

Olney Care Homes Limited

Bay House

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

Bay House is situated in the village of Olney, in Buckinghamshire. It provides personal care for up to 24 older people, who may be living with dementia. At the time of our inspection, there were 18 people living at the service, in a mixture of single and double-occupancy bedrooms.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this time-frame.

If not enough improvement is made within this time-frame so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We carried out an unannounced comprehensive inspection of this service on 30 December 2014 where we identified four breaches of regulation. The systems and processes in respect of safeguarding people were not consistently followed by staff. We found that new members of staff had commenced work without adequate checks having taken place. The procedure for ordering medicines and recording the administration of medicines was not consistently followed by staff. We also found that people were not protected from the risks of infection as there were ineffective cleaning processes in place. We undertook a follow up inspection on 12 May 2015 to review the action that the provider had taken and found that some improvements had been made. The overall rating of the service remained Requires Improvement, which meant that we were required to complete a further comprehensive inspection within 12 months of this date.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bay House on our website at www.cqc.org.uk.

Our second comprehensive inspection took place on 19 January 2016, and was unannounced. Prior to this

inspection we had received concerns in relation to people's safety and security within the service. It was alleged that people had been provided with inadequate care at night in respect of their continence needs. Concerns had been raised about the ability of people to leave the service unsupervised, leaving them vulnerable to external risks. It was further alleged that staff had used a person's property without their consent. As a result we undertook a full comprehensive inspection to look into those concerns, in conjunction with reviewing the areas that required improvement from the last comprehensive inspection. We were unable to find evidence to corroborate the concerns regarding security and continence care, however there was evidence supporting the concerns regarding the use of people's property.

The service had a registered manager. 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.

There were systems in place to record incidents; however potential safeguarding incidents had not been reported to the relevant external agencies. In addition, there were no records to demonstrate what actions had been taken as a result of the incidents which had been reported. Although risk assessments were in place for people, they only provided staff with a basic risk rating. They lacked information regarding the specific risks people faced, and the control measures in place for these. Staff had not been recruited safely; there was a lack of adequate background checks and work histories in staff files. People were given their medication by trained staff; however there was a lack of oversight and checking of medication.

There was a lack of effective management systems at the service. The registered manager had failed to ensure that the service was meeting the fundamental standards, or to ensure that people received safe, effective and high quality care. Quality assurance audits failed to identify issues at the service, for example within the medication systems or care plans, which meant that any areas for development were not identified, or acted upon, by the provider.

Staff members sought consent from people on a regular basis; however there were not systems in place at the service to ensure that the service was meeting the requirements of the Mental Capacity Act 2005. The registered manager had not considered whether the Deprivation of Liberty Safeguards (DoLS) was appropriate for most of the people living at the service. Staff members received supervision sessions from the registered manager; however these were not recorded regularly so as to provide an accurate record of the areas discussed.

Care plans were in place for people; however it was not clear that they or their relatives had been involved in the production of these plans. This meant they were not as person-centred as they could have been.

People received person-centred care from staff members who knew them well; however care plans were not always personalised to reflect people's specific needs and wishes. The service had systems for obtaining feedback from people and their family members, including complaints; however they were not able to demonstrate how this information was used for the benefit of driving improvement and enhancing service delivery.

There were ineffective processes in place to monitor and mitigate the risks to people when recruiting staff. We also found that the systems in place to identify why accidents and incidents occurred were not robust and failed to implement preventative measures to reduce future occurrence. .

Staffing levels were sufficient to meet people's needs and were based upon people's assessed levels of

dependency.

Staff received regular training, including induction training for new staff and refresher sessions for all staff.

People received enough food and drink, and were able to choose what they had to eat and drink. Meals were appetising and well presented, and people were supported to eat if required. Staff supported people to access healthcare professionals for a range of needs, if this was required. Where people could not leave the service, staff arranged for healthcare professionals to visit the service.

Staff had worked to develop positive and meaningful relationships with people, and treated them with kindness, dignity and respect. Visitors to the service were welcomed at any time and were encouraged to visit regularly by the registered manager and staff to maintain important relationships.

People benefited from a range of activities which took place at the service each week. They clearly enjoyed these and there were photos and displays around the service to show the outcomes of these activities.

