Bayith Rest Home Limited

Bayith Rest Home

Inspection report

18-20 Bevan Road
Waterlooville
Hampshire
PO8 9QH
02392 597 388

Date of inspection visit: 1-2 December 2014
Date of publication: 27/04/2015

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

This inspection took place on 1 and 2 December 2014 and was unannounced.

Bayith Rest Home is a small, family-owned residential care home for up to 12 people. At the time of our inspection the home was fully occupied. People were accommodated on two floors. Shared areas comprised a conservatory dining and activities area and a lounge. There was an enclosed garden which was accessed from the conservatory.

There was a registered manager 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.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider needed to make improvements in how they applied for authorisation under the DoLS to ensure people were protected against the risk of being unlawfully deprived of their liberty. The service was not meeting the requirements of the Mental

Summary of findings

Capacity Act 2005 and its associated Code of Practice as it did not have arrangements in place to establish, and act in accordance with, people's best interests if they did not have capacity to consent to their care and support.

People were at risk of receiving care which was not effective because care plans did not contain all the necessary information. The deputy manager was reviewing all care plans at the time of our inspection.

People were very happy with the standard of care and support they received. One said, "You could search the length and breadth of Britain and you'd be hard pressed to find anywhere better." Another person said, "It is like a family. I am very lucky." People visiting their relations were also complimentary. One visitor told us their family member was "more than happy".

People were kept safe because the service had arrangements in place to protect them from the risk of avoidable harm. There were sufficient numbers of staff to meet people's needs. Suitable arrangements were in place for the safe management of medicines.

Staff were trained and supported to deliver care to the required standard. Meals were appetising and well presented, and staff checked people who were at risk of poor nutrition to ensure they ate and drank enough. People had access to healthcare services when they needed them for routine appointments or for treatment of individual conditions.

We saw there were caring and positive relationships between people and the staff who supported them. People were given the time and information they needed and were involved in decisions about their care. Staff took steps to maintain people's dignity and privacy.

The registered manager and deputy manager communicated a philosophy of care which was focused on people as individuals. They were in the process of updating everybody's care records to ensure this philosophy was carried through into practice. The care people received was responsive to their needs. Activities were available which reflected people's interests and preferences.

We saw there was a culture of openness and transparency in which the managers' values were communicated to staff. There was good management and leadership. Quality assurance processes were in place to maintain the standard of service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the end of the full version of this report.

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.

People were protected because the registered manager followed correct procedures if there was a suspicion or allegation that people were at risk of harm.

There were action plans in place to manage risks to people's individual safety and for foreseeable emergencies.

Staff handled and stored medicines safely.

Good

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

The provider needed to make improvements to show they complied with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's care records were being reviewed and updated, and did not contain all the information required to ensure people received effective care and support.

Staff were trained and supported to deliver effective care.

People were protected against the risks of poor nutrition or fluid intake and had access to healthcare services when they needed them.

Requires improvement

Is the service caring?
The service was caring.

Staff involved people in their care and support and demonstrated a caring approach when interacting with people.

People's privacy, dignity and individuality were respected.

Good

Is the service responsive?
The service was responsive.

People's preferences and needs were reflected in the care they received.

People received care and support which met their needs.

People were confident complaints and concerns would be dealt with if they had to raise them.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The registered manager and deputy manager communicated their values effectively in an open atmosphere which encouraged two-way communication.

The service people received was regularly monitored and assessed to maintain its quality.

Bayith Rest 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place over two days on 1 and 2 December 2014 and was unannounced. One inspector carried out the inspection.

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 improvements they plan to make. Before the inspection we reviewed the PIR and other information we had about the service, including previous inspection reports and notifications of significant events the provider is required to tell us about by law. We contacted health and social care professionals associated with the service, and received feedback on behalf of two of them.

During the inspection we spoke with four people who used the service and three people who were visiting family members. We also spoke with the registered manager, deputy manager, two care workers, two cleaners and a cook. We observed the care and support provided in the shared areas of the home.

We looked at the care plans and associated records of four people who used the service and four staff records. We reviewed other records, including the provider's risk assessments, training records, internal checks and audits, accidents, incidents and compliments.

Good

Is the service safe?

