Hazelwood Care Limited

Bywell House Care Home

Inspection report

2 Longfellow Road, Worthing
West Sussex BN11 4NU
Tel: 01903 236062
Website: www.hazelwoodcare.co.uk

Date of inspection visit: 7 July 2015
Date of publication: 03/09/2015

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

Overall summary

The inspection took place on 7 July 2015 and was unannounced.

Bywell House Care Home provides care for up to 20 older people with dementia care needs. At the time of our inspection, there were 20 people living at the home. Bywell House is a large detached house in the 'poets' area' of Worthing, not far from the town centre and seafront. The bedrooms are all single occupancy and communal areas comprise a large living room, dining room and separate 'quiet' room. Accessible gardens furnished with benches and seats are situated at the front of the property.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from avoidable harm and risks were identified, assessed and managed safely. Staff were trained to recognise the signs of potential abuse and had been trained appropriately. Accidents and incidents were

Summary of findings

recorded and risk assessments updated accordingly. Staffing levels were sufficient to keep people safe and meet their needs. The service followed safe recruitment practices. Medicines were managed safely.

Staff had received all essential training and were encouraged to take additional qualifications in health and social care. New staff shadowed more experienced staff as part of their induction programme. Staff received regular supervisions and were observed in their work practices. Requirements under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards were followed by staff. People's capacity to make decisions had been appropriately assessed. There was a choice of food and drink available to people and special diets were catered for. People had access to a range of healthcare professionals. Communal areas in the home had been decorated or arranged in a way that enabled people living with dementia to navigate their way around the premises.

People were cared for by kind and friendly staff. They enjoyed the company of pets who had the run of the home. People were encouraged to eat and drink and to take their medicines as needed. The services of an interpreter had been utilised for one person where English was not their first language. People were involved in making decisions about their care and treatment where possible and were treated with dignity and respect.

Care plans provided staff with detailed information about people and their personal histories. Their needs had been assessed and the information provided staff with guidance on how people wished to be cared for. There was a range of organised activities available to people within the home. A BBQ was planned in the summer. People could access the gardens if accompanied by a responsible person. People were also able to go out into town, the park or down to the seafront, if accompanied. Complaints were dealt with effectively in line with the provider's complaints procedure.

People were asked for their views about the service and had daily contact with the registered manager. Relatives felt welcome at the home when they visited and were asked for their feedback about the home. The registered manager said the culture of the home was "family orientated" and this philosophy was shared by the staff. Staff worked well as a team and regular team meetings were held. There were robust quality assurance and governance systems in place to audit the quality of care delivered. Where issues had been identified, these had been managed effectively and resolved.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from avoidable harm and risks were identified and managed safely.

Staffing levels were sufficient to meet people's needs and safe recruitment practices were followed.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

People had sufficient to eat and drink and menu choices were available. They were supported to maintain good health and had access to healthcare professionals.

Staff were up-to-date in their training and trained to at least level 2 standard in health and social care. They understood the requirements of the Mental Capacity Act (MCA) 2005 and associated legislation under the Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?
The service was caring.

People were looked after by kind and caring staff.

People were involved in decisions about their care and treatment. They were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

Care plans provided detailed information about people, including their personal histories. Care plans were reviewed every month.

There was a range of activities organised for people within the home. People could go out into the community if accompanied by a family member, friend or a member of staff.

Complaints were dealt with effectively and appropriate action taken.

Good

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

The culture of the home was family orientated and the registered manager was readily available to people and staff.

People and relatives were asked for their views about the service. Staff were also asked for their feedback.

There were robust systems in place to measure the quality of care delivered and audits were undertaken monthly.

Good

Bywell House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 7 July 2015 and was unannounced.

An inspector and an expert by experience with an understanding of older people living with dementia undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people, relatives and staff. We 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 also spent time looking at records including four care records, two staff records, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted a local medical practice, who had involvement with the service, to ask for their views.

On the day of our inspection, we spoke with eight people using the service and one relative. We spoke with the registered manager, a team leader, a care assistant, the chef and members of domestic and cleaning staff.

The service was last inspected in September 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People were protected from avoidable harm and said they felt safe. One person told us, "I feel safe and I like it here". Another person said, "Yes, I feel very safe here. The carers are all nice and very friendly. They have to put up with a lot from me and they're always smiling and having a laugh".

