

Bayith Rest Home Limited

Bayith Rest Home

Inspection report

18-20 Bevan Road
Waterlooville
Hampshire
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Tel: 02392597388

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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 Rest Home is a residential care home providing accommodation and personal care to up to 12 older people. The home was full at the time of the inspection. The care home is a domestic style building in keeping with the other houses in the road.

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

People received care and support that was safe, effective, caring, responsive and well-led.

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.

Risk assessments were in place which identified possible risks to people living at the home. People's needs were met by suitable numbers of staff. Medicines were stored safely, and people received their medicines as prescribed. The provider had processes in place to reduce the risk of the spread of infection.

The registered manager assessed people's needs before they moved into the home. People were supported by staff who had the training and skills to meet their needs. People were supported to eat and drink enough and accessed healthcare professionals. People were involved in the decoration and design of the home.

People, relatives and visitors told us the staff who supported people were kind and caring. Staff ensured people could make choices regarding their daily activities, what they wanted to eat and where they wanted to spend the day. Staff respected people's privacy and dignity and promoted independence.

People had care plans in place which detailed their needs, preferences, interests and social histories. Staff had received training in end of life care and people were supported to stay in the home at the end of their life, if they wished.

People were offered a range of activities and entertainment. The provider had a complaints procedure in place.

The registered manager and provider ensured there was a person-centred, open and inclusive environment for people to live and staff to work. There was a clear leadership structure in place which included the registered manager, a deputy manager and senior staff. There were processes in place to involve people using the service and to seek their views. The registered manager had an effective quality assurance system in place.

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

Rating at last inspection

The last rating for this service was good (report published 12 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 Rest Home

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.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Bayith Rest Home is a 'care home'. 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 one hour's notice of the inspection because we wanted to check that people and staff were physically well due to the initial phase of the spread of Covid-19.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, such as the previous inspection report.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people living at Bayith Rest Home, three people's relatives, two staff, the registered manager and a healthcare professional.

We looked at a range of records, including care plans for three people, medicines records, audits and recruitment records for three staff. We spent time sitting with people in communal areas and observed how staff interacted with them.

After the inspection

We received written feedback from a social care professional.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place designed to protect people from the risk of harm and abuse.
- Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how and when to contact the local authority safeguarding team as necessary.

Assessing risk, safety monitoring and management

- Risk assessments were in place which identified possible risks to people living at the home. These included risk assessments for equipment used to support people to move around. Risk assessments were regularly reviewed and updated as necessary.
- There were personal evacuation plans in place should there be an emergency which meant people needed to leave the home suddenly.
- Systems were in place to ensure equipment was maintained and checked regularly, for example, the boiler and bath hoists. A fire risk assessment was in place and staff had received fire training.

Staffing and recruitment

- People's needs were met by sufficient numbers of suitable staff. The registered manager usually had two staff rostered on shift, plus kitchen and housekeeping staff. The deputy manager and registered manager were additional to the rota.
- The registered manager had recently reviewed the staffing levels and had consulted staff. They decided to increase the staffing level by one staff member for a particular time of day based on staff feedback.
- Recruitment procedures were in place, which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People received their medicines as prescribed and there were care plans in place where people were prescribed medicines 'when required'.
- Medicines were stored safely and securely, and records were completed appropriately.
- Staff were trained in administering medicines and their competency was assessed by the registered manager.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection. Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection. This included the completion of cleaning schedules and audits. Staff had access to personal protective equipment such as aprons and gloves.
- The home was visibly clean and well maintained. A relative told us, "It's clean and it smells nice."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The registered manager told us there had been an issue with missed signatures on medicines administration records. The registered manager sought the advice of an external professional to audit the medicines systems and put a new system in place to solve the issue.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager visited people in the community or at hospital and assessed their individual needs before offering them a room in the home. People could also visit the home, spend some time there and move in on a trial basis. This gave them the opportunity to see whether they liked the home before making a bigger commitment.
- The registered manager took good practice guidance into account when assessing people's needs. This included their specific diagnosis regarding dementia and their oral health needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had the training and skills to meet their needs. A staff member told us, "The training is good, and it is updated regularly."
- The registered manager had a system in place which ensured staff training was up to date. Training was available both face to face and on-line and included moving and handling, first aid and dementia.