Our findings

People and their relatives were confident they were safe. A visiting relative told us, "We can walk away and know she is fine." Another relative said, "We are confident she is OK. She is so much better. She is not worrying."

People were protected from avoidable harm because staff were aware of the risk of abuse and what to do if they suspected abuse. Training records showed staff received regular training in safeguarding. Staff were aware of the types of abuse and signs to look out for. They had not witnessed or suspected anything that caused them concern recently, but they were confident if they reported a possible incident of abuse it would be dealt with properly.

If allegations of abuse were made or concerns were raised, the registered manager made the necessary notifications to us and to the local authority. There had been one such notification in the past year. We discussed it with the manager. It had been reported, investigated and found to be not substantiated. Procedures were in place and followed to ensure concerns about people's safety were followed up.

People were kept safe because risks to their safety were identified and assessed. The provider took steps to reduce the likelihood and impact of the risks, and plans were in place to manage them. These included risks associated with falls, outings and bathing. Action plans to reduce risks took into account the need to support people's freedoms. An example of this was providing cushioned mats and low profile beds rather than bed rails if people were at risk of falling from their bed. People were protected in a way that did not restrain them.

The provider had plans to manage risks associated with the environment of the home. These included general hazards associated with areas of the building, such as the kitchen, the medicine trolley and fire risks. The provider had recently installed a new sprinkler system. There was a damaged area of carpet which the provider had repaired to remove a tripping hazard while arrangements were made to replace the carpet. People were cared for and supported in an environment which was maintained to keep them safe.

Plans were in place for foreseeable emergencies. Staff were trained in fire safety and first aid, and were aware of what to do in an emergency. People had individual evacuation plans which took into account support they needed to move. The registered manager had an agreement with a nearby day centre for temporary accommodation if people could not return to the home following an evacuation.

People were supported by sufficient numbers of suitable staff to keep them safe and meet their needs. The registered manager based staff rotas on people's needs and their assessment of people's dependency. Staff said their workload was manageable. We saw they were able to support people in a calm, professional manner, and had time to interact and converse with people. People did not have to wait if they needed support or assistance. Visitors were satisfied there were always sufficient staff to meet people's needs in a timely way.

Records showed the registered manager made the required checks, including criminal record checks, before staff started working in the home. These checks were intended to identify candidates who were not suitable to work, or had been barred from working, in a care setting.

The provider had appropriate arrangements in place to keep people's medicines safely. They stored medicines securely and according to the manufacturer's guidance. The pharmacist delivered medicines in a "pod" system. This provided each person's prescribed medicines in a container which could also be used for administering them. Medicines not included in this system were clearly labelled and stored under the person's name. Suitable arrangements were in place for the storing and recording of controlled drugs.

Records showed the registered manager checked medicines when they were delivered by the pharmacist. Staff maintained records to show people received their medicines at the correct time. There were no recording errors or gaps in the records we saw. Where people had medicines prescribed "as required", staff recorded the time and dose when these were taken. The manager checked the medicine records regularly. They took appropriate action when they found recording errors.

Requires improvement

Is the service effective?

Our findings

People were complimentary about the staff and the food provided. They told us they had consented to their care and support, and had access to healthcare services when they needed them. One said, "Living here has put three or four years on my life. It's the best food I've had in my life." Another described the food as "delicious". Relations visiting their family member told us how there had been concerns about the person's nutrition. Staff had tried different ways of encouraging them to eat, and they had recently started to put on weight.

We found the provider had not acted according to legal requirements where people lacked capacity to consent to their care and support. The Mental Capacity Act 2005 (MCA) provides a legal framework for acting on behalf of people who lack capacity to make decisions. The Deprivation of Liberty Safeguards (DoLS) protect people's rights by ensuring restrictions to their liberty are authorised by the local authority acting as a "supervisory body". The managers and staff were aware of the MCA. The registered manager had a copy of its associated Code of Practice, a documented procedure and blank forms on which to record the outcome of capacity assessments. Staff received training which included mental capacity and deprivation of liberty.

Staff told us some people living at the home lacked capacity and decisions were made in their best interests. There were no records to show staff had made capacity assessments in accordance with the MCA or how a best interests process had been followed. The registered manager told us they based decisions on assessments made by social workers or community mental health nurses. Records showed these were general statements and were not intended to be capacity assessments in the terms of the Code of Practice. We saw one record of an assessment carried out by a social worker of a decision to share information about a person's care which followed the Code of Practice.