Staff had been trained in safeguarding adults at risk and knew what action to take if they suspected anyone was at risk of abuse. Training was refreshed annually. Staff were able to name the different types of abuse. One member of staff explained how they would report this and said, "I would speak to the manager, but I can raise a safeguarding alert myself, if I suspected abuse. I would wait for Social Services to speak to me and they investigate".

Individual risks to people were managed safely. People were protected and their freedom was supported and respected. Risks to people had been identified and assessed across a range of areas such as moving and handling, mobility, communication, nutritional needs, pressure ulcers and personal care. There were instructions for care staff on how to support people safely. Risk assessments were reviewed monthly and care plans updated as needed. This ensured people's most up-to-date care needs were reviewed and planned for. Accidents and incidents were recorded in a book dedicated to the purpose. Details of any accidents or incidents were transferred to people's care plans and risk assessments updated as necessary. One person had suffered a series of falls recently and the local authority's falls team had been contacted for advice and support.

On the day of our inspection, we observed the lounge area being vacuumed during the lunchtime period, when the majority of people were eating their lunch in the dining area. The member of staff had plugged the vacuum cleaner into a wall socket and there was a long trail of flex extending across the lounge floor. One person got up from where they were sitting and immediately tripped over the electric lead, falling to the floor. Staff were prompt in providing assistance, reassured the person and checked them over for signs of injury. The person appeared to be fine and was supported away safely by staff. An accident report form was completed and the registered manager was immediately made aware of what had occurred. She acknowledged that the incident should not have happened and said that she would make immediate arrangements to purchase a battery operated cleaner, so that the lounge area could be cleaned safely without putting people at risk of tripping or falling.

An air cooling unit was in use in the dining room, as it was a very warm day; this protected people from the risk of overheating. People were also encouraged to drink plenty of fluids to prevent dehydration.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. There were at least three care staff on duty during the day, plus the registered manager. At night, there were two waking night staff. The home did not use agency staff and any absences were covered by existing staff working flexibly. Safe recruitment practices were followed. New staff were subject to criminal record checks to ensure they were safe to work with adults at risk. Two references were obtained and previous employment histories were looked at and staff files confirmed this. The home did not have a high turnover of staff and there were no vacancies at the time of inspection.

Medicines were ordered, administered, stored and disposed of safely. Medicines were stored in a locked trolley, secured to a wall, in a corner of the 'quiet room'. We observed medicines being administered to people at lunchtime. Only trained staff were permitted to administer medicines and their training was refreshed annually. The staff member on duty checked the Medication Administration Record (MAR) sheet, took out the prescribed dosage and presented this to the relevant person. The member of staff explained to one person what their drugs were for and said, "Would you like to take your tablets? All right, there they are. Put them in your mouth, have a drink and swallow". This staff member was observed to be very patient and waited with another person who held the pill in their mouth and seemed reluctant to swallow it. Separate charts were kept for the administration of topical creams. Medicines that could be taken as needed (PRN) were prescribed by people's GPs and managed appropriately. Controlled drugs were kept securely in a separate, double-locked cabinet. These had been recorded appropriately and stock levels tallied. Controlled drugs are drugs which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and misuse of drugs regulations.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff received training in areas such as infection control, food hygiene, dementia, challenging behaviour, first aid, moving and handling and mental capacity. Fire safety training was delivered by an ex-fire officer. Some training was delivered to staff face-to-face and there were also opportunities for distance learning via a computer. One member of staff described how they had just completed a 'Principles of Dementia' distance course and said, "This course was quite in-depth and I've really enjoyed it". We were told that all mandatory training was updated yearly and records confirmed this. One member of staff said, "But we can ask for a refresher if we think we need it". People were encouraged to acquire a level 2, or higher, qualification in health and social care. One member of staff had received training in assessing the new Care Certificate which was to be available to new staff.

