

Optima HCI Limited

Baylham Care Centre

Inspection report

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Tel: 01473830267

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Baylham Care Centre is a care home with nursing. At the time of our inspection 39 people were being provided with care and support which included younger adults and older people, some of whom have complex mental health and physical needs. The service can support up to 55 people.

People's experience of using this service and what we found

Overall, the provider had improved their quality monitoring systems. However, they could not evidence this consistently with the safe management of skin pressure care.

Having a registered manager is condition of the providers registration. There had been no registered manager at Baylham Care Centre since December 2020.

We received positive feedback from people and their relatives about the caring nature of staff. People were treated with kindness. We received mixed feedback about the staffing levels and have recommended that the provider monitors the staffing levels closely.

We were assured by the infection prevention and control measures that were in place. Medicines were well managed.

Staff had received safeguarding training and were aware of their responsibility to report safeguarding concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was Inadequate (published 30 March 2021) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 30 March 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Baylham Care Centre

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Baylham Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was no manager in post at the time of our inspection and there had not been since March 2021. The last registered manager had left the service in December 2020. During our inspection visit the provider was represented by an operations manager who was also the providers nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. This person has been referred to as the nominated individual throughout this report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who lived at the service and seven relatives about their experience of the care provided. We also had email contact with a further seven relatives. We spoke with, or had email contact with, a total of eleven members of staff including; care staff, a housekeeper, nurses, the deputy manager and operations manager. We reviewed multiple people's care files, daily records of care and medication records. We also reviewed staff personnel files. We also looked at a sample of the service's quality assurance systems, the provider's arrangements for managing medication, staff training and supervision records, complaint and compliment records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received additional information and feedback from professionals who work with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection we found risks to people's safety had not been adequately identified and mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 however there remained some concern about the management of an area of potential risk.

- People who were receiving care for a pressure ulcer had a care plan which stated they should be repositioned every two hours however the recording chart in place specified four hours. Records of assisting people to reposition contained gaps which meant staff could not be confident that the person had been assisted to change their position to help prevent deterioration of a pressure ulcer.
- A relative spoke of their concern that their family member was not always being repositioned as they should when cared for in bed. They told us how their family member was often lying in the same position for a long time when they should be helped to turn.
- Staff spoken with were aware of how to use thickening agent, added to drinks for people with swallowing difficulties, however this agent was not stored in a locked cupboard in line with safety guidance. Thickening agents can cause an airway obstruction if swallowed dry. We raised this with the nominated individual who told us the agent was on a high shelf but also took action straight away and arranged for it to be stored correctly.
- At our last inspection we were concerned that following an incident with the consistent and secure closing of some internal doors, doors that should have closed securely, remained open. This meant that people may have been able to leave by this door when it was not safe for them to do so or there was an increased risk of them falling. Since that inspection the provider had taken several actions to establish the reason for the failure of the doors to safely close in order that they could fix it. The nominated individual told us that the doors had been secure since July 2021 and that staff were monitoring them every two hours and recording that they had done so.
- Other environmental risks we were previously concerned about had been addressed. Free standing wardrobes in people's rooms which were not fixed to the wall had been secured. Risks of falls from height from the top floor at the home had been removed.
- At our last inspection we were concerned that the provider had failed to adequately assess and mitigate against the risks of serious harm to people who had expressed a wish to harm themselves or commit suicide. Several environmental actions had been taken in response to this and following reviews and re-

assessments, people who expressed emotional distress to themselves and others had since moved and left the home as it was recognised their support needs could not be met.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found people were not always being safeguarded from the risk of abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13

- People we spoke with reported they felt safe living at Baylham Care Centre.
- People were supported by staff who understood how to respond to and report any safeguarding concerns. Staff received training and demonstrated an awareness of their responsibilities and role in helping to keep people safe.
- Information about how to raise a safeguarding concern was available in the home for staff to refer to if needed.
- The provider had safeguarding and whistleblowing policies and procedures in place. Staff understood signs of abuse and knew how to report it.

Staffing and recruitment

- There was mixed feedback about the staffing levels with people telling us that there were insufficient staff to meet people's needs in a timely manner. One person said, "There are sometimes enough staff, sometimes no, they get through it though, they work very hard." Another person commented, "I ring the call bell. They have been a bit short staffed recently, so it takes a bit longer."
- Relatives also raised concern about the staffing levels. Of the 14 relatives that we had contact with, 50% told us that they felt there were not enough staff to support their relative in a prompt time. One relative said, "There are not enough staff. They are doing their best, some staff are doing a brilliant job. They have only got two nurses for three floors. There is a lot going on at the moment. The admin staff help out with the caring, and even take [people] outside."
- We also received mixed feedback from some staff who told us they felt staffing levels were not sufficient to meet people's needs and described how they had insufficient time to spend with people.
- During our inspection visits we observed there were sufficient staff to meet people's care and support needs. Staff spent time with people and were visible across the home.