However for the majority of cases where decisions were made on behalf of people who lacked capacity there were no records to show the correct processes were followed. We could not be sure people's rights were protected as intended by the MCA.

There were no DoLS authorisations in force or applied for at the time of our visit. The registered manager told us people either had capacity or were happy with the arrangements made for their care and support. They described one person, who they considered lacked capacity, would not be safe if they left the home unaccompanied. It was stated staff would discourage them from doing so in their best interests. The person's care plan stated they had capacity and therefore their plan was their wishes. There was no decision specific capacity assessment for the person. They were at risk of being deprived of their liberty without the authorisation of the supervisory body.

Failure to ensure people's capacity was assessed and to apply for DoLS authorisations was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our visit the provider was in the process of changing the format and content of all care plans. This meant the information in the plans was difficult to find, and some forms and records were not yet filled in. We found one person's care plan contained records of assessments by the community mental health team, but no records to show their assessments had been used to update the person's risk assessments and support plans.

All the plans we looked at were clearly marked as being under review. Staff told us they could get the latest information about people's care from handovers and the daily diaries. We saw there were detailed records of these. Although the provider had taken steps to manage risk to people's care, people were at risk of inappropriate care while the work was in progress.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received care and support from staff who were supported to carry out their responsibilities. Staff knew their roles and responsibilities. They were satisfied they received adequate and timely training and were supported by the registered manager and deputy manager. A member

Requires improvement

Is the service effective?

of the local NHS care home specialist community nursing team confirmed they provided basic training to the home. They found the managers and staff to be receptive and open to suggestions.

External suppliers provided other training courses, including fire safety, first aid, and moving and handling. The registered manager kept a record of staff members' progress through self-study courses and their completion of an externally assessed knowledge paper at the end of the course. Records showed staff had received training in needs specific to people using the service, such as caring for people living with dementia, diabetes, and stroke awareness. All care staff had or were working towards a relevant qualification in adult social care.

The registered manager and deputy manager had recently introduced a new programme for staff supervision and appraisal. This comprised supervision meetings every two months and an annual appraisal. All staff who were not on leave of absence had participated in a supervision in the previous two months. Appraisal forms and pre-appraisal questionnaires were ready for use when required. Systems in place were designed to make sure staff were supported to deliver care according to their roles and responsibilities.

Staff supported people to eat and drink enough. They offered a choice of breakfast when people got up. They checked people were eating what they chose, and offered alternatives or more milk for people's cereal if needed. Drinks and snacks were available between meals. People could choose to have lunch in the dining area or in armchairs in the shared lounge. The meal appeared appetising and well presented. Staff encouraged people to serve themselves with potatoes and other vegetables. They helped people to be as independent as possible with adapted cutlery and plate guards. If people needed assistance to eat, they sat with them and helped them discreetly. Staff made lunchtime a pleasant, sociable experience which encouraged people to eat a nutritious diet.

Staff recorded people's food and fluid intake every day and recorded their weight monthly. People who were at risk of poor nutrition were assessed every month using a standard screening tool. If there were concerns about a person's nutrition they were weighed weekly and action was taken to improve their nutrition. For instance, one person preferred to eat small amounts throughout the day. Since they had started to do this they had put on a small amount of weight.

People had access to healthcare services. They told us they could see their doctor when they needed to. Visitors were satisfied healthcare appointments were made if people were un well. Care plans contained records of visits by and appointments with doctors, district nurses, specialist nurses and the community mental health team.

People's health was supported by the involvement of appropriate healthcare professionals. Where people had particular conditions, the provider involved relevant healthcare professionals. One person told us they had had an operation to improve their eyesight and they could now watch television in their room. Another person had a small area of sore skin which had recently been graded by a district nurse as a pressure injury. The provider had an action plan in place for its treatment and it was reducing in size.

Good

Is the service caring?

Our findings

Relationships between staff and the people they supported were friendly and caring. One person said, "They are brilliant. They will do anything for you. You won't find nicer people." A visitor told us everybody was happy and staff were kind and caring.

