me one to take home for my tea".

People were involved in where they spent their time in the home, they were encouraged to use indoor and outdoor spaces with visitors, to ensure their time with their visitors was personal and private. Visitors were welcomed and included. When people were going into the garden they were reminded to be careful, take their sun hats, put sun cream on and sit in the shade if they got too hot.

People's independence was respected and supported. People told us keeping their independence was important to them. One person told us "We have experienced poor care and treatment in the past. Here the staff are wonderful, support when we need it but give us the space to spend time together." The manager told us they were aware of their responsibility in ensuring people's rights to choice and independence were fully respected and upheld. People told us that staff respected their privacy, dignity and independence. One person said, "I feel included, the [staff] always ask me first". People were supported to maintain their diverse cultural, gender and spiritual choices. Information was obtained during their initial assessment and reviewed as relationships developed.

People and staff were valued and appreciated. People and relatives told us how staff always had time to talk and explained how important this was in making people feel cared for. Throughout our inspection, we observed many positive and caring interactions between staff and the people they were supporting, we saw warmth and affection being shown to people. The atmosphere was calm and pleasant. There was chatting, laughter and use of light appropriate humour throughout the day.

Staff were flexible and provided support when people needed it. One relative informed us, 'We chose Bymead as it struck us with a strong 'family' feel as soon as we walked in on our first visit. We have not been disappointed with our choice and neither has [person's name]. Management is strong, headed up by [nominated individual] with high expectations of all staff, who appear well trained in their respective roles. Staff are consistently caring and kind, meeting the needs of their residents with humour and good grace. Catering is excellent, providing a good well-balanced diet. Also housekeeping and general maintenance are superb".

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. For example, people were supported to attend churches services of their choice. Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly.

People received care which was kind and respected them as individuals. The provider and manager led by example and constantly observed and monitored standards of care to make sure people were treated with kindness and respect. There were numerous thank you cards. Comments included 'I am just writing to thank you and your lovely staff for all the kindness shown to [relative's name] and myself during our time with you. I know that they had the best possible care at Bymead".

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and wishes.

People received personalised care that was responsive to their needs and wishes. From our discussions with staff, it was clear they were knowledgeable about the people they were supporting and told us about the particular actions that may mean someone was upset. Care plans provided clear and detailed information about the person's care and support needs, and identified what the person could do for themselves and what support staff should provide.

Care plans were in place for people's health needs, such as their mobility, skin care and mental health needs. Care plans focused on the person whole life, and important people and interests to them. One visiting professional told us, "They go the extra mile" and gave us an example of how staff had been responsive to one person's needs when they first moved into the home and how staff had listened and supported the person to feel they had not lost their independence. They told us, "They got to know [name] and then responded to their needs."

Care plans reflected the additional support people may need to communicate and the approach they should use. The care plans held guidance about any communication needs For example, where people needed additional support to communicate staff were seen to follow the correct approaches highlighted in care plans. They were knowledgeable about responding to individual communication needs.

The service met the requirements of the Accessible information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were clearly assessed and detailed in their care plans. This captured the persons preferred methods of communication and how best to communicate with them. Staff communicated with people in ways which were meaningful to them. For example, we observed staff kneeling with people so that they were able to see their faces when they spoke with them. Staff explained how they used facial expression to understand where people were unable to verbally communicate their needs and wishes. Staff took their time and did not interrupt people until they had finished speaking.

Handovers took place at the beginning of a shift and included an update on any changes with a person. Handovers between staff ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff shared information about any changes to care needs, activities attended, planned appointments and generally how people had spent their day.

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. Advanced care plans were put in place including best interest discussions if the person lacked capacity. People had an opportunity to develop care and support plans detailing their end of life wishes which included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted.

People told us enjoyed a range of activities. There were numerous photo albums of activities that had taken place at Bymead House and people spoke of many trips out into the local community. At the time of the inspection a new activity coordinator was in position, they told us, "I am not new to the home so already know the residents well. I wanted to get to know their likes and dislike. Last week I held a reminiscence afternoon. Lots of the resident discussed they had been keen gardeners, so this weekend we spent lots of time in the garden potting plants. We planted some sweet peas, so we can pick them when they are grown. It was amazing how agile people were."

The activity programme was displayed around the home which detailed the week's events. People were positive about the activity programme, one person told us, "There's a whole programme of events on a daily basis. 'I was in the garden two days at the weekend' 'I always have a decent newspaper delivered that I read'.

People were encouraged to share any concerns. Residents meetings were held regularly and people were encouraged to give feedback. For example following the last residents meeting people it was proposed although a loop system had been set up to ensure all people were able to hear and engage in the meeting. People stated it was still difficult for them to hear what was being spoken about. It was agreed people would elect someone to represent their views. The first meeting took place in December 2017 where people were able to feel fully involved in their meeting.

The home's complaints procedure was displayed throughout the home and the manager told us all complaints were fully investigated and responded to. People and their family and friends felt comfortable any concerns would be addressed. One person told us, "Yes I would complain if I needed to. I am kept informed of what is going on, I feel I am treated with equality and fairly which is very important."

Good

Is the service well-led?

Our findings

The service continued to be well-led.

There had been changes to the management structure since the last inspection. The previous registered manager had left the service in February 2018. A new manager was in position who was supported by the provider/owner on a daily basis. The new manager had many years' experience working in the home albeit within a different role. At the time of the inspection they were applying to become the registered manager and gaining qualifications suited to the role. The provider told us in their PIR that they had restructured their management team. They went onto say they were aware that good service provision starts with good leadership and had recruited and promoted the right personnel to accomplish this. They had a general manager who was responsible for the overall management of the home supported by two Lead Nurses'.

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.

The provider had a clear vision for the home, they told us their ethos was to care with integrity, and to keep a homely home. They told us the key to this was being a family run home. They said, "We lead but value staff opinions. We put our residents first and ensure a smooth transition from home to Bymead House". Staff told us they felt the home was well led and had confidence in the new manager. One member of staff told us, "We are a great team and it comes from the top as we are well led. We are part of a big family and they bring us all together. we work well together, we feel trusted, valued and respected"

Staff meetings were held which were used to address any issues and communicate messages to staff. Minutes reviewed demonstrated where incidents or concerns had occurred in the home these were reviewed and discussed and any learning was shared with the team. Staff had daily handovers were information was shared and any learning from practice was discussed, for example on the minutes of a staff handover in May 2018, staff were reminded of the importance of ensuring people's dignity was respected at all times. This followed an isolated incident whereby a door had not been closed properly.

People benefitted from a staffing structure which made sure all staff were aware of their roles and responsibilities. There was always a registered nurse on duty who was able to monitor people's health needs and act in accordance with those needs. Registered nurses told us they felt supported to complete their roles by the management team.

The provider had effective quality assurance systems which ensured standards were maintained and constantly looked at ways to improve practice. For example, all falls which occurred in the home were audited and the manager took action such as contacting other professionals and making sure appropriate equipment was in place.

The provider sought the views of people and their relatives by satisfaction surveys and regular meetings. They told us they were awaiting the results of their latest survey, which was collated in September 2017. The results showed 18 questionnaires were returned from 40 being sent out. 68% felt the service was either outstanding or good. This meant overall people living at Bymead House were very satisfied with the service they received. Where people had made comments on improvement they felt were needed the survey showed the action taken.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities. Where concerns had been raised with them they had sought advice and shared information with the CQC and the commissioners of the service.