

Hillersdon Court

Bybuckle Court

Inspection report

Marine Parade
Seaford
East Sussex
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Date of inspection visit:
06 January 2020

Date of publication:
22 January 2020

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

Bybuckle Court is a residential care home providing care and accommodation for up to 16 older people. There were 16 people living at the service on the day of our inspection. Bybuckle Court is an adapted building in a residential area of Seaford. The home had a lift to assist people in accessing upper areas of the home. There was access to a small outside area with seating.

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

People and relatives were positive about the care and support people received at Bybuckle Court. Relatives felt that staff worked hard to support people and provide a good level of care.

People were supported to have choice, involvement in their care and remain as independent as possible. People chose how they spent their time. Staff supported people in the least restrictive way possible and policies and systems in the service supported this practice. People told us staff were kind and caring.

People and relatives were updated and felt involved in any changes to people's care. Risks to people's health and safety had been identified and risk assessments were in place to ensure risk was minimised. Staff were aware of the actions to take if they thought anyone was at risk of abuse or discrimination. Concerns identified had been reported to appropriate external professionals.

A complaints procedure was in place and although there were no current complaints, people were aware of the process.

People and relatives spoke positively about staff and felt staff knew people well. People confirmed that they were treated with dignity and respect. Staff were able to tell us about people's background and preferences and demonstrated a good understanding of people's individual needs. People were assisted to access healthcare services when needed and any external healthcare involvement was used to ensure people received appropriate care.

People received their medicines when they needed them by staff who were trained to give them out safely. Recent changes to medicines procedures had been implemented and well communicated to people and staff.

There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the home. Staff received training and support to ensure they were able to meet people's health and care needs.

Quality systems and monitoring completed by the registered manager and senior staff facilitated on going improvement of services provided.

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 (published 6 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? The service was safe	Good ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was well-led	Good ●

Bybuckle Court

Detailed findings

Background to this 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 team consisted of one inspector.

Service and service type

Bybuckle Court 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

This inspection was an unannounced comprehensive inspection. The inspection was carried out on 6 January 2020.

What we did before the inspection

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

We reviewed information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We observed the support that people received and spoke with people and relatives to gain their feedback about Bybuckle Court.

We looked at a range of care records, including two people's care plans and associated documentation. We reviewed daily records, looked at people's medicine administration records (MAR) and observed medicines being given. We reviewed two staff recruitment files and records relating to the management of the home, procedures and quality assurance processes.

We spoke to seven people who live at Bybuckle Court and observed care to help us understand the experience of people who did not talk with us. We spoke to one relative, two visiting professionals and three members of staff including the registered manager and care staff.

After the inspection

We looked at training data, staff meeting minutes and provider visit information provided by the registered manager.

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.

Assessing risk, safety monitoring and management

- Relatives told us they felt people were safe. One told us, "I leave here knowing [Person] is completely safe, I've never had any cause for worry or any concerns."
- Peoples care plans included associated risks, for example, risk of falls, safe moving and handling and aggression. Risk assessments for oral healthcare had recently been implemented. All risk assessments were reviewed regularly to ensure they provided current guidance for staff.
- Where risks were identified, guidance was in place to inform staff and reduce risks to people as much as possible. For example, one person had been identified as at risk of recurrent urinary tract infections. Staff had guidance about how to support this person so that the risk was reduced. People were supported to walk around the home safely by using walking aids, holding on to staff's hands or linking arms.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Service contracts were in place including gas and electrical testing. Water safety checks were completed including a regular legionella risk assessment.
- Regular checks had taken place in relation to fire safety. People had personal emergency evacuation plans, which informed staff how to support people to evacuate the building in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Accidents and incidents were recorded by the staff member who witnessed them. Although follow up checks took place, for example after a fall, these actions had not been clearly documented. However, all accidents and incidents were reviewed by the registered manager. We discussed ensuring that documentation clearly recorded actions, the registered manager told us they would ensure this was recorded on the form in future. Analysis was completed to identify any trends or themes and to ensure learning taken forward.
- There was a safeguarding policy in place which contained clear information about how to report a safeguarding concern. Staff undertook regular training in how to recognise and report abuse. Staff were able to tell us how they would respond to any concerns and were confident that any concerns raised to the registered manager would be addressed appropriately.
- The registered manager had notified relevant persons including the local authority and CQC in line with local safeguarding policies and procedures when required.
- Referrals were made to other agencies, for example people's GPs or emergency services.