Staff showed a caring attitude. All staff, including those with domestic and catering roles, were concerned about people's welfare. They chatted with people as they went about their duties, and checked they were all right and if they needed any assistance. Staff encouraged people and praised them, using phrases such as "That's fantastic" and "That's perfect".

Staff were aware of people's preferences and life history and used this information when they interacted with people. They told us people's care plans contained the information they needed to give people individual care and support. Care plans we looked at contained people's "likes and dislikes" and sections called "all about me and my life".

Staff took time to make sure people understood their explanations. When talking about a recent party at the home, they took the person to see photographs of the event on the wall to remind them about it. They wrote information down for a person who was hard of hearing and who was having difficulty remembering what they said.

During our visit a new person arrived who was going to live at the home. The registered manager and deputy manager welcomed them in a friendly and cheerful way. They made sure the person was comfortable with a blanket and a cup of tea in case they had got cold during their journey. They introduced the staff on duty and spent time chatting with them. They made sure there was a member of staff nearby in case they had any questions.

People were involved in making decisions about their care and support. Where decisions had been made about future treatment, records showed people and their families had been involved. People's preferences had been incorporated into their care plans. For instance, one person's plan stated they liked to watch television until they fell asleep, and staff turned off the television for them.

Staff took their lead from people. When people were ready to get up they asked them if they wanted to get dressed or have breakfast first. As staff helped people move about the home safely, they asked them who they would like to sit next to. Staff were attentive to what they were doing, and praised them when they finished.

People were given time to do activities of daily living themselves. Staff told us they encouraged people to do as much themselves as they could. We saw people were offered choices and their independence was supported. People helped with tasks around the home, such as laying and clearing the table. Visitors told us their relation also helped in the garden when the weather was better.

Staff supported people in ways that promoted their dignity and privacy. They described to us methods they used to maintain people's dignity while they delivered personal care. For instance they made sure doors and curtains were closed when necessary. Two bedrooms were shared. One had an en suite bathroom and the other could be divided by a curtain. Staff told us how they arranged personal care to maintain people's privacy in these rooms.

People were able to lock their rooms if they wanted. We saw staff supported one person who chose to lock their room by making sure they knew where their key was and did not leave it behind as they moved about the home. Another person told us they were "quite contented" to sit quietly in their room and "I was on my own for years before I came here." They were able to go into the shared area of the home if they wanted to for meals or activities. People had brought personal belongings and photographs into the home to decorate their rooms. People's rooms provided opportunities for privacy and for people to show their individuality.

Good

Is the service responsive?

Our findings

People told us they were happy they received care and support that met their needs. One said, "Time does not drag. You only have to ask [the registered manager]. Just ask if you want anything." A visitor said their relative had more contact with people since moving to the home. "It keeps her mind stimulated." Another visitor told us, "You can talk about anything. You can phone up at any time." The service took their relation's views and preferences into account, and had been able to choose a room that met their needs.

We observed positive interactions between staff and people. Staff took time to make sure people understood them. They used eye contact, spoke clearly and gave people time to respond. They knelt or sat when interacting with people. They made sure people were comfortable, for instance by making sure their spectacles were on properly. They helped people move about safely, using appropriate equipment.

At the time of our visit the deputy manager was reviewing and updating all care plans to make them more personal and focused on people's individual needs. This was a work in progress, and certain forms, such as one intended to record people's "circle of support", were incomplete. All the files we looked at had a completed "care plan in brief". This summarised people's needs in areas such as health and wellbeing, communication, mobility, safety, and nutrition. They also contained records of monthly reviews of people's risks around nutrition, pressure injuries, and moving and handling.

People continued to receive responsive care while their plans were being reviewed. We saw examples where their care and support was adapted to take account of changes to medication and dietary needs. Personal care charts, records of the administration of creams and ointments, and actions taken to keep people comfortable were all up to date. Staff were able to use the information in the care plans while they were being reviewed. People and their relations were satisfied they were receiving care which met their needs.

There was a programme of group and individual leisure activities. Planned activities were written on a board in the dining area so that people knew what was going to happen. The staff member responsible for planned activities told us they were based on people's preferences and interests, and their own research about activities suitable for people living with dementia. People and their relations told us they were able to participate in suitable activities if they chose to do so.

