Hellendoorn Healthcare Limited

North Bay House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

North Bay House is a care home providing care and support to a maximum of 29 older people. At the time of our visit there were 27 people using the service.

The inspection was unannounced and took place on 25 January 2016.

The service had in place 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.

People and their representatives told us they felt the service was safe. There were clear plans in place to reduce the risks of people coming to harm. Staff, the registered manager and the provider understood their role in keeping people safe.

People told us and our observations confirmed that there were enough suitably qualified, trained and supported staff to meet people's needs. We observed that staff were competent in providing safe and effective care to people. Staff told us they received the training they needed to carry out their role effectively, and that they were supported to do their job.

There was a robust recruitment procedure in place to ensure that prospective staff members had the skills, qualifications and background to support people.

Medicines were stored and administered safely. There was a system in place capable of identifying errors. Plans were in place to improve medicines administration paperwork.

The service had made the appropriate Deprivation of Liberty Safeguards (DoLS) referrals for people using the service and was complying with the principles of the Mental Capacity Act 2005 (MCA).

People were supported to remain independent, and live full and active lives. People were supported to engage in meaningful activity by staff who understood the importance of this.

We observed, and people told us, that the staff were caring, kind and treated them with respect.

People told us they were involved in the planning of their care. However, improvements were required to ensure that people's views on their care were reflected in their care records and that their records were personalised to them as an individual.

We observed that people were supported to eat and drink sufficient amounts.

There was a robust quality assurance system in place which we saw was capable of identifying shortfalls in the service so these could be addressed.

There was a complaints procedure in place and people knew how to complain if they were unhappy. People and their representatives were supported to feed back their views on the service and these were acted on by the manager.

Further consultation was required to ensure that the decision to have CCTV in place in some parts of the service was appropriately discussed with people using the service and their representatives to promote openness and transparency.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to meet people's needs. Robust recruitment procedures were in place.

People's medicines were managed, stored and administered safely.

Staff knew how to recognise abuse and understood the safeguarding process in place at the service.

Improvements were required to ensure that care planning clearly reflected people's needs in sufficient detail to enable staff to provide them with appropriate care.

Is the service effective?

Good

The service was effective.

Staff received the training and support they required to carry out their role effectively.

People had access to a choice of nutritious food and drink which met their needs.

Consent was obtained appropriately. The service was complying with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People told us the staff were caring and showed them kindness and understanding.

Staff demonstrated they knew people well and had formed close bonds with people.

Improvements were required to ensure that people's views about

their care are reflected in care records.

Is the service responsive?

Good

The service was responsive.

People received support which was planned and delivered in line with their care plans. Improvements are required to further personalise people's care records.

People were encouraged and supported to make complaints and comment on the quality of the service.

People were supported to be independent and engage in meaningful activity and stimulation.

Is the service well-led?

Good

The service was well-led.

There was a robust quality assurance system in place.

The provider promoted a culture of openness and transparency within the staff team.

Further consultation was required to ensure that the use of CCTV in the service was discussed with people and their representatives.

North 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 25 January 2016 and was unannounced. The inspection was undertaken by one inspector.

A provider information return (PIR) was not requested prior to the inspection. This is a form that asks the provider to give key information about the service, for example, what the service does well and any improvements they intend to make. Before the inspection we examined previous inspection records and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We spoke with seven people who used the service, three members of staff, the manager and three relatives. We looked at the care records for ten people, including their care plans and risk assessments. We looked at four staff recruitment files, medicine records, minutes of meetings and documents relating to the quality monitoring of the service.

Good

Our findings

People told us they felt safe living in the service. One person said, "I don't think I've ever felt safer in all my life." Another person told us, "There's always people around and I do feel very secure." A relative commented, "I do believe [relative] is safe here. If I didn't think they were, they wouldn't be here." Another relative said, "It appears very safe, the security is good. I'm not concerned."

There were risk assessments in place for each person using the service which set out the risks, and how staff should support the person to minimise these risks. For example, one person was at risk of falls because they forgot to use their walking aid, so their assessment stated staff should prompt them regularly. We observed that staff were doing this and were proactive in reducing the risks to other people using the service. However, the service should look at how they can improve the clarity of the control measures in these assessments so that staff can access the information they need quickly.

Improvements were required to ensure that people's care plans clearly reflected their needs in sufficient detail to ensure that staff understood what action they were expected to take in order to meet the person's needs safely. For example, one care plan stated that staff should support the person to maintain their skin integrity, but didn't state how staff should do this to prevent the person's skin breaking down. The current staff group understood the actions they were expected to take to protect this person from harm and the person was receiving care that met their needs. However, there was a risk that newer staff members joining the team in future may not have access to clear and concise information about people's needs and therefore fail to provide care that safeguarded them from harm.