People and their relatives were positive about the registered manager and felt that they were available when needed. Staff were also positive about the leadership at the service and felt well supported.

We identified that the provider was not meeting regulatory requirements and was in breach of a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Incidents and accidents were recorded however, they had not been over-viewed to determine if they should be raised as a possible safeguarding concern.

There was a lack of evidence to show what action the service took as a result of incidents which were recorded.

Risk assessments were in place but did not show how the risk level had been calculated, or what control measures were in place to reduce risks.

Staff had not been recruited using a robust process which meant the provider could not be assured that they were suitable to support people who lived at the service.

Medication was administered safely; although there was a lack of systems in place to monitor medication storage and administration, on a regular basis.

People felt safe living at the service and were confident that staff kept them safe.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There were ineffective systems in place to ensure the service was following the guidance set out in the Mental Capacity Act 2005.

Staff received regular training and support from the registered manager; however this was not always formally recorded.

People received sufficient food and drink. They were able to choose what they had and gave positive comments about the food.

There were systems in place to ensure people's healthcare needs were met, and they were supported to see healthcare professionals when necessary.

Is the service caring?

The service was not always caring.

Care plans were in place for people; but did not show that people had been involved in planning their own care.

There were positive relationships between people and staff. People were treated with kindness and compassion.

People's privacy and dignity were promoted by the service.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Care plans were not always person-centred. Despite that, staff knew people well and were able to provide person-centred care.

There were systems in place to get people's feedback about their care; however it was not clear how this information was used to benefit future practice.

There were a range of different activities at the service, which people engaged positively with and enjoyed.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Areas of poor performance had not been identified. Management systems had failed to ensure that the service was meeting the fundamental standards.

Quality assurance systems were not carried out regularly and were ineffective in reducing the risks to people at the service. There was no system in place to identify potential areas of development.

People and their family members were positive about the management of the service.

Staff felt motivated and empowered to perform their roles.

Inadequate ●

Bay House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 January 2016 and was unannounced. It was carried out by two inspectors.

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. Prior to this inspection we reviewed information we held about the service including any statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during lunchtime and during individual tasks and activities and spoke with people and staff about their experience. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service in order to gain their views about the quality of the service provided, as well as two family members and a healthcare professional who were visiting the service. We also spoke with three members of care staff, the cook, the deputy manager and the registered manager.

We reviewed care records for five people who used the service and four staff files which contained information about recruitment, induction, training and supervisions. We also looked at further records relating to the management of the service, including quality control systems to determine how effective the systems in place were.

Is the service safe?

Our findings

Prior to this inspection we had received some information of concern which outlined people were not always kept safe within the service. Allegations considered that the security within the service was not always conducive to keeping people safe, meaning that vulnerable people were not always kept safe and secure. During this inspection we checked the security arrangements at the service and did not find evidence to support this concern.

We also received concerns regarding people's incontinence care, including the improper use of incontinence equipment at night. We were unable to find evidence to support this concern.

There were ineffective systems in place to protect people from potential abuse. We spoke with staff about safeguarding and the processes in place for it. They told us that they received training in safeguarding and were familiar with different types of abuse. One staff member said, "Yes we get safeguarding training, if we think there is a problem, we do our body charts and report it to the manager."

We found a number of incident reports which detailed unexplained bruising which people had sustained. We saw that bruising had been recorded on body charts; however no further action had been taken to ensure people were safe. The service had not implemented any preventative action to mitigate future risks and ensure that people were kept safe. In addition, we found that there were no records to show that these incidents had been reported to the local authority safeguarding team, or the Care Quality Commission. This meant that there was a lack of oversight in identifying trends, and analysis for how people sustained their injuries and that the service had failed in its duty to report potential harm to be investigated.

The registered manager confirmed that the system as it was did not involve the notifications to outside agencies. They also explained that they had not considered the incidents of unexplained bruising as potential abuse, hence the lack of involvement of external organisations.

Following this inspection we spoke with the local authority, who confirmed that they had not received any notifications from the service, and had discussed this failing with the registered manager in the past. This meant that people were at risk of potential abuse, as incidents were not recognised, reported and investigated appropriately.

