Bayith Rest Home Limited

Bayith 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

About the service: Bayith House is a residential care home, registered to provide accommodation and personal care for up to three people. At the time of the inspection there were three people living at the home. Accommodation is based on two floors with interconnecting stairs and a stairlift.

People's experience of using this service:
Bayith House is adjacent to a larger service operated by the provider, from where additional staff and resources were available to support people. This created a high level of resilience.
People's needs were met in a personalised way by knowledgeable staff who were kind and caring. They supported people to lead happy, fulfilled lives in a homely setting.
Individual and environmental risks were managed appropriately, and people were protected from avoidable harm.
People received their medicines as prescribed and infection control risks were managed effectively.
There were enough staff to meet people's needs and recruitment processes helped ensure only suitable staff were employed.
People's rights were upheld. They were empowered to make their own choices and decisions and involved in the development of their care plans.
People knew how to raise concerns. They had confidence in the registered manager and told us they would recommend the service to others.
A quality assurance system was in place to continually assess, monitor and improve the service.

The service met the characteristics of Good in all areas. More information is in the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:
The service has not been rated previously. This is the first inspection of the service since it was registered with CQC on 29 May 2018.

Why we inspected:
This was a planned inspection based on our methodology and timescales for inspecting newly registered services.

Follow up:
There is no required follow up to this inspection. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Bayith House

Detailed findings

Background to this inspection

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

Inspection team:
The inspection was conducted by one inspector.

Service and service type:
Bayith House is a care home registered to accommodate up to three people who need support with personal care. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the provider 24 hours' notice of our inspection as it is a small service and we needed to be sure people would be available to speak with us.

What we did:
Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered 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.

During the inspection, we gathered information from: The three people who used the service, the registered manager, the deputy manager and three members of care staff. We viewed the care records for all three

people, records of accidents, incidents and complaints, together with audits and quality assurance reports. Following the inspection, we received feedback from a healthcare professional who had regular contact with the home.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Preventing and controlling infection:
• All areas of the home were clean and staff completed regular cleaning in accordance with set schedules. One person told us, "[The staff] do the cleaning and keep everywhere nice."
• Infection risks had been assessed and appropriate action taken to reduce the risk, although best practice guidance had not always been followed. For example, waste bins in the bathrooms and kitchen were not pedal operated and cotton hand towels were in place for people to share. These posed a risk of cross infection. We discussed this with the registered manager who immediately ordered new pedal bins and replaced the cotton towels with disposable paper towels.
• Staff had been trained in infection control techniques. They had access to personal protective equipment, including disposable gloves and aprons, and used these whenever needed.
• The laundry was managed appropriately, in accordance with the size and type of service.

Assessing risk, safety monitoring and management:
• People's care plans contained detailed risk assessments linked to people's support needs, including their skin integrity, nutrition and hydration. These explained the action staff should take to promote people's safety and ensure their needs were met.
• People were involved in risk taking decisions. For example, one person had chosen to continue smoking, although they were aware of the risk.
• Environmental risks were assessed, monitored and reviewed regularly. We found a smoking risk assessment was not in place for one person, but this was completed during the inspection. Each person had a personal emergency evacuation plan and staff had recently taken part in an evacuation drill to help prepare them for such an eventuality.

Learning lessons when things go wrong:
• Incidents and accidents were monitored and reviewed regularly to identify any patterns or trends. The registered manager described how they would use the findings to help mitigate risk and prevent reoccurrence.

Staffing and recruitment:
• People told us there were always enough staff available to support them in a timely way.
• The registered manager told us staffing levels were based on people's needs and were reviewed regularly.
• The provider also operated the neighbouring care home, from where additional staff could be deployed as necessary. This provided a high level of resilience.
• The provider had robust recruitment procedures in place. However, no new staff had been recruited specifically to support people at Bayith House, as the provider had re-deployed experienced staff from their neighbouring home.

Systems and processes to safeguard people from the risk of abuse:
• Appropriate systems were in place to protect people from the risk of abuse. People told us they felt safe at Bayith House; for example, one person said, "I feel safe and secure. If I was worried about anything, I would talk to [named staff member]."
• Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. They were aware of specific concerns affecting one person and had acted to protect them from the risk of abuse.
• No allegations of abuse had been recorded, but the registered manager described the action they would take to report and investigate allegations and to safeguard people from further harm.

Using medicines safely:
• Appropriate arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely and in accordance with best practice guidance. One person told us, "I always get my tablets; one in the morning and one in the evening."
• All staff working at Bayith House had been trained to administer medicines and had been assessed as competent to do so safely.
• Medicine administration records confirmed that people had received their medicines and topical creams as prescribed. There was clear information about 'as required' medicines and when these should be offered to people.
• Staff took an individualised approach to supporting people's medicines; for example, they used a different system for one person as this would better suit them when they returned home.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:
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.
• MCA assessments had not been completed for one person who lacked capacity to make decisions about some aspects of their care. The registered manager told us this was due to a misunderstanding by the assessing staff member. Following the inspection, the registered manager completed the necessary assessments and told us they would arrange additional MCA training for senior staff.
• Where people had capacity to make their own decisions, they had signed consent forms indicating their agreement with the proposed plan of care.
• Before providing any care or support, we consistently heard staff seeking verbal consent from people first.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• We checked whether the service was working within the principles of the MCA and found they were.
• DoLS applications had been made where needed. Staff understood the implication of DoLS and the support people needed as a consequence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• Comprehensive assessments of people's needs were completed before people moved to the home. These identified people's needs and the choices they had made about the care and support they wished to receive.