Staff knew how to recognise abuse and understood the safeguarding policies and procedures in place at the service. Staff told us they felt confident in raising concerns about people's safety with the registered manager or provider. Staff demonstrated a knowledge of the whistleblowing procedure in place at the service and understood who they could whistleblow to outside of the service.

People told us there were enough staff to meet their needs. One person said, "Oh they're always there for a chat." Another person commented, "There's more than enough in my opinion." A relative said, "You get a quick response when you need it." Another relative told us, "If you ring the bell they turn up in seconds rather than minutes." We observed that people received support when they needed it, and that staff were available to engage people in conversation or in meaningful activity. The manager told us that staffing levels were regularly reviewed as people's level of need changed. The manager and provider also told us that extra staff were made available for regular trips out or special occasions or events within the service. This was

confirmed by staff.

There were robust recruitment procedures in place to ensure that prospective staff had the appropriate skills, qualifications and background for the role. Several new staff members had been recruited recently, and records confirmed that relevant checks had been carried out on these staff members before they started work. For example, appropriate checks were carried out to ensure that the staff member did not have any relevant criminal convictions which would make them unsuitable for the role.

People told us they received their medicines when they needed them. One person said, "I prefer to administer my own pills but they do help me with one of my [tablets] because the dose fluctuates a bit." Another person said, "They are prompt as ever. If I need pain relief I know I need only ask." Medicines were stored, managed and administered safely. The service had recently requested an assessment of their medicines administration from an external organisation which had identified a need for further information to be available to staff when people were prescribed 'when required' (PRN) medicines. New documents were in the process of being implemented to ensure that staff administering medicines had access to information about when it was appropriate to administer PRN medicines and what their purpose was. Regular formal audits of medicines administration were conducted by senior staff, and these picked up errors and anomalies so they could be investigated.

Good

Our findings

Observations and conversations with people using the service, staff, relatives and external healthcare professionals told us that staff had the training and support required to deliver safe and appropriate care to people. One person said, "I have no doubt about their ability." Another said, "I can't say I've ever had reason to think they're not in the know." A relative told us, "[Staff] are really knowledgeable and understanding, so is [manager]." Staff told us they received training in key competencies to their caring role, such as training in safeguarding, health and safety and working with people living with dementia. Records and discussions with the manager confirmed this.

There was a formal monitoring system in place, whereby staff competency in subjects they had received training in was assessed by the management of the service. This ensured that any areas for improvement could be identified to protect people from the risks of receiving unsafe care.

Staff told us they felt well supported by the provider and felt free to go to them with issues or concerns. They had access to regular one to one sessions with their manager where they were able to discuss training and development needs. Staff confirmed they also had a yearly appraisal, where they set goals for the next 12 months with emphasis on how they intended to develop their skills and knowledge. Staff told us they felt able to suggest training and had recently had extra training in supporting people coming to the end of their life. Minutes of staff meetings confirmed that training was discussed and this gave staff the opportunity to reflect on their personal development as well as the development of the team in order to provide a higher standard of care to people.

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).

We checked whether the service was working within the principles of the MCA.

People told us and we observed that staff requested their consent before providing them with care and support. One person said, "We have discussed what I'd like. They respect my choices." Another person told

us, "They ask if they can help. They don't just go and start doing it."

The provider and manager were up to date in the changes in legislation around MCA and DoLS and how this applied to people using the service. Appropriate DoLS referrals had been made for those who required them. Care staff demonstrated a good understanding of the principles of MCA and DoLS and told us they were mindful of this when supporting people.

People told us and we observed that people were supported to make decisions about what they wanted to eat and drink. One person said, "Every day they come round with the menu. There's normally a couple of options." We observed staff enabling people to make decisions in a way that suited their individual needs. For example, staff were showing the meal choices to people living with dementia who may not have been otherwise able to make a choice. People were offered the support they required to eat their meals and were supported to reduce the risk of malnutrition. We saw that where one person was not eating the meal they had chosen, a staff member offered them something else which they were happy to eat. Staff told us, and we observed, that people who required more support to eat were offered the opportunity to sit in a quieter room to preserve their dignity. We observed that people were provided with support that enabled them to eat their meals as independently as possible. For example, staff offered to cut people's food up for them and people were offered special equipment such as plate guards to help them eat their meals.

