

Hazelwood Care Limited

Bywell House Care Home

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

Bywell House is a residential care home registered for up to 20 people living with dementia. At the time of our inspection, the home was fully occupied. Bywell House is situated close to the centre of Worthing and the seafront. Communal areas include a sitting room, dining room and a further small sitting room. People have access to the gardens at the home.

At the last inspection, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

People were protected from avoidable abuse and harm by trained staff. Risks were assessed, identified and managed appropriately, with guidance for staff on how to mitigate risks. Premises and equipment were managed safely and work was in progress to install a new wet room. Staffing levels were sufficient to meet people's needs and new staff were vetted as to their suitability to work in a care setting before commencing employment. Medicines were managed safely.

Staff had been trained in a range of areas to enable them to provide effective care to people in line with their support needs. Staff received regular supervision and appraisals of their work and performance. Staff meetings were organised. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Menus provided people with a range of food choices and people enjoyed the food on offer at the home. Healthcare professionals were consulted as needed and people had access to a range of healthcare services.

Staff were kind, caring and compassionate with people. Relatives visiting the home were welcomed and included in the activities. People and their relatives were supported to express their views and encouraged to make decisions about their care. They were treated with dignity and respect.

Care plans were detailed and provided comprehensive information about people, their personal histories and preferences. Staff demonstrated that they had a good knowledge of people's care needs and that they knew people well. Activities were organised by care staff and entertainers visited from outside the home. Complaints were managed in line with the provider's policy.

People and their relatives were involved in developing the service; their views and feedback were obtained and acted upon. Residents' meetings took place and questionnaires were completed by relatives. Feedback was overwhelmingly positive. A registered manager was in post and was freely available to people, relatives and staff. Good quality care was delivered and a system of audits was in place to measure and monitor the service overall. Any actions identified were acted upon.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Bywell House Care Home

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This was an unannounced, comprehensive inspection which took place on 5 September 2017. Two inspectors and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in dementia care.

Before the inspection, the provider completed 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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people, relatives and staff. We spend time looking at records including four care records, two staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we spoke with seven people living at the service and three relatives. We chatted with people where they were able to speak with us and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, a senior care assistant, two care staff, a member of the housekeeping team and the cook.

Is the service safe?

Our findings

People were safe living at the home and were protected from avoidable abuse and harm. Referring to their family member, a relative explained, "I know she is safe and happy here because this is a small home, which really is a home. Everyone keeps an eye on her from the manager to the cleaner. Everyone takes responsibility for her in the nicest, kindest way". Staff had been trained to recognise the signs of potential abuse and knew what action to take if they had any concerns. The training plan confirmed that staff had completed training in relation to safeguarding adults at risk. We discussed a concern that had been raised by a relative recently and the registered manager told us of the action they had taken as a result. Her response demonstrated that she had acted appropriately to safeguard the person.

Risks to people were managed so that they were protected and their freedom was supported and respected. A relative told us, "My brother has never fallen over and, although he is quite forceful in his views and only does what he wants, they ensure his safety. He does not go out alone or unsupervised. Staff are brilliant in the way they cope. All his possessions are safe and secure and he has never lost anything of value". Another relative said, "I think there are enough staff and I have never had reason to complain. He goes into the garden in the good weather, but they keep an eye on him". We observed one person trying every door as if they were seeking an exit and eventually tried a bedroom door. The person was gently and kindly directed back to the lounge by a staff member and we noted that they were happy with the guidance provided. The cook explained how people were encouraged to be as independent as possible and gave us an example. One person really liked cooking and was involved in making sandwiches at weekends.

We looked at risk assessments within care plans in relation to moving and handling, falls and skin integrity. A referral had been made to the falls prevention team for one person who had sustained falls recently. Accidents and incidents relating to people were reported promptly and action taken where needed. We saw that a body map had been completed for one person which showed when they had accidentally bruised themselves. However, the same body map had been used to show incidences which occurred over several months. This made the map difficult to decipher and we discussed this with the registered manager. She agreed with us and said she constantly reminded staff to complete a separate body map for each incident; they added that they would remind staff again.

