Care Quality Commission

Tri-Care Limited

Bywater Lodge

Inspection report

1 Leeds Road, Allerton Bywater, Castleford,
West Yorkshire WF10 2DY
Tel: 01977 551612
Website: orchardcarehomes.com

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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

Overall summary

We inspected the service on 14 December 2015. The visit was unannounced. Our last inspection took place in October 2014 and at that time; we found the provider was in breach of four regulations and asked them to take action to rectify this. The provider sent us an action plan telling us what they were going to do to ensure they were meeting the regulations. On this visit we checked and found sufficient improvements had been made in these areas.

Bywater Lodge provides accommodation and care for up to 44 older people who may be living with dementia or other mental health conditions. The home is purpose built, set in its own gardens and there is parking available.

The home is divided over two floors. There is a large lounge and dining room on both floors for people to use with lift access. There is also a café area. People living in the home have single en-suite rooms.

At the time of this inspection the home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the

Summary of findings

Health and Social Care Act 2008 and associated Regulations about how the service is run. The person managing the service had submitted an application to register with the CQC.

At our previous inspection we found the provider was in breach of Regulation 14 Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, Meeting nutritional needs. Under the new regulations this equates to Regulation 14 Meeting nutritional and hydration needs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our inspection in December 2015 we found evidence the provider had taken action and was meeting the requirements of the regulation. The lunch time meal experience was pleasant for people living in the home and choice and support was offered. This meant people received a suitable diet and had sufficient to eat and drink.

At our previous inspection we found the provider was in breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, Consent to care and treatment. Under the new regulations this equates to Regulation 11 Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our inspection in December 2015 we found evidence the provider had taken action and was meeting the requirements of the regulation. The care plans we looked at showed the provider had assessed people in relation to their mental capacity. There had been Deprivation of Liberty Safeguards applications completed.

We also found the provider in breach of Regulation 22 and 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Staffing. This equates to Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our inspection in December 2015 we found evidence to demonstrate the provider had taken action and was meeting the requirements of this regulation. Staffing levels were appropriate to people's care and support needs safely, and people told us there were enough staff.

We saw evidence of use of bank staff to ensure gaps on the rota were covered and saw the provider was in the process of recruiting new staff. Staff told us they felt well supported, although we found that supervisions and appraisals had not been kept up to date. The manager was aware of this and had already taken steps to improve this. A programme for staff supervision and appraisal had started.

Staff training was comprehensive and kept up to date, meaning they had the necessary skills to provide care and support to people.

People's care needs were assessed and care plans identified how care should be delivered. People and relatives we spoke with told us they were very happy with the service they received and staff were kind and caring, treated them with dignity and respected their choices.

People had regular contact with healthcare professionals; this helped ensure their needs were met.

We saw evidence of a programme of activities in the home and were told by the manager this was developing with input from people who used the service and staff.

Policies and procedures were in place to ensure people who used the service were protected from abuse. Staff received training in the safeguarding of vulnerable adults and knew how and when to report any concerns. In addition we found the provider managed accidents and incidents well, making appropriate healthcare referrals where needed. Systems for reporting incidents to the local safeguarding authority and the CQC were robust and well managed.

Staff and people who used the service were very positive in their feedback about the new management and leadership of the home. People had opportunity to comment on the quality of service and influence service delivery. Complaints were investigated and responded to appropriately.

Summary of findings

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 safe.

Staff knew how to recognise and respond to abuse correctly. Individual risks had been assessed.

There were enough skilled and experienced staff to support people and meet their needs. We saw appropriate recruitment processes were in place.

We found there were appropriate arrangements for the safe handling of medicines.

Good

Is the service effective?
The service was not always effective.

Staff supervisions and appraisals had not been kept up to date, meaning staff were not always adequately supported. A programme for staff supervision and appraisal had started.

Staff we spoke with were able to tell us how they supported people to make decisions. People were asked to give consent to their care. Care plans contained appropriate mental capacity assessments.

People were complimentary about the quality and quantity of food offered.

Requires improvement

Is the service caring?
The service was caring.

People were very happy with the care and support provided to them. They said staff were kind and friendly and had developed good relationships with people.

Staff understood how to protect people's privacy and dignity and we observed good practice throughout the inspection. We saw staff knocking on people's doors and engaging in conversation with people.

Staff spoken with were confident people received good care.

Good

Is the service responsive?
The service was responsive to people's needs.

People's care plans contained sufficient and relevant information to provide consistent care and support.