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

- People were supported to eat and drink enough. Menus were based on the food people liked and were reviewed at regular intervals. New meal ideas were discussed and added to the menu and removed if people did not like them.
- People told us the food was good and they had a choice if they did not want what was on the menu. A visitor told us their relative needed specific cutlery to enable them to eat independently and confirmed that staff gave them the cutlery at mealtimes.
- A staff member told us that one person liked their dinner later than the mealtime, so staff either warmed the meal later or made a fresh meal, depending on what it was.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff worked with other agencies to improve people's quality of life. For example, they liaised with and sought advice from GPs, district nurses, social workers and pharmacists. A healthcare professional confirmed that staff contacted them appropriately and when necessary.
- The registered manager recognised that people could be nervous about having necessary surgery, especially if they were living with dementia. They told us that on two occasions, they worked with healthcare professionals to sit in the operating theatre with people who needed surgery performed with a local anaesthetic. This meant the people were calmer and less distressed because they knew the registered manager.

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

- People were involved in the decoration and design of the home. A building project to increase the size of the lounge had been planned and there was going to be a meeting to decide how to decorate the new room.
- People chose the colour scheme for their bedroom. Bedroom doors were different colours so people could find their room more easily and independently.
- People could take their own furniture with them when they moved into Bayith Rest Home. This meant people had familiar items around them and we saw that personal furniture was also accommodated in the lounge area. The registered manager told us, "The majority of furniture doesn't match, but it comes from their homes. Why should they have to [leave it behind] when they have just moved home?"
- Improvements had been made to the home. A new kitchen had been fitted and people could use the kitchen to make drinks or bake cakes. One person liked to collect people's crockery and wash up. The registered manager told us they had fitted a jacuzzi bath in the bathroom which people really enjoyed.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals when needed. People were supported to visit healthcare professionals in the community where possible, or enabled healthcare professionals to visit them at home.

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.

- The manager and staff understood the legal requirements and good practice guidance if people lacked capacity. The registered manager ensured people's needs were met in the least restrictive way to maintain their choice and control of their lives wherever possible.
- The provider complied with the Deprivation of Liberty Safeguards if people were at risk of being deprived of their liberty and had applied for authorisations where required.

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 good. At this inspection this key question has remained the same. This meant 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, relatives and visitors told us the staff who supported people were kind and caring. One person told us, "It's very nice here, the staff are very nice, they always talk to me."

Another person told us, "It's lovely here, I like it. It is friendly, people are nice to you and they help you."

- Comments from relatives included, "Staff seem quite friendly and patient. They are always prepared to help out" and "It is such a lovely place, [my relative] has settled in very well. [The staff] are always cheerful. I've never had an ounce of worry about [my relative] being here."

- The registered manager told us how much the staff cared about people. They said, "We are so passionate about caring, we are the first person people see at the beginning of the day and the last person at the end of the day." A healthcare professional told us, "It is so lovely here, [staff] are very caring."

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

- Staff ensured people could make choices regarding their daily activities, such as what they wanted to eat and where they wanted to spend the day.

- A staff member told us, "People can choose what they wear and when they get up. A person may say, 'Can you give me an hour?' and we do."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted independence. Staff told us how they ensured they maintained people's privacy and dignity when they supported them with personal care.

- We saw staff interacting with and supporting people in a patient and respectful way. A social care professional told us, "It has been clear from feedback provided by the residents that staff have been able to develop good working relationships with them and these residents have always been treated with respect and their dignity and wishes maintained."

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 good. At this inspection this key question has remained the same. 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

- People had care plans in place which detailed their needs, preferences, interests and social histories. Care plans were reviewed regularly and updated when necessary. Care plans showed how people's needs could change and gave staff strategies to use to support people through more difficult times.
- Where people had a diagnosed health concern, care plans contained the information about the diagnosis, so staff were aware.
- Staff knew people's social history which meant they had things they could talk to them about. We saw the registered manager talking to a person who was becoming distressed. The registered manager talked about their life history and this calmed the person.
- A social care professional told us, "The residents whom I have placed at Bayith all appear to have settled in very well. Those residents who can express their needs and wishes have praised Bayith as have the families of those residents who can no longer express their feelings. [The registered manager] and the staff at Bayith have been able to manage complex situations and because of this better, outcomes for those individuals have been achieved."