We recommend that the provider continues closely monitoring and reviewing staffing levels using an effective tool and through communication with staff to ensure people's needs continue to be met in a timely manner.

- The provider continued to have appropriate recruitment procedures in place, which ensured staff were suitable to support people who lived at the home. Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check is a criminal record check on a potential employee's background. The provider checked potential staff's previous employment history, their identity and obtained references about them.

Using medicines safely

- Systems in place helped to ensure medicines were managed safely. They were stored in a locked trolley and cupboards in the medication room and the temperature was monitored each day. Regular audits were completed, and stock balance checks made during the inspection were accurate.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- At our last inspection we were concerned that whilst incidents and accidents had been recorded, we found no evidence of lessons learnt or sharing these findings with staff. At this inspection systems had been improved. Records contained a greater level of detail, incidents were logged and analysed to look for any themes and trends and overall, there were far less accidents and incidents occurring.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we found staff had not been adequately supported and their competence and skills were not up to date. There were also a number of staff who had insufficient English language skills to enable them to work with and communicate effectively with people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were supported by staff who had adequate training, skills or experience to meet their needs and safely deliver care. Since our last inspection, people who had very complex needs had moved from the home and any new admissions were carefully considered to ensure staff could meet people's needs. Most people and their relatives told us that the staff were trained, and they had confidence in them to provide safe and effective care. One person said, ""Staff usually know what they are doing, I just tell them what to do. Mostly they know me, new staff have to learn, but they know things like what mug I like, stuff like that."

Staff support: induction, training, skills and experience

- Staff had the training, skills and experience to carry out their roles effectively
- Previously, at our last inspection, some staff told us that supervision had not been routinely carried out to ensure they were supported to carry out their job roles. At this inspection many staff told us they now felt supported in their roles and that supervisions happened more frequently.
- Specialist training reflective of people's care needs had taken place. Senior staff had recently undertaken mental health training in order to effectively meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives told us the food was of a good quality. One person said, "Food is lovely, and I get plenty of it, I get fresh fruit. It's very nice here."
- People had their eating and drinking needs understood and met. Staff knew people's likes, dislikes and any special dietary needs or specialist equipment needed.
- People received support with eating and drinking, which reflected their needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Where necessary, the staff team worked with other services to deliver effective care and support.
- The manager and staff worked in partnership with health and social care professionals such as, community nurses to ensure people received the care they needed to remain healthy and well.
- People's relatives told us if their family member was unwell, staff acted promptly to seek advice from health professionals. One relative said, "The nurse and I consult together. If I feel he needs to see a doctor one of us will contact him. The nursing staff are very vigilant."

Adapting service, design, decoration to meet people's needs

- We looked at how people's needs were reflected in the adaptation, design and decoration of the premises. The building was set over three floors and was accessible via a passenger lift.
- People had rooms that were homely, filled with personal items that reflected their life history such as photographs, memorabilia reflecting hobbies and interests and books.

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.

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.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we were concerned that MCA and DoLS processes were not always followed correctly to ensure that people's rights were upheld, and decisions were made in the best interests of people who lacked the mental capacity to make specific decisions. At this inspection improvements had been made. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11

- People's care records contained information on how staff supported them to make day to day decisions.
- People were asked for their consent to care and support. We saw staff asked for consent from people in the most appropriate way for the individuals.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

We had a number of concerns across the service at the last inspection which meant we could not be assured that people received a high quality, compassionate and caring service. We found improvements at this inspection and found that people were receiving good care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported by kind and caring staff. One person's relative said, "They are very respectful; they are good at that. Staff are very polite and fun, they chat to you nicely, they are lovely people." Another relative told us, "Staff are very caring and treat [family member] respectfully. I have never had any issues with staff, there is no lack of desire to do things." A third family member commented, "I have heard a [person living at the home] ask the same question many times but the staff member answered in the same kindly tone on the sixth time as the first."
- There were friendly and engaging interactions between staff and people. People were supported by staff who knew them well.
- Staff spoke positively about providing care to people. They supported people as individuals and respected their choices and preferences.