There were opportunities for people to be involved in a range of activities within the home.

Complaints were responded to appropriately.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

The manager was not yet registered with CQC. People who used the service, relatives and staff told us the manager was very supportive and well respected.

The programme of audit and quality monitoring in the service had not always been kept up to date, but we saw evidence the manager and provider had already taken steps to improve this.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through, meetings and daily interactions.

Bywater Lodge

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.

The inspection took place on 14 December 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor social worker with medical and health expertise and an expert by experience with knowledge of caring for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection providers are asked to complete a 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 did not ask the service to provide us with a PIR prior to this inspection. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 33 people living at Bywater Lodge. During our visit we spoke with 14 people who used the service, five visitors, seven members of staff, the manager and operational manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. These included medicines records, quality checks, staff rotas, recruitment and training records, quality audits, meeting minutes and the provider's policies and procedures.

Good

Is the service safe?

Our findings

At our previous inspection in December 2014 we rated this key question as requires improvement. We found insufficient staff were present to provide safe care and support to people who used the service. The provider told us in their action plan they would review the staffing levels of the home and ensure gaps on the rota due to absence were filled with bank staff where needed. At this inspection we looked at staffing records, made observations and spoke with staff and people who used the service.

Through our observations and discussions with people who used the service, their relatives and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. One person told us, "They are all very good at what they do. I think there are enough staff. I don't have to wait long when I call them." Staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. We observed staff were present throughout the service and responded to people's needs in an unhurried way, giving people time to make choices and express preferences.

The rotas we looked at showed staffing levels were provided as planned. Any gaps such as sickness or vacancies were covered by staff working additional hours or bank staff. We spoke with the manager who told us staffing levels were determined by the number of people and their care needs. They said the staffing arrangements were flexible and sufficient to meet people's needs. The manager told us they were undertaking recruitment to increase staffing numbers and we saw evidence this was the case.

We asked visitors about staffing at the home. One person said, "Places like these could always do with a few more staff at times. I think it's getting better." Another visitor said, "I sometimes see them rushing around at lunch times, so more would help."

We looked at the recruitment records and found recruitment practices were thorough. Candidates had to complete an application form and attend an interview. The staff files we looked at included an application form, interview notes and references. Appropriate checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

People told us they felt safe in the home. One person told us, "I feel safe in every way. It's lovely and clean and I like the staff." Another person said, "Yes I do feel safe here. You can do what you want to; go to bed when you want. The new manager is very attentive and makes sure we are alright." One relative told us, "Mum's been here over three years. I've never had a moment's concern about her safety."

We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw fire extinguishers were present and in date. There were clear directions for fire exits. Staff told us they had received fire safety training and records we looked at confirmed this.

We looked at people care plans and found risk assessments identified hazards that people might face. These included falls and mobility. There was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Staff we spoke with had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. All the staff we spoke with told us they had received safeguarding training. The staff training records we saw showed staff had completed this training.

We observed staff moving people by hoist to wheelchair/ chair. All were undertaken in a safe manner, and explanations were given to people before movement.

We saw some people had pressure mats positioned at the side of their bed and also on chairs they were sitting on in their rooms. If there was undue or, unexpected movement these mats then triggered a 'bleeper' which staff carried with them to inform them when people might be at risk and need help. On two occasions we observed a person triggered the alarm and a staff member appeared almost

Good

Is the service safe?

instantly to enquire what was happening or if anything was needed. The speed of the response time was good and the efficient system contributed to the safety of people in the home.

People told us they got their medication in a timely manner. One person told us, “I know what I am taking but I leave it to them to give it to me I don’t need to think about it.”

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment. Medicines were stored safely and securely in a room which was kept at a suitable temperature, and we saw evidence this was checked regularly. We looked at electronic medicines administration records (MAR) which were completed correctly and checked stocks of medicines, finding no discrepancies. We saw the electronic system maintained a running stock count each time medicines were given and would raise an immediate alert if any medicines were missed.

The MAR contained a photographic record for each person and there was detailed medicine and allergy information.

Topical medication administration records were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map.

We were told by a staff member they undertook regular audits of medication management and staff who administered medication received corporate and local training. They were then supervised and observed before they were assessed as competent to administer medication. The records we looked at confirmed staff received administration of medication training.

We looked at the recording and storage of controlled drugs. We checked the stocks of these medicines against the records which the provider kept and found no discrepancy.

Requires improvement

Is the service effective?

Our findings

People told us they thought the staff know what they're doing and had the skills and abilities to look after them. Everyone spoke positively about the attitude of the staff.