The service was not effective in dealing with accident and incidents. We found that one person had suffered from regular falls, often from their bed. The incident reports completed by staff and reviewed by the registered manager did not demonstrate any follow-up action. However the registered manager told us that the service had referred the person to the local falls team, and that a crash mat had been placed next to their bed, to prevent injury from these falls. We looked at the persons records and found no evidence that the referral had been made and that the service had accurately carried out the action suggested as a result of the referral, to ensure the person was safe.

There were not robust procedures and processes in place to make sure that people were protected from

abuse. Incidents were not used to identify potential abuse and therefore preventative action, including escalation of the concerns, was not taken. This was a breach of regulation 13 (1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe from harm or abuse at the service. One person said, "Oh yes, I feel safe here." Another person told us, "I'm safe here." Relatives had no concerns about their loved ones safety within the service. They felt that staff supported people to remain safe. One relative told us, "I don't have any concerns about that, they are all secure and safe here." We observed that people were relaxed in the presence of staff.

Prior to our inspection we received information outlining that staff were working at the service without appropriate checks having been conducted to ensure they were of good character and keep people safe. We found that people were not protected from the risks of unsafe recruitment processes.

Recruitment processes were not robust and placed people at risk of receiving care from staff who were not of good character. Staff members told us that they had to apply for a Disclosure and Barring Service (DBS) before they started work. They also had to be interviewed for their role and supply the registered manager with references.

We looked at recruitment information for four members of staff and found in three recruitment files we were unable to find records or reference numbers to indicate that a DBS check had been carried out. In each of these files we saw evidence that these had been applied for, however there was nothing to show that the check had been returned or followed up by the registered manager. For example, we saw that one staff member's DBS had been applied for in 2013. There was nothing to show that this check had been carried out, or that the registered manager had taken steps to check their status, and therefore check that this staff member was of good character and suitable to work at the service.

The registered manager told us that, as DBS certificates were sent to staff members' homes, they had not seen these before staff members started working at the service.

We also found that application forms for staff were not always completed in full and there were frequent gaps in staff members' full employment history. We spoke to the registered manager about this and they assured us that they would work with the staff to complete this information for each staff member.

The service had not taken steps to ensure that suitable and sufficient references had been sought, to confirm that staff were of good character and suitable for their roles. The registered manager told us that they sought references based on the information in staff application forms, and that staff did not always provide details for their most recent employer. Records showed that references had not always been obtained from staff members' most recent employer, and in some cases family members had been used to supply a reference. There was no evidence to demonstrate that the registered manager had discussed this with staff and attempted to gain additional references or complete a risk assessment, and the registered manager confirmed that they had not taken this action.

It was also not possible to confirm the identity of members of staff from their recruitment files. The registered manager told us that they did not always seek a form of photographic identification from staff members. Records confirmed that a number of staff files had no form of photographic identification, therefore it was not possible to confirm the identity of the staff member on shift.

Prior to this inspection we received some information about an incident in which a person's belongings

were mis-used by a member of staff. We spoke with the registered manager about this incident. They confirmed that they were aware of the incident, and that three members of staff had been involved. They told us that they were not happy with the staff members involved, but had not taken any formal action to discipline the staff, or discuss the incident in supervision or appraisal sessions. We checked staff files and confirmed that there were no records regarding this.

There were not effective recruitment and selection procedures for staff, therefore the registered person was unable to demonstrate that persons employed for the purposes of carrying on the regulated activity were of good character. The registered person had not taken such action as was necessary and proportionate to respond to concerns about staff members' fitness to carry out their duties. This was a breach of regulation 19 (1)(a) (2)(a) (3)(a) (5)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a lack of appropriate risk assessments carried out at the service, to ensure people were safe. We spoke to staff about risks to people and they were able to identify potential areas of risk, and showed a good understanding of each individual and their specific needs. We looked at risk assessments for four people living at the service. We found that risk assessments in each case comprised of a list of potential risks, with a tick next to them to state whether they were 'high risk', 'low risk' or 'not applicable'. There was nothing in the records to demonstrate how these ratings had been reached, nor were there specific risk assessment documents in place, to provide staff with information about the risks posed to each person, or the control measures put in place to mitigate that risk.