We observed throughout the day that people were offered extra food and drinks regularly. People who were unable to verbally request food and drink were shown options they could choose from. Where people's food and fluid intake was being monitored because they were at risk of dehydration or malnutrition, these records reflected that people were being offered sufficient amounts of food and drink to meet their needs.

People and their relatives made positive comments about the food they received. One person said, "It's always delicious." Another person commented, "Excellent." A relative told us, "It looks good, tastes good. [Relative] certainly enjoys it."

Weight records confirmed that people were either putting on weight or had a healthy, stable weight. People were weighed on a monthly basis by the service and people's weights were monitored by the management. Records confirmed that clear action was taken when people lost weight, and staff told us that action was taken by the manager when they raised concerns about someone who wasn't eating or drinking to ensure they were protected from harm.

People were supported to access external healthcare professionals when required. The manager told us, and records confirmed that the service sought the support of healthcare professionals such as dieticians, psychiatrists, GPs, Chiropodists, Dentists and the falls intervention team where this was appropriate. Records showed that support from external healthcare professionals such as dieticians or GP's was sought quickly after staff identified that a person was becoming unwell. A healthcare professional told us that the service worked well with them and that there was an 'open dialogue' between them. This healthcare professional said that the advice and guidance they offered was taken on board by the staff and action was always taken to put this advice into practice and minimise risks to people.

Good

Our findings

People and their relatives told us the staff were kind, caring and courteous. One person told us, "They have a caring attitude." Another person said, "I know it's their job but you can tell they do genuinely care. I couldn't fault them. They're nice people." A relative commented, "The approach of the staff is definitely caring." Another relative told us, "I've never come across a bad egg here. All I've ever seen afforded to people is caring and compassion."

We observed that staff had a kind, caring and compassionate attitude towards people using the service. Observations concluded that staff knew people very well, and had an in-depth knowledge of their physical and emotional needs. Staff were able to tell us about people's likes, dislikes, hobbies and personal history when speaking with us, and spoke of people with fondness.

People told us they could be as independent as they wanted, and relatives confirmed this. One person said, "They don't impose. They know what I can do." Another commented, "They leave me to it, they know I don't like too much help. I'm too proud." A relative said, "They try their best to encourage [relative] and only after much encouragement will they actually intervene and do something for [relative]." Another relative told us, "I do think [relative] is more independent here than they were at home."

We observed that people were provided with support which promoted and encouraged their independence. For example, we observed a staff member sitting with people at lunch time and placing food on their fork for them and then encouraging the person to put it in their mouth independently. This upheld the dignity and respect of these people and encouraged them to use the skills they still had to support themselves. Staff were mindful of people's independence. One told us, "If you do everything for them then they will lose the abilities they still have."

People were supported and encouraged to have privacy. We observed staff offering people the opportunity to go to their bedroom for 'quiet time' and we saw another staff member enabling one person to visit their relative in another more private room. We observed that staff supported people to maintain their dignity when helping them with tasks such as personal care by ensuring conversation's about these tasks were discreet.

People told us they were involved in the planning of their care and knew what their care records said about them. One said, "When I came here me and [relative] sat down with [manager] and talked about what I needed." However, the provider and manager should consider how they can better reflect people's views in

their care planning. For example, ensuring they include information about people's preferences, likes and dislikes in their care plans.

Good

Our findings

Improvements were required to further personalise people's care records to ensure they reflected the individual way in which they wished for their care to be provided. For example, if they needed support to apply make-up or do their hair, care records should reflect how the individual liked to wear their make up or hair. Improvements were also required to ensure that people's likes, dislikes, hobbies, personal interests and life history were reflected in their care planning to enable staff to provide them with more person centred care. Whilst the current staff group demonstrated a good knowledge of people's preferences, information such as this could enable future staff to support people living with dementia who may not always be able to independently recall this information. For example, it could support staff to provide a person with a choice of food they liked, or to provide them with some form of meaningful activity they enjoyed to keep them busy.

People were supported to engage in meaningful activity and tasks they enjoyed throughout the day, and this helped to minimise the risks of boredom and social isolation. One person said, "There's plenty to do. [Staff member] is taking me out to the shops tomorrow." Another person commented, "I never get bored, there's always something going on. In the summer we go on boat trips. Every week we get asked if we want to go on an outing." A relative told us, "I don't feel [relative] is restricted. They get asked if they want to go out every week, sometimes they go to the garden centre or out for dinner. It is nice." We observed staff engaging people in a number of different activities during our visit, including going for a walk outside of the service or doing puzzles. Staff knew what tasks or activities people liked to get involved with and gave people opportunities to take part in these. For example, we saw one staff member ask a person if they wanted to help set the tables for lunch, which they did. Staff and the provider told us that people were given opportunities to leave the service with or without staff support regularly to take part in activities or to visit new places. The manager told us about the most recent outings that had taken place, such as visiting the local garden centre for lunch. The manager told us that people were encouraged to make suggestions for future outings during meetings. Staff, the manager and the provider told us that extra staff and volunteers were always available to support people to leave the service and visit the community.