We looked at staff training records which showed staff had completed a range of training sessions. These included first aid, health and safety, infection control, food hygiene and end of life care. The manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. We saw future training which had been booked included record keeping, food hygiene and person centred care. We saw staff also completed specific training which helped support people living at the home. These included dementia awareness, visual impairment and behaviours that challenge. Staff told us they had completed lots of training, which included moving and handling, fire awareness, safeguarding and health and hygiene. This ensured people continued to be cared for by staff who had maintained their skills.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence some staff had not received individual supervision. We also found in some files there were no starting date of employment, annual appraisal had not taken place and disciplinary action was not recorded. In discussion we found the manager had identified a number of areas for improvement and had robust plans in place to address these. A programme for staff supervision and appraisal had started.

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, 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. (The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager had a good understanding of the MCA and the DoLS application process. We saw that DoLs requests for a Standard Authorisation had been completed following capacity assessments which identified when people lacked capacity to make certain decisions.

We asked staff about the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions. Staff gave examples, such as making sure people were given time to make decisions which included what to wear, what to do and what to eat and how they did this. Staff spoke about always making sure everything they did with people was in their best interests. Staff we spoke with confirmed they had received training on the MCA.

We observed staff supported people to make choices throughout the day. People told us how staff explained things and got their permission before care or supported needs were carried out. One person told us, "The staff always explain what they have come for and what they want to do. Yes I think they do ask permission." Another person said, "Yes, they tell you what's what. They always check with me if they can do what they need to." A third person told us, "Oh they explain everything; they seek your permission for everything they do."

People we spoke with were complimentary about the quality and quantity of food offered. One person told us, "Meals are very good. The portion size is good and you can always get more if you want it." Another person told us, "The meals are marvellous, we get plenty and we are always asked if we want seconds. You get a different choice every day and I have never heard any complaints. It's good quality." A third person said, "Mealtimes are very pleasant here. You get what they give you but if you don't like it they will make you something else. The food is good, nice and hot."

One relative told us, "Mum's enjoys her food and she will say 'ooh, that's tasty." Another relative told us, "I believe the food is very good here. [Name of person] certainly enjoys it."

We observed the lunch time meal in the dining room and people were able to choose where they wanted to eat their

Requires improvement

Is the service effective?

meal. We saw this was not rushed and we noted people living in the home clearly enjoyed their meal. We saw tables were set with tablecloths, place settings, condiments and napkins. The food was freshly cooked and looked appetising. Portion sizes were according to individual preference which the staff clearly knew. The preferences were checked each time and seconds were made available.

We spoke with a staff member who was able to fully explain people likes, dislikes and was aware of people's dietary needs. For example, people that required a diabetic diet. They told us menus were discussed at resident meetings.

We saw snacks and drinks were available throughout the day with staff having access to the kitchen when the chef had finished work for the day.

We saw evidence in the care plans; people received support and services from a range of external healthcare professionals. These included GP's, district nurses and chiropodists. Staff we spoke with told us local GP attended the home on a weekly basis to review individual concerns. We saw when professionals visited, this was recorded and care plans were changed accordingly.

Everyone told us other health care professionals were involved in their or their relative's care as necessary. A relative said, "They know her well enough to know if she needs intervention and they keep me informed. For example, the staff observed a problem with [name of person] and got the doctor to see her. They kept us fully informed."

Good

Is the service caring?

Our findings

People told us the home was clean and comfortable, the food was good and the staff were lovely. One person told us, “We are all treated with great kindness and we have a laugh. The staff do listen to what you say.” Another person said, “Yes, they are as kind and considerate.” A third person said, “They are really nice to us in here. It is a good home there is always someone you can talk to.” One relative said, “They are kind, caring and welcoming.”

Staff we spoke with told us they were confident people received good care. One staff member said, “People are well looked after and the care is good.” Another staff member said, “People are looked after very well and get individual attention.”

People were very comfortable in their home and decided where to spend their time. The premises were fairly spacious and allowed people to spend time on their own if they wished. We saw some people sitting in one lounge area listening to music and reading the paper, one person was sitting in another lounge area watching television and some people were spending time in their bedroom. One person said, “I make my own choices and decisions, about everything really.” Another person told us, “I always feel I can do my own thing here.”

During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. It was evident from the discussions with staff and manager they knew the people they supported very well. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. Staff knew people by name, and some of the conversations indicated they had also looked into what they liked, and what their life history had been. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed caring for people.