The risk assessments in place were reviewed by the registered manager on a regular basis. We spoke with the registered manager about this, and they confirmed that there were not any more in-depth risk assessments available to staff, to provide them with guidance about risk management. They also informed us that none of the people at the service had a falls risk assessment in place. We checked people's records and confirmed that this was the case. We looked at the records for one person who had experienced a fall from their bed. The person's file did not have a falls risk assessment, or a record of their falls history. This meant that the service had not developed a system which enabled people to take risks safely and that for risks already identified, there was a lack of detail relating to the management of those risks.

We spoke with staff who were aware of the importance of pressure care and the registered manager, and training records, confirmed that staff had training in this area. Staff and the registered manager also told us that equipment, such as pressure-relieving mattresses, were used to reduce people's chances of developing pressure ulcers. Records showed that the service carried out regular assessments of people's risk of developing pressure ulcers, using the Waterlow assessment tool, although when people were noted as being at higher levels of risk, it wasn't clear from the care plans what interventions were in place as a result. This meant that staff may not be aware of the correct action to take for each individual, to help reduce their risk of developing pressure ulcers.

People and their family members were positive about the numbers of staff on shift. One relative told us, "Oh yes, there are enough of them to make sure [relative] is well cared for." Staff members also felt that there were sufficient numbers of staff to provide people with the care and support that they needed. One staff member told us, "We've got good staffing here, we don't have to use agency." They went on to explain that there were enough staff to cover absence without having to rely on agency. The registered manager confirmed that they did not use agency staff at the service. We looked at rotas which confirmed that our observed staffing levels were consistent and that shifts were covered by employed staff.

People told us that they received their medication from staff and our observations confirmed this to be the case. They told us that they were given their medication correctly, and in line with the prescriber's

instructions. Relatives confirmed that people received their medication when this was required. Staff told us that they gave people their medication in accordance with the instructions recorded on their Medication Administration Record (MAR) charts. We looked at these and saw that medicines were recorded on them and that these records matched people's care plans. There were signatures to record when medication had been administered, and symbols were used to record if there was any change to that, such as when people refused to take medication. It was not always clear why medication had been refused or why 'as required' (PRN) medication, such as paracetamol, had been given, as it had not been recorded on the back of the MAR chart.

We spoke to the deputy manager about medication management at the service. They told us that formal audits of medication were carried out occasionally, however they were not done so regularly. They told us that they checked medication on a regular basis, to ensure it had been given correctly and that none had gone missing, however there was not a system in place, to ensure that these checks were recorded. We saw that a full medication audit template was available, however it had not been completed since May 2015. We spoke with the registered manager about this and they told us they intended to carry out another, formal medication audit and in time, to do this more frequently.

Is the service effective?

Our findings

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

There was an absence of systems in place to support people who lacked capacity to make their own decisions. We spoke to staff about the MCA, they told us that they received training in this area, however they did not apply the formal principles of the MCA to their roles on a day-to-day basis.

The registered manager confirmed that all staff received training in this area, however they told us that people who may lack mental capacity did not have formal capacity assessments, as laid out in the MCA, in their care plans. We looked in care plans and found that there were no assessments of people's capacity or best interests checklists in place, for those people who were unable to make decisions for themselves. In addition, there were a number of forms which had been signed on people's behalf, however there was no record of why they had not signed them for themselves. These files also lacked information regarding the decision making process, and how it had been agreed that a particular course of action was in that person's best interest. For example, we saw three records with medication consent forms which had been signed by a member of staff, rather than the person, to receive medication from members of staff. There was no record of why staff had signed the forms, nor was there evidence to support that this had been discussed with them or family members. This meant that the service was not acting in accordance with the MCA, to ensure that people were supported to make decisions appropriately. Decisions were being made by the service on people's behalf, without assessments of their mental capacity. In addition, when decisions were made, there was no process in place to ensure that decisions were in people's best interests.

The service did not have systems in place to act in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager, and staff, told us that there had been an application for DoLS for one person, which had been approved by the local authority. We saw that the paperwork for this was in place, however the registered manager told us that they had not considered making a DoLS application for other people who may lack mental capacity to make decisions relating to their care and treatment. They did tell us that they had arranged for the local authority to visit the service and provide additional training in this area, which they hoped would improve staff awareness of the service's responsibilities.