New staff followed an induction programme which comprised training and work shadowing experienced members of staff. One member explained, "They shadow me for 36 hours or until they're confident" and added, "New staff walk around the home and residents chat with them". Staff received regular supervisions, usually at three to six month intervals and appraisals to measure their performance. Supervisions covered topics such as how staff were coping, people living at the home and training needs. Records confirmed this. Staff were also observed by more senior members of staff as they supported people and delivered personal care. A member of staff told us, "I do feel supported and it's nice to work in a team".

Staff understood the relevant requirements under the Mental Capacity Act (MCA) 2005 and associated legislation, Deprivation of Liberty Safeguards (DoLS). DoLS protects the rights of people ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff told us that, "Everyone has different levels of capacity" and "Some people can make day-to-day choices, but may not be able to make big decisions". People's capacity to make decisions had been assessed and care records contained these assessments. Best interest meetings were organised as needed; this is where the person, their relatives, care professionals and staff would meet and make a decision on the person's behalf. The registered manager had completed applications for people under DoLS and had received advice and support from the local authority on this. Five DoLS had been authorised to date and CQC had been notified accordingly.

People were supported to have sufficient to eat, drink and maintain a balanced diet. Menus were rotated every four weeks and special diets were catered for, such as for people with diabetes. On the day of our inspection, the lunchtime choice was cottage pie or corned beef hash with broccoli, carrots and leeks or other choices were available. Dessert was steamed syrup sponge and custard or yogurt. People liked to have a roast lunch on a Sunday and supper menus included a savoury dish, sandwiches and soup. We observed people having their lunch and tables were laid nicely with tablecloths, glasses and serviettes. If people wished, they could have their lunch served in their room. People could choose to have a juice or flavoured water. We were told that some people enjoyed a Pimms and lemonade drink during the summer, but the majority of people preferred not to drink alcohol. One person had been identified as being underweight and was offered a fortified drink, which was refused. However, they were encouraged to take frequent sips of the drink inbetween being offered an additional helping of dessert. In all they accepted and ate three portions of syrup sponge which they thoroughly enjoyed.

One person was assisted to eat their pudding and we observed a member of care staff sat down next to them, helping them to eat and chatting away to them. The dining area was situated immediately adjacent to the kitchen which meant food was delivered quickly to everyone and remained hot. When people had eaten their first course, they were offered their dessert. No-one was kept waiting needlessly and the lunchtime experience was sociable, unhurried and pleasant. One person told us, "The food is very nice here. I feel very safe here, at home and the carers are all very friendly aren't they?" Another person said, "I like it here. I think the staff are very good here, they're 'thinking' people, they know what I like to eat and what I don't like. I also go out with my daughter for lunch each week and I can also go out with a carer, which is good". They went on to say, "I had two Weetabix for breakfast, I could have anything else, and if I asked, they'd give it to me, but I'm happy with my Weetabix!"

Good

Is the service effective?

People were asked for their menu choices the same day. When we were talking with one person, the chef knocked on the door, came in and asked what they would like for lunch. It was a friendly, short visit, the chef clearly knew the person and the person liked the chef. The person said that someone would come every day and check what they would like for lunch. They explained, “They always knock on doors before entering, which I like. I keep myself to myself really. I can’t really talk with the ladies downstairs as they’re just unable to, but I do go downstairs for lunch and help where I can”. We noticed at lunch that this person took the arm of one lady and helped her into the dining room.

People were supported to maintain good health and had access to healthcare services and professionals. On the day of our inspection, a member of care staff reported to the registered manager that one person had been a little unwell. The registered manager promptly called the medical practice and a GP came very quickly to see the person and prescribed some antibiotics. Care records showed when people had been seen by a GP, district nurse, chiropodist or optician, the reason for the visit and any action to be taken by staff as a follow-up. Within people’s care records, there was a laminated sheet with essential information about them such as allergies, medical history, mobility and personal care needs. This was information that a paramedic or hospital staff would need to know quickly in the event of an emergency. These laminated sheets could be taken with the person in the ambulance or read by paramedics when called to the home.

People’s rooms were personalised in line with their choices and preferences. People’s names and photos were affixed to their bedroom doors which made it easier for them to locate their rooms. In one room, the person had lots of photos and birthday cards were on display. In another room, the person had a large stock of DVDs, mainly old comedy films. We observed that the curtain track had broken, but the maintenance man was aware of this and told us he was sorting out a repair or replacement. Hand rails were coloured in contrast to the walls which aided people as they walked around the home. The lounge area was a pleasantly furnished, light and airy room and there were vases of fresh flowers on the mantlepiece. Some decorations, especially on the first floor, were a little ‘tired’. The registered manager informed us that one of the upstairs bathrooms was to be converted into a wet room.