• Staff delivered care and support in line with best practice guidelines; for example, they used nationally recognised tools for assessing the risk of skin breakdown and the risk of malnutrition and took action to help achieve positive outcomes for people identified as high risk.

Staff support: induction, training, skills and experience:
• People told us staff were skilled and competent. One person said of the staff, "They always seem to know what they are doing" and another told us, "I think they [staff] are well trained and are always cheerful with it".
• The registered manager told us they only allocated experienced staff to support people living at Bayith House. However, in the event that new staff were employed, arrangements were in place for them to

complete a comprehensive induction programme, including a period of shadowing a more experienced member of staff.
• Staff completed a range of training to meet people's needs, which was refreshed and updated regularly. They were also supported to gain vocational qualifications relevant to their role.
• Staff told us they felt supported in their roles by the management. Comments from staff included: "I definitely feel supported. We get thanks and I feel appreciated", "[The registered manager] is very relaxed about everything and always offers to come in if we've got any problems" and "We have all the support we need and can go the [the registered manager] with anything".
• Staff received regular one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with them, discuss their training needs, identify any concerns, and offer support. Yearly appraisals were also planned, to assess the performance of staff. In addition, managers conducted occasional observations of staff practice to monitor the standard of care delivery.

Supporting people to eat and drink enough to maintain a balanced diet:
• People praised the quality of the meals and told us their dietary needs were assessed and met well. One person said, "The food is good. We get a choice and I've always liked the choices." Another person told us, "The food is well-cooked; it's good quality and there's plenty of it."
• People were offered regular snacks between meals. They could also choose alternatives if they did not want any of the menu options for the day.
• Staff monitored the amount people ate and knew how to support people who had lost unplanned weight; for example, they were providing high calorie drinks to one person.
• A choice of drinks was available and accessible to people throughout the day and we heard staff encouraging people to drink often.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:
• People told us they received all the support they needed at the time they needed it.
• When talking to people living with cognitive impairment, staff communicated effectively; for example, they faced people, used short simple questions and gave them time to respond.
• People were supported to access other healthcare services when needed. For example, staff had worked collaboratively with mental health specialists to change the timings of one person's medicines to make them more effective.
• Care records confirmed that people were regularly seen by doctors, specialist nurses and chiropodists. A healthcare professional who had regular contact with the home told us, "I am happy with the care provided to my patients."
• When people were admitted to hospital, staff ensured that all essential information, medicines and personal effects were sent with the person to help ensure their needs would be known and met.

Adapting service, design, decoration to meet people's needs:
• People told us they were happy with the design and layout of the home. One person told us, "It's just like being at home." Another said they liked the environment because it was "nice and quiet".
• Some adaptations had been made to the home to meet the needs of older people with reduced mobility; for example, a stairlift gave access to the first floor and a fixed hoist enabled people to access the bath safely.
• The home had been decorated recently and there was a system in place to help ensure any maintenance issues were resolved promptly.
• People had level access to a garden area which they told us they enjoyed using in warmer weather.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:
• People told us they were happy living at Bayith House and spoke positively about the staff and the care provided. Comments from people about the staff included: "They know me now and I get on with all of them well", "They are always nice with me" and "They treat me like one of the family".
• We observed people were treated with kindness and compassion. Staff spoke respectfully to people and supported them in a good-humoured way, making sure they were comfortable.
• When we spoke with staff, they demonstrated an extensive knowledge of people's individual needs, preferences, backgrounds and interests. One staff member told us, "With only three people, it's like looking after an extended family; it's lovely."
• People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments before they moved to the home. Staff recognised people's diverse needs and there were policies in place that highlighted the importance of treating people as individuals.
• People's care plans included detailed information about their background in a 'life story book'. This included their hobbies, interests, previous employment and circles of support. Staff used this information to engage with people and strike up conversations about topics that were meaningful to them.
• Staff gave examples of how they treated people according to their individual wishes, preferences and lifestyle choices.

Supporting people to express their views and be involved in making decisions about their care:
• People and their relatives were fully involved in planning the care and support they received.
• Staff ensured that relatives and others who were important to people were kept updated with any changes to the person's care.
• The registered manager was aware of the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. All information was available to people in a variety of formats, for example, easy read, large print and pictorial.