People told us that staff asked for their permission before they did anything and staff confirmed that they always checked with people first. One staff member said, "We always check with people to see if they are happy with what we plan to do." Another told us, "I know people well, but I still check as they want something different each time." Throughout our inspection, we saw that staff sought consent from people before providing them with care or support. Staff were patient and waited for people to answer them, before carrying out a task, such as clearing someone's plates or helping them out of a chair.

Staff members told us that they received regular support from the registered manager, including supervision and appraisal sessions. They also told us that there was an open door policy in regard to the office, so staff could go and ask the registered manager for help at any time. One staff member said, "We have supervisions and appraisals, but the office door is always open if we need anything. There is always someone there, we are well supported." We checked supervision records and saw that staff did receive supervisions, however they were not regular, with some staff only having one recorded session in the past year. There was evidence to show that staff also received appraisals on an annual basis. We spoke with the registered manager about this, who acknowledged that the recording of supervision sessions was not effective and they would work to improve this area.

People told us that they felt staff were well-trained, and had the skills and knowledge they required to meet their needs. One person said, "Well they seem to know what they are doing!" People's relatives were also confident that staff had the necessary skills to care for their loved ones. One relative said, "I think they do get training, and certainly know their jobs." Staff also told us that they felt they were well trained. They told us that they received regular training and refresher session to build and develop their skills. One staff member said, "The training is good, it has helped."

New staff told us that they had an induction which included mandatory training, as well as shadow shifts, where they spent time observing other staff members and getting to know the people they would be caring for. We checked training records and saw that staff received regular training in areas such as health and safety, pressure care and safeguarding. The registered manager told us that there were plans in place to ensure that new staff members completed induction training which met the requirements of the Care Certificate. In addition, they were planning to attend 'My Home Life' training, to help them develop the service and their links with other providers in the local area.

People told us that they enjoyed the food they were given at the service. They explained that they always had a choice of at least two different main meals, and that the cook would prepare them something different if they didn't like the options. One person said, "The food is very good, it fills you up!" Another person said, "The food is satisfactory, always nice." Staff told us that they were aware of people's likes and dislikes, as well as any specific dietary needs they may have. The cook spoke with us about the level of information they had access to in respect of specific dietary requirements, for example, fortification of food and providing appropriate consistency soft food for people. During our visit we saw staff go to each person and talk to them about the meal choices for the day, and help them make a choice if necessary. During meal times we saw staff serve appetising meals to people, and spend time with them, offering gentle prompts and encouragement to help them eat. Where necessary, staff sat with people and provided them with support to eat their meals. We saw that there was a rolling menu planned at the service, clearly showing the choices available. There were also pictures of foods and meals to help people make their decisions when they could not always understand verbal prompts.

People told us that, if necessary, staff at the service would help them to book appointments with healthcare professionals, and help them to attend those appointments. Staff told us that people received regular visits from healthcare professionals to the service, including people's GP's and chiropodists and that they were

able to accompany people to external appointments, if needed. A healthcare professional confirmed that the service was good at ensuring they referred people to them for any required support. We looked in people's care plans and saw that there were up-to-date records of people's appointments, and any interventions or outcomes as a result of those appointments.

Is the service caring?

Our findings

Prior to our inspection we were made aware of an incident which took place at the service, in which members of staff had mis-used a person's belongings without their knowledge or consent. We discussed this incident with the registered manager, who confirmed that the incident had taken place, and that members of staff had failed to conduct themselves in a manner which upheld people's dignity and respect. As they had not treated the person and their belongings in a respectful manner and ensured the privacy of the person using the service. In addition, the registered manager had failed to address the concern with those members of staff, in accordance with the provider's disciplinary policies, or discuss it with the person and their family members. The registered manager assured us that this was an isolated incident, and we received no other notifications regarding incidents of this nature at the service.

People told us that staff treated them with dignity and respect. They told us that staff always ensured they were covered when they helped with personal care and knocked on their doors before they entered the room. They also told us that staff were always polite when they spoke to them and treated them with kindness. One person said, "Oh yes, they are always so polite and make sure everything is covered up!" Another told us, "They talk to you nicely here." People's family members also told us that the service treated people with dignity and respect. They felt that staff spoke to people politely, and made sure they were appropriately dressed in clean clothes. One told us, "Staff make sure the laundry is done and returned to the correct person. They always have clean clothes."