Good

Is the service caring?

Our findings

Positive, caring relationships had developed between people and staff. One lady had been asleep in one of the lounge chairs for most of the morning. She was gently woken up by a member of care staff with encouraging words and a hand on the shoulder. The staff said, "Would you like to wake up and have some dinner?" The lady woke up and was assisted unhurriedly into the adjoining dining room. Another person told us, "The staff here are all very friendly, it's a nice home". As she got up for lunch, a member of care staff noticed that she had left her handbag on the chair. The staff made a point of picking it up and reminding her about it. The person was pleased that she had her handbag with her at lunch.

One of the care staff brought in their small, white dog regularly and he was extremely popular with people who lived at the home. After lunch, the dog was lying asleep across the lap of one person, who clearly enjoyed the experience. The dog had the run of the home (bar the kitchen), he was liked by all and seemed to cheer up their day. Everyone petted the dog and could relate to him, even though their communication skills, in some cases, were limited. There was also a black cat who was a permanent resident at the home.

People were treated with kindness and compassion. One lady appeared to be withdrawn and disengaged and ignored her food at lunchtime. Staff gently encouraged her to eat and sat with her whilst she took her medicines and were cheerful and positive when talking with her. Their reassuring approach was successful and later on this lady was smiling and participating in a balloon activity in the lounge. The services of an interpreter had been brought in for one lady and staff had learned some useful phrases in this language so that they had a better understanding of her needs and could converse with her at a basic level.

When asked what they felt most proud of, one member of staff told us, "For me personally, seeing the residents happy. Sometimes we only have a limited time to spend with people chatting. I love bath-times with people because it's a real 1:1. People react differently when you're on your own with them".

As much as was possible, people were involved in making decisions about their care, treatment and support. The registered manager reviewed care plans with people where possible and with their families. People's personal histories were recorded in their care plans. The registered manager explained, "Sometimes we have asked families to help, some have, some haven't". Staff were able to communicate effectively with people, according to their individual needs. One member of staff told us, "I just love being here. I can't imagine being anywhere else. I know the residents so well. Some people can't express themselves, but I can pick up signs".

People were treated with dignity and respect. We observed staff calling people by their preferred names and that they knocked on people's doors before entering.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were assessed before they came to the home and their views, together with those of their families, were sought. Care plans provided comprehensive, detailed information about people and how they wished to be cared for by staff. Assessments of people's needs had been drawn up in a range of areas such as mobility, personal hygiene, eating and drinking, continence, rest and sleep, medical needs, medication, mental awareness and level of communication, interests and family support. Care plans were reviewed monthly by the registered manager to ensure people's most up to date needs were met.

Staff organised a range of activities for people on a daily basis and entertainers came to the home regularly for music and health, arts and crafts. The home organised a summer BBQ where friends and relatives were invited and staff confirmed that these were always well attended and popular. Whilst there were no organised outings into the community, people were able to sit out in the front garden when supported by staff. They were unable to access the garden without support, as the gate was open to the road beyond. They could also visit a local park, the seafront or visit the town centre which was nearby when accompanied by staff or if relatives took them out. Daily newspapers were available for people to look at. One person told us, "I like to have a look through the paper every day. I don't have a TV in my room, but that's my choice – I prefer to be around people and come down here". Residents' rooms were only furnished with a TV if their families purchased it for them. The registered manager said, "Residents' families don't want them to spend too much time in their rooms, as they would tend to stay in their rooms and miss out on the lounge …". In the lounge there was a hand-made large calendar showing today's date and a schedule of activities that were planned.

There was a friendly ambience between staff and residents. The majority of residents were sitting in the main lounge during the day and this was where planned activities took place. On the day of our inspection, staff and people were engaged in batting balloons to each other – an activity that a large number of people actively participated in and enjoyed. Where people were not physically engaged with this activity, we observed that they were smiling and laughing and enjoyed the spectacle. People were encouraged to follow their own interests and hobbies. One person particularly enjoyed drawing and showed us some examples of their work. Staff told us that some people enjoyed doing jigsaws or would knit. One person chose to attend church regularly.