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.

- The registered manager ensured people's communication needs were assessed and provided information in ways they could understand. Strategies were used to ensure people could communicate their wishes, for example, one person used to write things down so staff ensured they had a notepad.
- Staff took the time to speak patiently with people to understand their communication needs, for example, a person with hearing loss.

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

- The provider employed a staff member specifically to co-ordinate activities for people and staff involved people in activities on a daily basis. People were offered a range of activities and entertainment.
- One person told us, "I enjoy the entertainers, I like to join in." A singing duo visited the home each month and they were in the home during the inspection. We saw people were enjoying the entertainment and were joining in with the singing.
- The registered manager also booked another singer for particular events, for example, a person's birthday.

Other in-house activities included manicures, pedicures and knitting squares which were used as canula covers for babies in hospital. On occasion, groups such as a school choir or the Salvation Army choir had visited the home.

- A new activity had recently started on social media, whereby treats were left on ambulances as an act of kindness for the paramedics. The registered manager had organised baskets of treats and people were involved in the scheme. There were plans for people to be more involved by baking cakes and so on.
- Where people could not join in with activities, or chose to stay in their rooms, staff ensured they interacted with people. People had a radio on and could have their nails painted. One person had a collection of photographs and staff asked their relative to label them so they knew the people's names in the photograph and could discuss them better with the person.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. There had not been any formal complaints made but the registered manager investigated a concern raised, as if it were a complaint. They met with the relative concerned and wrote a written response. The complaint was resolved.
- Relatives told us they knew how to make a complaint. One relative said, "I could complain to [the registered manager], I've got her number, any problems would be sorted."

End of life care and support

- People could stay at Bayith Rest Home for end of life care, if this was their wish. People's end of life preferences and wishes were explored with them and recorded in their care plans.
- The registered manager would contact community healthcare professionals as soon as end of life care was needed. Special equipment, such as specific mattresses were put in place and medicines prescribed to ensure people were not in pain.
- Staff had received training in end of life care.
- Staff valued people's experience at the end of their life. Previously, staff had supported a person at the end of their life who loved Christmas. So, although it was out of season, staff decorated their room with Christmas decorations.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider ensured there was a person-centred, open and inclusive environment for people to live and staff to work. We received positive feedback from people, their relatives, external professionals and staff.
- One staff member told us, "It's lovely working here, it's a really nice place to be, relaxed but not too relaxed. Everything is done to a high standard but still homely. [The registered manager] is approachable, understanding and as flexible as possible." Another staff member told us, "It's very friendly here. [The registered manager] has always been there for any issues, she will do what she can to help, personal or professional."

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

- The registered manager understood the requirements of the duty of candour. They told us that duty of candour meant, "being completely open, transparent and offering a written sincere apology."
- A social care professional told us, "[The registered manager] appears to be open to suggestions as to how things might be improved in the future."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear leadership structure in place which included the registered manager, a deputy manager and senior staff.
- The registered manager notified the Commission of any specific incidents or accidents.
- The registered manager had an effective quality assurance system in place. This included a range of audits, such as cleaning rotas, care plans and recorded accidents and incidents.
- Where any actions were identified, the registered manager took action. For example, the call bell system had been "temperamental", so the registered manager bought a new system.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were processes in place to involve people using the service. Regular 'resident's' meetings were held to discuss various aspects of life at the home. The registered manager told us there would soon be meetings to discuss the new lounge extension and practical matters, such as how people would like it to be

decorated.

- The registered manager undertook a quality assurance survey on an annual basis. We saw responses were all positive with most respondents rating themselves as 'very satisfied' with the service.
- Staff told us they could suggest ideas to make changes or improvements in the home and these ideas were listened to.

Continuous learning and improving care

- The registered manager kept themselves up to date with current good practice through training, interaction with health and social care professionals and reading of websites.
- The registered manager told us they completed the same training that their staff completed as well as completing courses designed for management.

Working in partnership with others

- Staff worked in partnership with other professionals to improve outcomes for people. This included healthcare professionals such as chiropodists and speech and language therapists.
- The registered manager told us how they monitored people's physical and mental health. For example, if someone started to have difficulty eating, they sought advice from different professionals and explored ways which could improve outcomes for people.