Our observations confirmed that people's privacy and dignity were maintained by staff at the service. We saw staff talking to people in a respectful way and they made sure personal care needs were dealt with discreetly. People at the service were dressed in clean clothes which they had chosen with staff, and were appropriately dressed for the time of year.

People and their family members told us that visitors were warmly welcomed by the service. One family member said, "Certainly, you can come to visit whenever you want." They told us they could come at any time, and staff were very accommodating to all visits. They explained that there were a number of different areas where they could sit and talk in privacy, and that the service always made visitors feel welcome at the service. One relative explained that they often ate meals at the service with their family member, and that the registered manager and staff often went out of their way to help them get to and from the service, and occasionally helped them to get small items of shopping. During our inspection we observed several people receiving visits from their family members. Visitors were greeted by staff members who were clearly familiar with them, and engaged in friendly conversations. They were also given space and privacy to spend time with their loved ones, but staff were also readily available for advice, support and a chat, if needed.

People's relatives told us that they had been involved in preparing their care plans. One relative told us, "I was involved at the start and I get lots of information about [family members] care." Members of staff told us that people were involved in planning their care. They told us that they spent time talking to people and their families about their care, to ensure that the care they received was based upon their preferences. The registered manager confirmed that people were involved in planning their care although they understood

that there were some improvements to be made in respect of capturing people's involvement within the formal documentation.

We looked at people's records and saw that care plans did not always show that people had been involved in planning their care. We saw that although care plans were written from people's point of view, there were no records to show that people, or their family members, had been involved in the planning process. There was also nothing to suggest that people's care plans had been explained to them, or record that they were happy with the content of their care plans. There was no evidence to show that this had a detrimental effect on people, however the records did not show us that people had the opportunity to be involved in planning their care.

We saw that there was information available to people, throughout the service. Important contact information and guides to the service was available to people. We found that previous Care Quality Commission (CQC) reports were on notice boards, so that people and their visitors could read about our previous inspections and the areas of improvement we had identified

People told us that staff treated them well and had developed good relationships with them. One person told us, "They are all very good, we have a good laugh here!" People's family members were also positive about the staff and the relationships they had developed with people, as well as the warm welcome they always received at the service. One family member said, "It's brilliant, I can't fault any of them." Another told us, "They are fantastic, it is a home, and it's like a family." People and their relatives expressed that staff were kind, caring and compassionate towards them and worked hard to ensure people had the right care and support. Written feedback stated, "Staff are extremely caring and provide a safe and homely atmosphere." Another comment said, "All the needs of the residents are not only met but superseded."

Throughout our inspection we observed positive interactions and relationships between people and staff. It was clear that staff were aware of people's specific needs and wishes, and worked hard to ensure that people were happy and had a good quality of life. People clearly appreciated the efforts of staff, as well as the interactions they offered them. We saw one person approach a member of staff to give them a hug and express thanks for the support they were giving them.

Is the service responsive?

Our findings

Some people's records lacked information about their care and support needs. This meant that staff were not always provided with sufficient information to provide people with person-centred care. For example, pre-admission assessments were carried out before people came to live at the service. We found that these were not always fully completed, and missed some key information, such as contact details for social workers or family members, or details about people's individual hobbies and interests. We spoke to the registered manager about this, and they told us that, in some cases, people had been admitted to the service very quickly, which did not always allow for an assessment to be carried out in full. The registered manager did acknowledge that, following the person's admission, these documents could have been re-visited, to ensure they were completed in full, to help give staff as much information as possible about the new arrival at the service.

Staff members explained that care plans had been written, as a result of the information from the pre-admission assessment and from the knowledge gained in the process of getting to know people. We looked at people's records and saw that each person had a number of specific care plans, for certain areas, such as mobility and personal care needs. These care plans were not always detailed and did not provide staff with sufficient information to deliver person-centred care. We saw that care plans were re-visited on a regular basis by the registered and deputy managers, to identify if any changes were required to them.