Premises and equipment were managed safely with appropriate records to confirm this. The registered manager told us that the fire doors at the rear of the building had recently been replaced. Bywell House is an old building in need of renovation, however, with a homely environment. Work was in progress to convert an existing out-dated bathroom into a wet room. People told us that they had a bath or a wash on most days and one person added, "I am looking forward to the new shower".

There were sufficient numbers of suitable staff on duty to meet people's needs. We checked staffing rotas which confirmed that during the day, three care staff were on duty, plus the registered manager on weekdays. In addition, there were catering and domestic staff. At night, two waking staff were on duty. Staffing levels were assessed based on people's support needs. For example, the night before our inspection, an additional member of staff was working. A relative said, "They have enough staff at night. My

wife wanders at night. They offer her a chat and a drink and guide her back to bed". Safe recruitment practices were in place to ensure that new staff were checked and vetted as to their suitability to work in a care setting. Staff files confirmed that all appropriate checks had been completed before new staff commenced employment.

Medicines were managed so people received them safely. We observed medicines being administered to people at lunchtime and people were given time to swallow their medicines without being rushed. Some medicines had not been disposed of when needed. For example, we found medicines stored for a person who was no longer living at the home. We saw that information relating to people, including their names and dates of birth, had been put on a noticeboard in the quiet lounge, a communal area. We discussed both these issues with the registered manager who assured us that the medicines would be disposed of and the confidential information removed from the noticeboard.

Is the service effective?

Our findings

People received effective care from staff who had been trained in a range of areas and had the skills and knowledge required. Relatives told us they felt the staff were skilled and well trained. One relative said, "I have seen the manager instructing care staff in her office, offering advice and guidance". We looked at the staff training plan which showed that staff had completed training in health and safety, chemicals or substances that might be hazardous to health (CoSHH), first aid, moving and handling, infection control, safeguarding, fire safety, food hygiene, mental capacity, dementia and equality and diversity. Some training, such as moving and handling, was delivered face to face, whilst other training was through distance learning. Additional learning was available to staff if they wished to pursue this, in areas such as dementia awareness, diabetes care, end of life and palliative care, mental health awareness and healthy eating. Some staff took the lead in certain areas, for example, the housekeeper was the lead for infection control. Staff were also encouraged and supported to study for qualifications in health and social care. The registered manager said, "We won't sign staff up to their National Vocational Qualifications until they've finished their trial period". New staff completed the Care Certificate, a universally recognised vocational, work assessed qualification.

Staff received regular supervision from the registered manager and all staff had completed at least two supervisions in the year to date; records confirmed this. In supervision meetings, staff were asked for their views on their work, team working, training, shifts, ideas for activities and meals, and were given the opportunity to discuss any concerns or issues they might have. Staff had an annual appraisal of their work and performance. Staff meetings were organised and we looked at the minutes for a meeting held in May 2017. Items discussed included medication administration records, care plans, activities, personal, protective equipment and supporting people at mealtimes. Records confirmed that staff meetings had taken place in May and November 2016 and in February 2017.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of the MCA and DoLS legislation and this was tested recently through a staff quiz on the subject. People's capacity had been assessed and applications made to the local authority under DoLS where needed. The majority of these applications were still awaiting process by the local authority.