People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care. People told us they were treated with respect and their privacy and dignity was taken care of. One person said, “They all speak very respectfully to you, when I go to the toilet they make sure the door is closed. If you have to get undressed at all they take care of your modesty.”

Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individuals personal space. Staff gave examples of how they maintained people’s dignity. One staff member told us, “I would always close the door when helping people to have a bath. I wait outside the toilet until people need my support.” Another staff member told us, “I explain everything and knock on people’s doors.”

We saw relatives and visitors were able to visit without restriction. A relative told us, “I come several times a week, and find the staff welcoming, friendly and approachable.”

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which provided staff with the information to deliver appropriate care.

Care plans were kept up to date contained information which showed how individual needs would be met. However, we found it hard to find specific information as the files were large and not well indexed. We fed this back to the manager during the inspection. Staff we spoke with told us the care plans contained relevant information to help meet people's individual needs. One staff member told us, "Care plans are detailed in every way." Another staff member said, "The care plans are very detailed but some are bulky."

Some of the people we spoke with were not aware of their care plan but the relatives said they were fully involved in planning and reviewing the person's care. A relative told us, "Care plans are discussed with [name of person] and her agreement sought before decisions are made. We all discuss it together."

Two relatives spoken with told us the home was not always responsive. They said, "The problem is with laundry, even though well labelled things go into washing they never come back. This has been raised at relatives meetings on different occasions nothing has changed which indicates a lack of responsiveness on a quite important issue."

There were activities provided for people on a daily basis. This included sing-alongs, bingo and art craft. The home had also recently started taking people out for day trips, for example, to the park or local garden centre. If people did not wish to join in the group activities the activity co-ordinator would go and see them in their rooms to have a chat with them and to see if any support was needed to encourage interaction.

We looked at the provider's policies and procedures for recording and resolving complaints and concerns. We saw all feedback including verbally raised concerns was recorded together with a clear course of action. This included ensuring the person raising the concern or complaint had opportunity to discuss it with senior staff during any investigation and giving feedback on the conclusion.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the manager. Staff knew how to respond to complaints and understood the complaints procedure.

A relative told us, "I know how to make a complaint. We are actively encouraged to voice any concerns and opinions. If I had anything though, I would say it directly. I think everyone would feel comfortable to do that."

Good

Is the service well-led?

Our findings

At the time of our inspection the home did not have a registered manager. There was a new manager in post who had submitted an application to register with the CQC. Their application had been received and was being processed at the time of the inspection.

Many staff indicated the manager was both approachable and responsive anytime night or day. Some comments made during the visit included: "I know her from a previous role and she is really good and will get things running properly now." "She seems to want to get things right and she is very approachable and has the support of most of us."

When we spoke with the manager during the inspection we found they had identified a number of areas for improvement and had robust plans in place to address these. They told us they were working to share their vision through staff meetings, supervisions and in setting a day-to-day example. Staff told us they liked working at the home and felt they were a strong team committed to supporting the manager to make improvements. Staff we spoke with told us they felt able to raise concerns with the manager and were confident that they would take action.

We saw people were consulted on how the home was run. They had opportunity to attend meetings to give and receive feedback and also completed an annual survey. One visitor told us they knew there were relative/resident meetings but did not always attend. We saw these meetings were held every four months and discussions included food menus and activities. One person said, "I say what I have to say. I don't hold back." We saw people had been told about changes affecting the service, asked for suggestions for activities and given opportunity to give feedback about daily life in the home. Minutes of the meeting were displayed on the noticeboard in the entrance to the home.

We saw a programme of quality audits was regularly undertaken, although it was hard to determine the schedule for these as results were filed in the month they were undertaken with no overall key or schedule. The file contained a large amount of paper and we found it hard to locate specific audit reports. Audits included; service user weight losses, infection control, care plans, mattresses, pillows and medication. The majority of audits lacked evidence of manager review and sign off. There was also little evidence the outputs of the audit programme were collated and analysed to enable the manager to identify any emerging trends and take appropriate action. The manager told us the audit system were been reviewed. A programme for audits review had started.

We saw evidence of a programme of provider-led quality monitoring visits and reviewed the minutes of the most recent visit in November 2015. This was a comprehensive report covering audits including staff recruitment files, infection control practices, analysis of accidents and incidents and feedback from people who used the service and their relatives. A detailed action plan was also included, with a clear scheme of delegation and timescale for completion. The operational manager told us, "The manager updates me on progress each week."