Despite the lack of person-centred information in care plans, we found that staff were able to deliver person-centred care. They had spent time getting to know people and were able to respond to their specific needs and wishes well. We spoke with the registered manager about the care plans, and the fact that they had been reviewed regularly, but improvements had not been made to the information which they contained. They told us that they would carry out full reviews of people's care plans and ensure that they were updated and more person-centred.

People and their family members told us that they were able to give the service feedback, whenever they needed to, however they did not always find that the service sought feedback from them. For example, they told us that they could not remember receiving a satisfaction survey recently, but saw the registered manager regularly and told them if they had any concerns or issues. The registered manager told us that the service had policies and procedures in place regarding feedback from people and their family members. They said that they did send out satisfaction surveys, and were able to show us the results of the most recent one. They did tell us that they did not currently have a system in place to record verbal feedback from people, or the actions that they were going to take as a result, but that one would be implemented.

People and their relatives were happy with the service and that they were aware of how to make a complaint if they needed to. One person said, "I haven't had to make a complaint, everything is going well." A relative told us, "I haven't raised a complaint yet, but I think they would listen to me if I had something to say." The registered manager told us that they had not received any complaints since our previous inspection, but they had received a number of positive comments from people and their family members. Records confirmed that had been no formal complaints, and that there were a number of thank-you notes and other

compliments which the service had received. Some of the positive feedback received indicated that people were happy with the level of service received. Comments included, "Care at this residential home is wonderful." We also read, "Bay House provides excellent care." The records also showed that the service had not carried out any analysis of the results of feedback surveys, or general feedback from people, therefore were unable to demonstrate how this information was used to drive future improvements.

There were a range of activities which took place at the service, to ensure that people were stimulated on a regular basis. People told us that they enjoyed the activities and that staff joined in with them, to help make them enjoyable. People's family members were also positive about the activities which took place, and took great pride in talking to us about the artwork and gardening projects which their family member had been involved in and were on display throughout the service. We spoke to staff, including the activities carer, about the different activities which took place at the service. They were enthusiastic about activities and told us that there were a number of regular sessions which took place, including bingo, arts and crafts and knitting. One staff member told us, "It's wonderful to see people happy." In addition, they spent time talking to people about their interests, and took time to learn about them and ways which they would be able to integrate them into the activity plan. Staff were proud about the activities which took place at the service and showed us photos of a number of different activities, including a large Christmas party, which included a four course meal with family members, games and raffle prizes. The photo's showed that people were happy and enjoying the activities which took place at the service.

Is the service well-led?

Our findings

Management systems at the service were ineffective and failed to ensure that people received safe, effective and high quality care.

Incidents which took place at the service were reported to the registered manager, however they failed to screen these effectively, and identify areas of potential abuse and deliver improvement.. The registered manager had received similar feedback from the Care Quality Commission in the past, as well as from the local authority safeguarding team.

Incidents involving staff performance and conduct had also not been dealt with in a suitable manner. An incident in which staff mis-used a person's belongings and failed to treat them with dignity and respect had not been investigated fully, and no formal disciplinary procedures had taken place. This meant that incidents were not managed fully, and there was no evidence to show that lessons had been learned by the service and that the service was committed to improvement.

There were ineffective systems in place to provide sufficient managerial oversight and quality assurance processes at the service. We saw that the registered manager had implemented a number of checks and audits, since our previous inspection, however these were not being carried out on a regular basis and were ineffective in identifying the issues we found during our inspection. For example, we saw that a monthly medication audit had been put in place, however this had not been completed since May 2015. There was a lack of evidence of an action plan of improvements or developments, to show areas where the provider and registered manager had identified that work needed to be done. For example, we saw that a monthly catering audit had last been completed in August 2015, and there was nothing to show that any changes or processes had been carried out, as a result of this audit. When we asked the registered manager about this, they confirmed that this had not been completed since then, and that they had not been aware that this was scheduled to be completed on a monthly basis.

We found that the registered manager had conducted a care plan audit in December 2015. This plan stated that care plans were person-centred and provided the information that staff needed to provide personalised care. The audit failed to identify the missing information or concerns regarding care plans, risk assessments and ineffective Mental Capacity Act processes, detailed within this report.