Supporting people to express their views and be involved in making decisions about their care

- Care and support was provided to people and those acting on their behalf to enable them to express their views and make decisions about the care provided.
- Improvements had been made and since our last inspection, care plans for all people living at the home had been reviewed with them and/or their relatives where appropriate. Reviews of care were held to ensure that people's needs were being met and their preferences respected.
- Relatives felt involved and were informed of any changes in their family member's health. One relative said, "I was involved in compiling [family member's] care plan, and it's updated regularly."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff did not enter people's bedrooms without first knocking to seek permission to enter. One relative said, "They [care workers] talk to [family member]; some tell [person] what they are doing like raising the bed or giving medication. They always knock and pull the curtains, so good on that."
- Staff knew people well including their preferences for how they liked their care and their personal life histories and their families.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People gave positive comments about how the staff supported them. One person said, "All the staff know about you, it's in your care plan."
- People's needs were assessed prior to admission to the service and used to develop care plans setting out the how their preferences and how their care and support needs were to be met.
- We received mixed feedback about the range of activities and opportunities for people to engage in hobbies. Some of this mixed feedback was also attributed to the COVID-19 pandemic. One person said, "We are not getting a lot of activities at the moment, hopefully they will get started soon. 'Elvis' is coming on Thursday. We play scrabble and quizzes, but like I say, there are not enough staff to organise it recently."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been recorded within their care plans.
- Documents such as care plans and policies could be adapted into a more accessible format such as, a different language or large print if required.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place for complaints.
- Information on the complaints process was made readily available to people. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service.

End of life care and support

- There was no one receiving end of life care at the time of our inspection however the staff were aware of good practice and guidance in end of life care, and respected people's beliefs and preferences.
- Where people had made a decision not to be resuscitated a DNACPR was in place and this important information was available to staff to ensure they acted in accordance with their wishes.

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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires improvement. This meant that there were improvements to the service, but the management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection systems were either not in place or robust enough to demonstrate safety and quality was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was also a previous breach of Regulation 18 of the Care Quality Commission (Regulations) 2009 Act. At this inspection there were no breaches of regulations and we were encouraged by the progress made by the provider to make the necessary improvements

- The service has been without a registered manager since 4 January 2021. It is a requirement of the providers registration that they have a manager who has registered with CQC in post.
- At this inspection there were no breaches of regulations and we were encouraged by the progress made by the provider to make the necessary improvements. These improvements need to be sustained, maintained and fully embedded into the culture of the home by a consistent manager to ensure people are consistently provided with a safe quality service.
- Further development was needed of the systems in place to identify when support and care was not delivered in line with best practice. There were inconsistencies in the care planning of people's repositioning checks and not all daily tasks were recorded by staff. This meant there was a risk of people not receiving their planned care and the risk of unsafe care would not be identified.
- A programme of audits to monitor and assess the quality of the service provided had been implemented and were regularly carried out by the nominated individual and deputy manager. Staff had also been delegated responsibility for monitoring certain areas. Further development of the systems in place were needed to ensure these identified any consistencies in care planning and recording around skin pressure care.
- Statutory notifications were now being submitted in line with the Regulations.
- We received mixed feedback about the management of the service, which some attributed to a lack of consistent management over the past year. One relative told us, "I just hope they can bring things back to how they were, they are working hard. I have thought about moving [family member]. They have been open about what's been going on and why." Other relatives were positive with one commenting, "I have seen improvements, [family member's] room is tidier, the place seems brighter, it smells nice."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were positive that they were kept updated and informed and spoke of communication improvements. One relative said, "The biggest issue at the time [of the previous inspection] was communication, it was appalling, and it was obvious issues were going on with management. [Nominated Individual] has more or less got to grips with it." Another relative told us, "They now do newsletters, they have relative/resident meetings that you can access online, and they send the minutes out. We are kept informed of changes."
- There were quality assurance procedures in place.
- The management team were open and transparent during our inspection and the conversations we had with them afterwards. They welcomed our feedback and were keen to make any necessary improvements needed.

Continuous learning and improving care; Working in partnership with others

- The service worked with medical professionals, community services and local authority social workers. Information was shared appropriately where required.
- Many relatives spoke of an improved sense of partnership working and continuous learning in order to support people to achieve positive outcomes. One relative said, "I have seen improvements and they are managing COVID-19 well. You do an LFT every time you go, have to wear all the PPE, staff do too. Staff seem much happier. They have started up activities again, singers are going in. Things are progressing well it's all looking good." Another relative commented, "We did have a questionnaire sent out from [nominated individual]. We went to a meeting regarding all the changes, and it's all been done. They have been working very hard, there is much more maintenance being done."