Staffing and recruitment

- The registered manager ensured all new staff were checked to make sure they were suitable to work at the service. This included obtaining references, checking identification and criminal records checks with the

Disclosure and Barring Service (DBS). The registered manager told us if any gaps in employment history were identified on application forms, discussions at interview would be documented to ensure all relevant information was recorded.

- There were enough staff on duty to meet people's needs. The registered manager told us that agency staff were rarely used. In most cases any shifts which needed to be covered due to unplanned absences were picked up by current staff. If needed, the registered manager covered a shift, this included night shifts. The registered manager told us this also gave them opportunity to review shifts and the care provided to identify any issues or areas of learning.

Using medicines safely

- There were effective systems to ensure medicines were ordered, stored, administered and monitored safely. There was a clear system of auditing in place.
- The service ensured staff were trained and competent before allowing them to administer medication. The registered manager carried out competency assessments to ensure skills and knowledge were maintained.
- Recent changes had been introduced to incorporate required changes to the provision of homely remedies. Homely remedies include over the counter medicines, for example, paracetamol and cough linctus. This change had been well communicated to all staff with a new policy implemented to ensure procedures were consistently followed.
- We observed medicines being given and saw that this was done safely. There was a person-centred approach to medicines administration. One person told us, "It is helpful for me to have someone to help me with my medicines, it's just one less thing to worry about."

Preventing and controlling infection

- Bybuckle Court had designated domestic staff. People and relatives told us "The home has a homely feel, it is always clean, and rooms are kept nice."
- Staff received training in good infection control practices. There were appropriate hand washing facilities and staff had access to personal protective equipment such as disposable gloves and aprons. Regular water safety checks were completed by an external company to prevent risk of water borne infection.

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

- People's individual needs were assessed before they moved into Bybuckle Court, this helped to ensure their needs were understood and could be met. Assessments of people's care and support needs were completed and provided guidance for staff to support people based on their needs and choices.
- Regular reviews were completed to ensure people's outcomes were being met and they were being supported in the least restrictive way to encourage their independence. For example, some people liked to spend time in their own rooms. One person told us, "I like time in my room watching the sport or just doing my own thing, I come down for a bit then I like to go back upstairs."
- Staff knew people well and engaged with people regularly to ensure they were comfortable and had everything they needed.

Staff support: induction, training, skills and experience

- Staff continued to receive a good range of support including regular training. A member of care staff told us they had completed level five management training to support them in their role. They had completed this alongside the registered manager to help them develop their leadership skills and knowledge.
- Staff confirmed they received all the training they felt they needed to meet people's needs. Training records showed staff training was kept up-to-date through annual refresher training provided.
- Staff received regular supervision and appraisal to support their developmental needs.
- Staff told us they felt well supported by the registered manager and their colleagues. One said, "It's a good team, we all work together and support each other."

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

- People were supported to eat a varied and nutritious diet based on their individual needs and preferences. One person had very specific dietary needs, due to a health condition. Staff were aware of this and all details regarding what food this person could and could not eat was recorded.
- The home provided home cooked meals for people. People were also offered drinks and snacks throughout the day. People told us, "The food is nice, there's always something that I fancy." A relative said, "My husband can be quite fussy, but they ensure there's always something he likes, they go out of their way to make sure he's happy and has things to eat he enjoys."
- Staff assessed people's nutritional needs and any risks related to their eating and drinking were monitored, this included people's weights.
- Our observations showed people who needed support from staff at mealtimes had this provided. For example, two people needed encouragement due to low appetite. Staff sat with them and offered guidance and support throughout the meal. The registered manager told us they would be seeking further guidance

around mealtimes for those with dementia or memory loss, including implementing a pictorial menu to aid people when making their meal choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support;

- Staff had good relationships with health professionals involved in people's care including GPs, mental health teams, and specific health advisors. For example, staff had worked with the Parkinson's nurse advisor to help improve a person's quality of life and liaised with the community mental health team when one person moved to the home as an urgent placement.
- People were supported to see their GP, district nurses and were referred to other healthcare professionals, such as eye care specialists, dentists and community nurses. When people needed to attend hospital appointments, staff supported them to do this safely. For example, one person had an appointment due in a couple of weeks, staff were seen to discuss with them the time and reminding them they will arrange transport for them.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- Some people living at Bybuckle Court had dementia or cognitive impairment. Some signage was seen around the home to assist people and orientate them to their surroundings. We discussed with the registered manager further improvements which could be used to enhance the environment for those people with a dementia and to support people's independence further.