This lack of oversight meant that areas for improvement had not been highlighted and rectified by the provider. For example, there had been no check of staff recruitment files, which may have highlighted that there was significant information missing from these and protected people from risk. In addition, there was no process in place to review incidents and demonstrate that lessons had been learned as a result. We spoke to the registered manager about this. They were able to tell us where action had been taken as a result of incidents, however they agreed that there was a lack of documentary evidence to show that this action had been taken and shared with members of staff. It was not clear that, when required, robust action had been taken by the registered manager, in order to deal with incidents and ensure staff were aware of their roles and responsibilities.

There was also a lack of evidence to show that the service was being run openly and in collaboration with people, their families and members of staff. We looked at minutes from meetings and found that the last resident and relatives meeting took place in November 2014, and the last staff meeting was in October 2014. The registered manager confirmed that these had been the last meetings which were held at the service. This meant that important feedback and opportunities to engage with people and staff had been missed. For example, our previous inspection took place after these meeting dates on 30 December 2014. This meant that the areas for improvement identified by CQC had not been discussed, and people and their families had not had an opportunity to provide feedback in a group forum.

The registered manager did not have an understanding or awareness of their responsibilities in terms of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They were not aware of the changes in these regulations in April 2014 and, as such, was unable to demonstrate that they used these to help ensure the service was operating effectively. Similarly, they were not aware of their full requirements under the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. This lack of awareness, and therefore suitable systems, meant that people were at risk of having their autonomy denied to them and having plans in place which they had not agreed to.

Throughout our inspection we identified a number of concerns regarding the management of processes and essential documentation. The lack of quality management and oversight at the service had resulted in increased risks to people's health and well-being, as well as a lack of openness and transparency with other stakeholders. The registered manager and provider had failed to implement robust and effective procedures to ensure the service was managed well. The lack of understanding of regulations and the importance of quality assurance systems, meant that people were not always receiving safe, effective and high quality care. Potential risks were not always identified and managed to ensure people were protected from harm and their views and opinions about their own care and the service in general were not sought to improve the service.

The provider did not operate effective systems and processes to make sure they assessed and monitored their service. This was a breach of Regulation 17(1) (2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a positive culture and welcoming atmosphere at the service. People and their families were happy with the care that they received, and staff were motivated to perform their roles. One family member said, "I'm very very lucky that [relative's name] is here." There were familiar and strong relationships between people and members of staff, which helped to make people feel at ease and at home at the service.

People were also positive about the registered manager. All the people we spoke to knew who they were and spoke highly of the effect that they had at the service. People's families shared this view and told us that the registered manager was always available and willing to chat to them about their relatives care. We saw that the registered manager regularly spent time talking to people and their families during our inspection. They were very 'hands on' in their approach to people, ensuring they were happy and that staff had no issues. People were clearly familiar with them and comfortable in their presence, exchanging conversation and jokes readily. During our inspection, and through conversation with staff, it was clear that the registered manager prioritised spending time interacting with people living at the service, their relatives and members of staff. Whilst we saw that this had encouraged positive relationships within the service, this had resulted in a lack of effective understanding and implementation of quality assurance and management systems.

Staff members told us that they were well supported by the registered manager. They felt that they were listened to and that the feedback they gave was acted upon and changes made if required. All the staff we

spoke with spoke highly of the registered manager and told us that they were empowered and motivated to perform their roles. Staff members also told us that they were regularly thanked by people and their families, which helped to motivate them and assure them that they were doing a good job.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 The service did not have systems in place to act in accordance with the requirements of the Mental Capacity Act 2005. Regulation 11 (1)(2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>There were not robust procedures and processes in place to make sure that people were protected from abuse. Incidents were not used to identify potential abuse and therefore preventative action, including escalation, was not taken. Regulation 13 (1)(2)(3)</p>

The enforcement action we took:

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Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>There were not effective recruitment and selection procedures for staff; therefore the registered person was unable to demonstrate that persons employed for the purposes of carrying on the regulated activity were of good character. The registered person had not taken such action as was necessary and proportionate to respond to concerns about staff members' fitness to carry out their duties. Regulation 19 (1)(a) (2)(a) (3)(a) (5)(a)</p>

The enforcement action we took:

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