People had sufficient to eat and drink and were encouraged in a healthy diet. We observed people in the dining room at lunchtime and that this was pleasant and cheerful with tables laid up with cloths and matching utensils. Clothes protectors were provided to people if they wished to wear them. Fifteen people dined together in the dining room, although one person remained asleep in the sitting room and did not feel inclined to eat at that time. They were offered their lunch later. The mealtime was relaxed and unhurried and people enjoyed their meal. The menu comprised a choice of sausage pie or pork steak with potatoes and four other vegetables. Two people had plate guards to help stop their food from sliding off their plates. One person chose to eat with their fingers. There was a choice of two puddings. Care staff assisted people

as needed and the cook went around offering people second helpings. People had a choice of what they would like to eat. We were told that if a person consistently refused a particular food choice, then this was logged onto a chart, to prevent the same choice being offered again at a later date. At the time of our inspection, no-one living at the home required a special diet, although a few people had a soft food diet. Menus were offered on a four weekly rotation with the main meal served at lunchtime. People we spoke with told us they enjoyed the food on offer and a relative said, "My wife eats very well since she came here".

People had access to a range of healthcare professionals including GPs, district nurses, opticians, dentists and chiropodists and care records confirmed this. Where people were receiving palliative care, advice and guidance was sought from a local hospice and from district nurses.

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. People were cared for by patient, compassionate and caring staff. Throughout our inspection, people and relatives were positive about the care provided. We were aware of one person who spent their day in the quiet lounge, which was their preference. At various times during the day of our inspection, this person became very agitated and shouted out. We observed care staff calmed this person in a discreet and unobtrusive way. Staff had infinite patience supporting this person to eat their lunch, dealing with the verbal outbursts in a way that was accepting of this person's normal behaviour. We observed numerous occasions throughout the day of staff's caring, compassionate support with people and their relatives. Staff spent time sitting and chatting with people and a genuine rapport had been developed; it was clear that staff knew people extremely well. People appeared happy and comfortable with staff, chatting, initiating and receiving touch, asking questions and using humour. In response, staff adapted their communication to the needs of people, taking time to respond to their questions in a reassuring and consistent way. We observed one person asking another on several occasions if they were related to each other and staff explained sensitively that this was not the case, whilst being positive about their friendship.

Relatives visiting throughout the day were welcomed and included in the day's events by attentive, friendly and supportive staff. One staff member was observed taking time to reassure a relative who was upset. Another relative ate lunch and spent several hours with their family member; they were fully included in the day's events. The registered manager told us that it was really important to them that everyone experienced friendliness and said, "We are not only here for the residents, but to make the relatives feel comfortable too".

As much as they were able, people were supported to express their views and make choices and decisions about their care. People were asked by staff where they would like to sit and whether they wanted to join in with the activities on offer. One person was keen to introduce us to, "my lovely husband". The husband said, "I make the decisions for my wife now. She is able to say, 'yes' and 'no', but I consult with carers at all times. They have enough staff. Other care homes might have more modern facilities, but do not communicate like they do here. They really understand personal care here". Where people did not have relatives involved they could be offered support by advocates. The registered manager told us about two people who lived at the home who had advocates. An advocate is a person who is able to speak on a person's behalf, expressing the person's views, when they may not be able to do so for themselves. One staff member discussed the importance of involving people in choices and consent and said, "I support choice as much as possible. To give people the choices they can make is important".

People were treated with dignity and respect. A relative explained, "They listen to me and always treat my wife with dignity and respect, in spite of her problems. When she arrived they prepared a care plan and asked me to consider it. They consult me on all issues. I can always ask staff for help. The care staff here are more aware of the individual needs of my wife and other residents, much more so than the last care home, which was more hotel-like and residents fitted into the system. Here it is home and they are loved and cared for". People's privacy and confidentiality were respected. Some people held a key to their room so that they could lock their door, to ensure their privacy was maintained.

Is the service responsive?

Our findings

People received a high level of personalised care that was responsive to their needs. People were keen to talk with us about their past lives and one person told us about their upbringing and life in the north of England. They said, "I can do as I want. If I don't like someone, I ignore them; everyone else is lovely. I don't do activities, but I join in quizzes and will give the answers. I like it here. No-one makes me do anything I don't want to do".