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.

- Some people living at Bybuckle Court had DoLs authorisations in place or a DoLS application awaiting authorisation. DoLs information was recorded. Staff were aware who had a DoLS and what this meant for the person with regards to maintaining their safety.
- Staff had received training and demonstrated an understanding of MCA and DoLS.

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 as Good. 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

- Staff treated people with kindness and compassion. There was a stable staff team who knew people well and what mattered to them. Positive and caring relationships had been developed between people and staff.
- Staff clearly knew people very well and were able to tell us about individuals and their lives and families. Staff encouraged people to live the way they chose, supporting their personal preferences and choices. This enabled them to engage well with people, and we observed them chatting, which increased people's sense of well-being.
- There was a very caring and friendly atmosphere in the home between staff and people using the service. We observed staff interacting with people. There was cheerful chat and conversation in the lounge between people and staff.

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

- People and their family members were encouraged to share their views about the care provided. One told us, "We can talk to the manager or staff at any time, they are very approachable."
- Staff spent time with people individually and in communal areas and spoke to relatives regularly when they visited. People were involved in all day to day decisions and the registered manager took regular opportunity to check that people and relatives were happy with the care provided.
- People spent their time how they wished. Some chose to join in the activities provided; others spent time sat in the smaller quiet lounge or liked to walk around the home. Some people enjoyed time in their bedrooms.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent in all aspects of their daily care. Care records detailed what people were able to do without staff support. Some people needed minimal support with their personal care. One told us, "I don't really need much help, I get myself up and sorted and go downstairs when I am ready, but I know if I needed anything I would only have to ask." Another said, "Staff do what I need, and help me have a shower. They are lovely and help you if you need anything."
- People's personal preferences were respected including how they dressed and how they liked their rooms to be. Staff knew who liked to spend time in their rooms and supported people's privacy and independence.
- Staff paid attention to people's appearance, ensuring they had personal items with them that were important to them. For example, people carried handbags with their personal items and had their own books with them in the communal lounge.

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 as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was a person-centred approach to planning and delivering care which was based on person's needs and preferences. A relative told us, "I visit all the time, I pay attention to how staff treat people, I have never seen anything at all that concerned me." Many people had lived at Bybuckle Court for a long time, for those with dementia, this meant they knew staff and the environment well and felt happy and confident mobilising around the building.
- We saw staff tailored their approach to people when providing support and care. For example, some people liked staff to chat and conversation was lively and jolly, whilst others preferred a gentler, quieter approach.
- Care plans were reviewed and contained information about people's care and support needs, with guidance for staff to follow. Staff told us that communication was good. Staff attended a handover at the start of each shift, and all relevant information was shared, A communication book was also used to share information, for example, healthcare visits or details about people's health if they had been unwell.
- Care planning was discussed with people and their relatives when appropriate. For people who were not always able to communicate their wishes clearly, simple choices were given to ensure they were involved in decisions.

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.

- Staff communicated well with people. People's communication needs were recorded in care plans, suitable adaptations were in place to support people's communication. The registered manager discussed improvements to information to ensure it was fully accessible. This included pictorial menus and ensuring everyone had access to information in a format appropriate for them should they wish to view it.

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

- Bybuckle Court was a small friendly home. There was a daily plan of activities, however, this was subject to change depending on what people wanted to do. During the inspection, there was a lively discussion in the lounge about holidays and pastimes. Later, a staff member initiated a quiz, using one person's quiz book. This was enjoyed by a number of people in the lounge and dining area. The registered manager told us that sensory items were available for people with dementia, however we did not see these in use.

- People who were more mobile and independent went out for meals or shopping with family and friends. Visitors and family were encouraged to visit the home. Relatives told us, they always felt welcome when visiting.
- Some people told us they kept themselves busy and were able to organise their time to spend it how they wished, those who needed staff support to engage were able to spend time with staff in the communal areas and participate in activities. People chose when they wanted the television or music on and were seen to read and chat amongst themselves. Staff and management enabled and supported people to maintain regular contact with people who were important to them.
- Activity forms had recently been introduced in people's care plans. This was to ensure a clear record was completed to identify how people spent their time and activities attended. The registered manager told us this helped to identify people at risk of social isolation.
- One person with a dementia liked to assist staff, as they used to work in a similar care setting. Staff supported this person to participate in daily tasks they enjoyed, including setting tables for meals and general help around the home. When they were unable to sleep as they felt they should be working, staff encouraged them to go to bed by telling them they were a sleeping night staff member and they would come and get them if they needed any help. This enabling and validation meant the person felt valued and included, this in turn helped to relieve their anxiety.