Respecting and promoting people's privacy, dignity and independence:
• People were encouraged to do as much as they could for themselves. For example, a staff member told us, "During personal care, we show people the flannel and ask if they want to wash their face or dry themselves. You can't take all their independence away from them."
• People's care plans were clear about which tasks people could perform by themselves and which tasks they needed support to complete.
• A screen was available in the shared bedroom to protect people's privacy and people confirmed this was used when needed. The registered manager explained how they assessed people to ensure they would be

compatible to share the double room.
• We heard people being asked discreetly if they needed help with anything and tasks were carried out in a calm, respectful manner. One person said of the staff, "They are doing a very good job and always treat me with dignity."
• Staff described how they protected people's privacy when supporting them with personal care. This included listening to people, respecting their choices and closing doors and curtains. People could also choose the gender of the staff member who supported them with personal care.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People told us their needs were fully met, in a highly personalised way. One person said of the staff, "They like to help you when they can. They're always on hand if you need anything."
• Staff supported people to lead happy, fulfilled lives by exploring and supporting them to develop 'goals and aspirations'. For one person, these included a wish to return home, which they were expected to achieve shortly after the inspection; for another person, it was a wish to continue accessing the community independently, which they told us they did regularly.
• Care plans had been developed for each person. These provided sufficient information to enable staff to provide support in a personalised way. They included examples of what a 'good day' and a 'bad day' would look like for the person, together with information about the help staff needed to provide in any situation.
• People's daily care records confirmed that care and support had been delivered in line with people's needs, wishes and preferences. For example, some people had been supported to have showers and others had been supported to have "a long soak" in the bath. Another person had been supported to exercise daily to increase their mobility.
• Care plans were reviewed regularly and changes made promptly when needed.
• Staff responded promptly to changes in people's needs. One person said of the staff, "They are really friendly. They take into account when you are a bit down and cheer you up". Another person's feet had become swollen; we saw they were being encouraged to rest them on a stool to reduce the swelling and had been referred to the GP to review their medicines.
• People were empowered to make their own decisions and choices, including when they got up and went to bed, when and what they ate and how they spent their day. For example, a staff member told us how they often supported one person to spend the night in the lounge as this was their preference.
• People had access to a range of activities, including at the neighbouring home run by the provider. These included games, quizzes and music.
• The activities were tailored to people's individual interests and needs. For example, one person enjoyed doing small chores around the house and another enjoyed attending a local club on weekdays.

End of life care and support:
• Nobody at Bayith House was receiving end of life care at the time of the inspection. However, staff had experience of delivering such care and had completed relevant training in line with best practice guidance. All staff expressed a commitment to supporting people to have a comfortable, dignified and pain-free death, when that time arrived.
• Where they had chosen to discuss end of life care, people's end of life wishes and preferences were recorded in their care plans

Improving care quality in response to complaints or concerns:

• There was an accessible complaints procedure in place. People told us they were encouraged to raise concerns and were confident they would be listened to. One person said, "I've never complained, but I would go and see [the registered manager] if I needed to."
• No complaints had been received, but the registered manager described how they would use learning from complaints to help drive improvement within the service.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
• People spoke positively about the management of the service and told us they would recommend the home to others. A healthcare professional who had regular contact with the home said, "There's a good management structure and safety ethos and we, as a practice, have a good working relationship with the home."
• The registered manager promoted a positive culture aimed at delivering high quality, person-centred care. They told us their ethos was: "Residents don't live in our workplace; we work in their home".
• Staff understood of this approach and, from the interactions we observed, followed it consistently. They demonstrated a shared commitment to providing the best possible care to people and worked flexibly to ensure people's needs were fully met.
• The registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.
• People told us their friends and family could visit at any time, were made welcome and were always offered refreshment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• There was a clear management structure in place, consisting of the registered manager, the deputy manager and senior care staff. Each had clearly defined areas of responsibility and understood their roles.
• Staff communicated well between themselves to help ensure people's needs were met; this included through a dedicated, secure, online forum to keep them up to date with any changes.
• There was a quality assurance process in place, consisting of a range of audits. Some of these had not yet been completed as they were due to be done annually and the home had not yet been open for a full year. Other audits had been effective in bringing about improvement. For example, changes had been made to the arrangements for managing medicines in response to the findings of an audit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• The registered manager consulted people in a range of ways; these included through quality assurance surveys and one-to-one discussions. These had led to changes; for example, menus had been changed to accommodate people's feedback and the smoking area in the garden had been moved.
• Staff meetings were held regularly and attendees were encouraged to raise concerns or make suggestions

for improvement. A staff member told us, "There's a good atmosphere at staff meetings. We are quite open and feel free to say, 'It was me and I'm sorry'. [The registered manager] listens to suggestions and says 'Try it and see if it works'."
• Other comments about the management included: "There's good morale and any issues are nipped in the bud", "Everyone is happy to cover [shifts] for each other" and "The [registered manager] is always nice".

Continuous learning and improving care:
• The registered manager described how they analysed all forms of feedback from people and used the findings to monitor and improve the service.

Working in partnership with others:
• Staff had developed links to other resources in the community to support people's needs and preferences. These included the medicines optimisation team from the clinical commissioning group who had supported the home by conducting a medicines review.