People's experiences, concerns and complaints were listened to. There was a notice outlining the provider's complaints procedure on display in the entrance hall. Any complaints received were logged in a book and actioned by the registered manager. One complaint had been made in the year. Appropriate action had been taken and the outcome recorded and minuted to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

People were actively involved in developing the service. The registered manager's office was located through the lounge and dining room at the rear of the home. The registered manager encouraged people to have a chat with her and clearly knew all the people who lived at the home really well. She was very approachable and operated an open-door policy. We observed people and staff popping in and out of the office all day, either to access files, or to have a chat with the registered manager. Residents' meetings were held and relatives could be involved in these too if they wished. The minutes showed topics such as menu choices and activities had been discussed. As a result of discussion, the menu had been changed in line with people's requests and preferences. One person had said they wanted a cooked breakfast and this had been arranged. The registered manager said that these meetings did not always work particularly well for people in terms of their engagement, so keyworkers had 1:1 meetings with people additionally. Keyworkers are members of care staff who know individual people well and co-ordinate all aspects of their care.

The culture of the home was "family orientated" and the registered manager went on to say that her philosophy was based on how she would like members of her own family to be cared for. She shared this philosophy with staff and said that she would usually know at interview whether new staff had an understanding of this culture. The registered manager told us she was proud of, "The whole home. We don't have the most amazing decorations, but if I was looking for somewhere for my parents, I would want a family home" and added, "Staff always make people feel welcome". The registered manager acted as a role model for staff at the home. She demonstrated a real understanding and empathy of people at the home who lived with dementia. We observed that she was extremely patient when chatting with people, relaying answers to questions that may have been asked several times by people in a short space of time. Staff also displayed a similar, sensitive and good-natured approach with people.

There was a whistleblowing policy in place. Staff knew what action to take if they had any concerns. One member of staff said, "If I needed to, I would talk to [named registered manager] or the Ops Manager or CEO". Another member of staff said, "If I felt I had a problem with something, I would happily go and speak to them [management] about it". Staff were friendly with each other and worked well together as a team. One said, "We work as a team here. I do the cooking Tuesday to Friday and then another staff member does the rest. If we're not available, then other staff fill in for us". Another member of staff told us, "Yes, I do feel supported by the manager and it's nice to work as part of a team". Team meetings were held at least three to four times a year and staff shared information with each other at handover meetings between shifts. Staff meeting minutes from a team meeting held in April showed that staff were acquainted with CQC key lines of enquiry (which are the basis for inspection), confidentiality and residents' issues.

Robust quality assurance and governance systems were in place to drive continuous improvement. The provider's operations manager visited monthly and audited various aspects of the service under the headings of 'safe', 'caring', 'responsive' and 'well led'. Any safeguarding issues were monitored, risks evaluated and other information looked at relating to mental capacity and deprivation of liberty. Medicines were also audited and where gaps had been identified in the recording of medicines, these had been dealt with effectively. An audit of the premises had been undertaken and, as a result, five doors had been replaced to meet fire safety standards. Accidents and incidents were recorded monthly and analysed annually to identify any trends or patterns, together with any action needed.

Relatives were asked for their feedback about the home. In 2015, 34 questionnaires had been sent out and 32 were returned. The registered manager had analysed the feedback and overall comments were extremely positive. One relative wrote, 'All the staff there are a real credit to Hazelwood Care (the provider). Their devotion to all the residents is overwhelming, a great team'. Another relative stated, 'Staff always greet and make us very welcome' and 'I didn't think dad would fit in, but he has settled really well'. Staff were also asked for their views about the service and their employment. The last questionnaire, issued in April 2015, had resulted in 14 questionnaires being returned from 15 sent out. Any issues raised by staff were acted upon appropriately.

A local medical practice provided their feedback about the service and gave permission for their views to be shared.

Good

Is the service well-led?

They stated, 'We feel that Bywell House is a safe care home. The staff are caring and responsible. We don't have any concerns and will support the staff to improve staff training'.