Activities included arts and crafts, manicures and hand massage, and games such as giant dominoes and word association. There was entertainment once a month and parties for events such as Halloween and Bonfire Night. Activities and entertainment were planned for every weekend in December leading up to Christmas.

People were supported to maintain their interests through activities which were chosen according to their individual preferences. They were encouraged to participate in activities such as making Christmas decorations, and routine tasks such as laying and clearing the table for meals. Staff told us people could also help prepare their own food, such as sandwiches and pizzas. Staff also sat with people encouraging them to reminisce and complete puzzles and other book activities. Staff had recently discovered that one person was a musician and had downloaded music for them to listen to.

The service respected people's individuality. Staff assisted people to participate in activities that had been important to them. For instance, staff had arranged for one person to have a ride in a motor cycle side car, and had taken another person to the church where they used to arrange the flowers.

The service had processes in place to listen to people and learn from their experiences. There was a suggestion box near the entrance and the complaints procedure was on display. The registered manager had forms and procedures to investigate, document and resolve complaints, but had not used them. People and their relations told us they had no reason to complain, but were confident any concerns would be dealt with properly. Staff listened to them on a day to day basis, and the manager was available in person or on the phone.

There had recently been a meeting for people who lived at the home and their families. We saw notes from the meeting which showed there was an opportunity for people to raise any concerns. The registered manager also

Good

Is the service responsive?

kept a file of positive comments and compliments. Comments included, “Their care and understanding towards the residents is exceptional” and “They go beyond the call of duty”.

Good

Is the service well-led?

Our findings

People told us the home was "well run" with a "friendly atmosphere". There was an atmosphere of openness. Visitors to the home told us their relations appreciated the open and inclusive culture. One visitor said, "We fell on our feet. There is a family atmosphere, independent and affirmative. We are kept informed." Another visitor told us, "It suits [name] down to the ground. It is small and personal, like a family, relaxed." People's relations were happy with the information they received from the managers and staff, and told us they could visit at any time. If they were not able to visit they could telephone and speak to the managers or their family member.

Staff described the home as "warm" and "homely". They said there were open communications with the managers and good team work, whereby everybody helped out when they could. They found the registered manager to be approachable and one said, "It is easy to work here." They felt able to raise concerns with the manager and were aware of their responsibilities.

The provider's statement of purpose together with their aims and objectives, and their previous Care Quality Commission report were openly available in the entrance hall. The objectives were stated to be: privacy, dignity, independence, choice, rights and fulfilment. The registered manager promoted these aims by a careful selection process for new staff, and by close observation of performance and a "hands-on" approach to management.

There were links with the local community through the use of volunteers and young people on work experience. The registered manager told us these contacts brought benefits on both sides.

The registered manager sought ways to maintain and improve the quality of management. These included the appointment of a deputy manager a few months before our inspection. The deputy had brought new ideas and introduced initiatives such as appointing staff members as champions for dignity and medicines.

Staff were complimentary about both the registered manager and the deputy. One said the manager was "brilliant" and that the deputy had settled in as part of the team and was "improving things". Staff said there was open, two way communication and they felt motivated. They felt supported by the system of supervision.

The registered manager used a variety of methods to convey their vision of care. Formal and informal supervision was supplemented by a management system which included regular staff meetings. There was a staff communication board in the kitchen.

The registered manager used a number of resources to ensure the care provided was of good quality and reflected current practice. These included Alzheimer's Research UK and information from professional bodies in the adult social care sector. For specific advice on individual conditions, they took advice from the community mental health team and community nursing team. The standard of care and support people received reflected external advice and guidance.

The quality of service people experienced was assured by a number of processes. There was a system of checks and audits in place to monitor the quality of service provided. Medicine records, including those for creams and ointments, and records of actions taken to keep people comfortable were reviewed monthly. There was a process to review care plans monthly, although it was temporarily replaced by the programme to rewrite all care plans. Handover sheets and cleaning records were checked every day. There had been an external audit of medicines and associated process by the home's pharmacist. A process was in place and forms were prepared for the first annual audit of infection control.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Where service users were unable to consent because they lacked capacity to do so, the registered person did not act in accordance with the Mental Capacity Act 2005. Regulation 11(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17 (2)(c)