Staff demonstrated that they had a good knowledge of people's needs, backgrounds and likes and dislikes. One staff member explained that they built on care plans by talking with people and observing their responses, offering choices and talking with colleagues and relatives. We looked at care plans which were detailed and provided comprehensive advice and guidance to staff about people's care and support needs. For example, a care plan included information about a person's personal history, pre-admission assessment and that monthly reviews were completed. Information was recorded in relation to people's personal choices, moving and handling, falls, toileting and continence, personal hygiene, sleeping and resting, nutrition, social, behavioural, psychological and communication needs. Diversity was respected with regard to people's religion and this was shown in care plans. People's diverse interests and abilities were respected. For example, one person preferred to spend time in their room watching television or using a laptop rather than being in the communal areas.

Activities were organised by staff and external entertainers also visited the home. Activities on offer were recorded on a board for people to see and were numerous, including games, arts and crafts, films, music and chair exercises. On the day of our inspection, musical entertainment was being provided by a regular visitor to the home. The entertainment included singing, a quiz, waving of feathers and playing of maracas and lots of interaction to involve people. Twelve people were clearly enjoying the session and were also entertained by the antics of two kittens who had recently come to live at the home, Honey and Bumble. The registered manager told us that outings into the community were not organised, but people did go out with staff, to the town centre or to enjoy a nearby park. People also went out with their relatives and friends.

Complaints were managed in line with the provider's policy and one formal complaint had been logged and resolved during 2017. A relative told us, "The manager will deal with everything. I am very grateful to her. She came herself to assess my wife. They really understand behaviour and its implications and they show kindness and concern".

Is the service well-led?

Our findings

People were involved in developing the service. Residents' meetings took place at regular intervals throughout the year and at the time of the inspection, three meetings had been held in 2017. The minutes for the last meeting held in July 2017 showed that 12 people had attended. Items discussed included menus, activities and daily papers. People stated they would like someone to come in and give a talk, they requested some new DVDs and everyone said they were happy with the new kittens. Outcomes from the meeting were recorded to show that new menus would be put in place and that activities would be planned to take account of people's suggestions. Relatives were asked for their views about the home through questionnaires and the analysis of these showed that feedback was 99 per cent positive. Relatives had asked if a particular newspaper could be made available to residents and the registered manager was looking into this. Relatives had also noted there was no walk-in shower for people and arrangements were nearing completion in the installation of a new wet room. In one questionnaire a relative had written, 'Staff always look into any issues raised and deal with them promptly'. Another relative told us, "We got together recently for a lovely garden party; it was an excellent occasion. They served Sangria". A third relative said, "I have only been coming recently, but they must have good community relationships if they can muster 60 plus visitors for a garden party".

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We asked the registered manager about the culture of the home. They told us, "It's about friendliness, not standing on ceremony. It's about families and making them feel comfortable and relaxed. To give the best care we can and make people's lives happier". We observed that the registered manager was freely available and accessible to staff, relatives and people living at the home. Her office was situated next to the dining room. A relative said, "I feel I can approach the manager about anything". Staff were asked for their views about the home and questionnaires had been completed in August 2017. Seventeen questionnaires had been sent to staff and 16 were returned. Feedback was 99 per cent positive. Any actions were logged and followed up. We observed numerous occasions throughout our inspection when staff spoke with the registered manager about issues in relation to the running of the home. We observed people were happy to have a chat with the registered manager at various points throughout the day; they were warmly received.

Good quality care was evident and our observations throughout inspection confirmed that people, their relatives and staff were content living, visiting or working at the home. In a 'thank-you' note from one relative we read, 'Thanks a million for all your hard work and tender loving care in looking after my mum'. Another card stated, 'I have indeed been very impressed with all your staff's dedication during her stay'. A system of audits was in place to measure and monitor the service provided at the home. Any actions identified were acted upon. Accidents and incidents were analysed to identify any patterns or trends. We asked the registered manager whether they felt there were any areas that required improvement in the future and she told us she would like the garden to be landscaped and for people to be involved in planning this.