People told us their relatives could visit anytime they wished without restriction. One said, "[Relative] comes all the time. Has lunch with me sometimes, they don't mind here." Another person told us, "Oh any time. Night or day, it's no problem. They don't mind me going off out with [relative] either so long as I tell them when to expect me back."

People and their relatives were given the opportunity to express their views on the service through residents

meetings. One person told us, "Yes I go to all the meetings, they ask if we have any suggestions of where we want to go. Anything we want to discuss." A relative said, "It's a good opportunity for us all to get together and what's said is taken on board." Records confirmed that residents meetings were held regularly and were well attended by people using the service and their relatives. Where people had suggested places they'd like to visit or things they'd like to do, records, photographs and people using the service confirmed staff had fulfilled these wishes.

People and their relatives also had the opportunity to feed back on the service through an annual survey of their views. A relative told us, "They send us a form every year asking what could be improved. Its top class here but its good they still ask." This meant people felt empowered and as if their views and wishes mattered. The manager told us, and records confirmed that the responses received to the surveys were collated to identify trends which may indicate an area for improvement. All the surveys received in the last round of surveys had been positive, but some suggestions had been taken forward and acted upon.

People and their relatives told us they knew what to do if they wanted to make a complaint. One person said, "I would write it down or bring it up at a meeting." One person's relative said, "I'd be straight to the manager if something wasn't good enough." The service had not received any complaints. However, there was a clear policy and procedure in place should anyone make a complaint in future.

Good

Our findings

People using the service, their relatives and external healthcare professionals were complimentary about the manager and provider of the service. One person said, "I consider [manager] and [provider] friends. It's a family run home and I feel like we are a family." A relative told us, "The manager knows what [they] are doing. The owner is always here overseeing too." Another relative said, "It's an open door policy, I feel we have a good relationship with [manager] and [provider]." A health professional told us, "It is a beautiful home. It's well run, people seem happy and content, the manager is really good at what [they] do."

There was a robust quality assurance system in place which was capable of identifying shortfalls in the service. Regular audits of infection control, equipment, care records, staff practice and health and safety were carried out by the manager of the service. Where issues were identified we saw that action plans were put into place to rectify issues and that this was discussed with staff during meetings. The provider of the service also carried out an audit to ensure that the service provided to people was safe and met their needs. We saw that where this identified issues, action was taken to ensure the continual development of the service.

There was a formal system in place for monitoring accidents and incidents for trends, and we saw that action was taken where appropriate to protect people. For example, the service identified that one person had fallen several times and advice was sought from the falls intervention team and the persons GP. Following this the person's medicines were changed by the GP which stopped them falling. This means that the management has a system in place capable of identifying and addressing risks to protect people from harm.

The provider of the service promoted a culture of openness, honesty and transparency within the service. Regular formal team meetings were held with staff. Staff told us, and records confirmed, that these meetings were used to discuss improvements to the service, development of the staff team and changes to people's needs. Staff told us, and records confirmed that they were involved in making decisions about the future of the service and were given the opportunity to feed back on the quality of the service anonymously through a survey of their views. Staff told us they felt able to raise concerns or make suggestions to the management of the service. One said, "I know that they listen to what we think." However, the provider needs to formally discuss the use of CCTV within the service with people and their relatives. This ensures there are no objections to its use and to promote honesty and transparency around the purpose of its use.

External healthcare professionals also received a survey to complete in order to feed back their views and

suggest improvements. We saw that all the responses received back from external healthcare professionals were positive. In one, the professional commented "Lovely, welcoming home." Healthcare professionals told us that the service worked well with them and sought their advice on the development of the service. The manager told us how they had contacted one professional and asked them to conduct an audit of their medicines to see if the system could be improved. A report confirmed that the professional had suggested some improvements, and we saw that action was already being taken to make the suggested improvements.

The provider and manager had links with other care services and organisations in the local area to share best practice and discuss changes in legislation. This ensured that the provider and manager could implement new, improved ways of working within their staff team.

The provider and manager had a clear set of aims and goals for the service. They were passionate about the service and demonstrated that they cared about its success and about the quality of the care provided to people. Staff shared these aims and demonstrated their commitment to ongoing development and learning to ensure people received a consistently good service.