Improving care quality in response to complaints or concerns

- There was an open door policy at the home and relatives could speak to the registered manager at any time if they had any worries or concerns.
- People and relatives told us, they had no complaints about the home. One relative said, "I have had little things to discuss with staff but never any cause for complaint, but if I did I am sure it would be dealt with and addressed." The registered manager told us, "I like to chat to people and relatives whenever I can, I always pop into the lounge for a chat and I am available if anyone wanted to speak to me at any time."
- The provider had a complaints policy and procedure. This was available for people and visitors to access.
- There were no complaints at the time of the inspection. The registered manager told us if complaints were received, these would be dealt with following procedure.

End of life care and support

- No one at Bybuckle Court was currently receiving end of life care. The registered manager told us, end of life care and support was provided when appropriate.
- The service had previously received support from community nurses and other health professionals to support people receiving palliative or end of life care.
- People had Proactive Elderly Advanced Care Plan (PEACE) in place and Do Not Attempt Resuscitation (DNAR) forms if appropriate.
- The registered manager told us that whenever possible people would be able to stay at the service until they died, however, they were aware that any changes to people's health would need to be reviewed to ensure that the service was able to safely meet the persons needs and provide appropriate support.

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 as Good. 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; 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 and staff provided person-centred care, engaging with everyone using the service and family members, supporting people to live fulfilled lives. For example, we saw the registered manager and staff spent time in the lounge when there were visitors, taking time to chat to people and their relatives.
- People were able to tell us they were happy living at the home and relatives confirmed this. One told us "We are so grateful the care here is very good."
- People told us they did not need to see their care files as they had no worries or concerns. Relatives were happy with the way care was provided and felt they were kept updated and involved in any changes. Families confirmed they were always notified without delay if any incidents or accidents occurred.
- The registered manager was aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent when incidents occur. Any issues raised were investigated and reported to the relevant agencies.
- People said they could talk to the manager or staff at any time. Telling us, "[Managers name] is very good, she's always here if you need her." Staff told us the manager was supportive and approachable.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Regular area manager visits were carried out to review all aspects of care and ensure the registered manager was supported. The registered manager told us they also liaised with the manager of the providers sister home to share information to support ongoing improvement and learning.
- The registered manager completed quality checks and internal audits to monitor care, documentation, safety and quality of the service. Action plans were produced from the findings and actions completed. The registered manager sought out advice from relevant authorities and organisations. For example, they had recently worked closely with the local authority market support team to introduce improvements to documentation, this included implementing oral healthcare assessments and improved records for activities.
- Staff demonstrated a clear understanding of their roles and responsibilities and told us, they enjoyed working at Bybuckle Court. Staff told us morale was good and staff worked well as a team supporting each other to ensure people received a high level of care.
- The registered manager understood their regulatory responsibilities. Notifications of significant events, such as deaths, DoLS and safeguarding concerns had been submitted to the Care Quality Commission (CQC)

in line with guidelines. Reportable incidents had been referred appropriately to the local authority. Action was taken to prevent similar occurrences, and outcomes were shared with staff.

- All staff were receiving the appropriate training to enable them to carry out their duties appropriately. Any additional training identified would be sought to ensure staff had continuous learning and were able to safely and effectively meet people's needs

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

- Staff meetings took place. Meetings were used to discuss all aspects of care and support provided to people, training needs and any other issues related to the running of the home.
- Family members were liaised with as appropriate and feedback on the service being provided was encouraged, although the registered manager told us encouraging people to complete questionnaires was difficult as people felt they did not have any concerns to share. They were currently looking at alternative ways to gain and record feedback. Relatives told us, the registered manager and staff were always available, and they could speak to them or any staff if they had any queries or concerns.
- To ensure relatives were kept updated regarding people's care the registered manager told us how they provided information, for example, one relative was kept updated by text as they were hearing impaired and another by phone as they were currently too unwell to visit the home.
- Staff were aware of the importance of providing care in ways that supported people's choices, equality and diversity. Staff understood that it was important to treat people as an individual and people were encouraged to express their individuality, personality and needs.

Working in partnership with others

- Staff at Bybuckle Court worked in partnership with other services and organisations such as occupational therapists, health professionals and GPs to access help and support when needed.
- Advice by health professionals was used to ensure the safety and wellbeing of people was maintained.