

Bay House Care Ltd

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Inspection report

Bay House Nursing Home
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bay House Nursing Home provides accommodation and personal care for up to 36 older people and people living with dementia in one adapted building. Accommodation is provided over three floors. At the time of our inspection there were 33 people using the service.

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

Systems and processes to assess, monitor and improve the quality and safety of the service provided were in place. Whilst we found there were areas identified as needing to be improved, these were immediately actioned. This was regarding the management of declined medicines and a clear rationale for a person being offered a pureed diet. The registered manager provided an action plan mitigated risk.

People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to support people safely. One person said, "I feel safe here, the staff are very kind." Another said, "I'm safe and well looked after." Staff had care plans and risk assessments that meant people's safety and well-being were protected.

People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent. The home was well maintained and comfortable. There were enough suitably trained and experienced staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the service.

The premises were clean, comfortable, and well maintained. The provider ensured that when things went wrong, accidents were recorded, and lessons were learned.

The home had an effective management team which provided good leadership for staff and communicated effectively with people, relatives, and professionals. Staff were positive about their roles and felt valued for the work they did.

The views of people who lived at the home, their relatives and staff were encouraged and acted upon by the management team. People and their relatives felt able to raise any concerns they had and were confident these would receive an appropriate response.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic. The manager was aware of the principles of RSRCRC. At the time of the

inspection people living with learning disabilities and/or autism required nursing care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Published 22 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and the age of the last rating. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bay House Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by 1 inspector.

Service and service type

Bay House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bay House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises, and carried out observations in communal areas. We spoke and met with 9 people who used the service about their experiences of the care and support they received. We spoke with 8 members of staff including the registered manager, and care staff, and three visitors.

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. This was undertaken in the communal areas of Bay House.

We looked at a range of records. This included the care records for 5 people, medicine records and 4 staff files in relation to recruitment. Policies and procedures, environmental safety and information relating to the governance of the service were also reviewed. We also spoke 3 healthcare professionals during the inspection process.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by organisational systems and processes. Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were knowledgeable of the signs of abuse and how to report safeguarding concerns. One member of staff told us, "We have training every year and we can talk to each other if we have concerns." Another member of staff said, "I would talk to the manager or registered nurse, we are supported to raise concerns."
- Staff were able to describe the signs of potential abuse and the action they would take if they observed these. Staff were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.
- Staff attended safeguarding training and understood their responsibilities in protecting people from abuse. Safeguarding and whistleblowing were discussed at team meetings and staff reminded of their responsibilities in these areas.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were safely managed. People told us they felt safe living at Bay House and that staff provided their care safely. People said, "I have no concerns," and "very safe." A visitor said, "The staff are very vigilant, they keep us informed of changes in health and I am totally confident my loved one is safe."
- Care plans and risk assessments identified specific risks to each person and provided guidance for staff on how to minimise or prevent the risk of harm. These included risks associated with mobility, skin integrity and eating and drinking. For example, people with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, continence promotion and monitoring.
- People who had been identified as at risk from dehydration and weight loss were monitored closely and when asked, staff knew who needed encouragement and support to eat and drink.
- Staff told us how they managed risks while encouraging independence. One member of staff said, "We have people who are at risk of falls, we don't restrict them but observe and support." There were people that had sensor mats to alert staff they were up and at risk.
- Accidents and incidents were recorded with details of what may have contributed to the incident. These details were also recorded on a central incident tracker, which enabled managers to review individual incidents and to identify any emerging themes.
- There was evidence that learning took place when incidents/accidents occurred. Concerns and safeguarding referrals were discussed at meetings as to how to make improvements and reflect on practices. This included refresher training and competency checks.
- The organisation had a business continuity plan for Bay House to ensure people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly and we

saw documentary evidence of fire, gas, and electrical safety. Equipment used in people's care, such as slings, hoists, and wheelchairs, were checked and serviced in line with manufacturer's guidelines. Risk assessments and personal emergency evacuation plans (PEEPS) had been carried out to identify the support each person would need in the event of a fire.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Staff told us they understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty.
- We saw that decision specific DoLS had been applied for on an individual basis and this was reflected within people's care plans, for example, sensor guards and mats.

Staffing and recruitment

- There were enough staff to support people safely. Staffing levels were assessed based on people's care needs. These levels were reviewed daily and when people's needs changed.
- People told us staff were available when they needed them. They said they did not have to wait when they needed care or support, "Plenty of staff around, I haven't had any problems, they come when I buzz," and "I've not had any concerns." This was confirmed by our observations.
- Relatives told us they felt their loved ones were safe because there were enough knowledgeable staff available. One relative said, "When I visit, staff are helpful and tell me what's been happening." Another said, "I have no worries, my relative has never mentioned an issue and there are always staff in the communal areas if I have a question."
- Staff personnel files have been computerised and there was evidence of robust recruitment procedures. All potential staff were required to complete an application form and attend an interview so their knowledge, skills and values could be assessed.
- The provider had undertaken checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Registered nurses are required to register with the Nursing and Midwifery Council and the provider had systems in place to check their registration status

Using medicines safely

- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way. The clinical fridges and the clinical room temperatures were checked daily to ensure they kept medicines at the correct/safe temperature. However, we found the system used for declined medicines had not been followed consistently. This was dealt with immediately. There was no impact on people at this time.
- Relatives confirmed their family members were supported to take their medicines as prescribed. One relative told us, "They are very good at letting me know if there are any changes in their medication."

- Staff who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely. This included senior care staff as well as registered nurses. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine. We saw that people had received pain relief when requested. Staff used pain charts to monitor effectiveness of pain relief which was used at medicine reviews with the GP.
- Medication audits were completed monthly. All medicine errors were recorded and appropriate action taken, such as supervision, refresher training and competency checks

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was supporting unrestricted visits from families and friends. Protocols were in place should there be any disruption due to Covid-19 outbreaks.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, staff and relatives told us the home was well run. They said they could always speak to the manager or a member of senior staff when they needed to. One relative told us, "Excellent manager and staff, I cannot fault it, very happy with the home."
- There were organisational quality assurance processes being used effectively to monitor and improve the service. The registered manager was committed to improvement and was open and transparent regarding the improvements needed and those that were on going. For example, oral health promotion and nutritional monitoring. There were some minor improvements needed regarding an individual's care plan which were addressed immediately. There was no negative impact on people's outcomes.
- The home had an established management team in which managers had clear roles and responsibilities. Managers and staff shared information about people's needs effectively. Staff beginning their shifts received a handover to update them about any changes to people's needs.
- Staff told us the management team clarified the expectations of them in their roles during supervision sessions and staff meetings. One staff member said, "When we have a staff meeting, the manager will always ask if we have any concerns or need any training or support. We are a good team, communication is good and we all work well together."
- The registered manager had a good understanding of the regulatory responsibilities of their role and of the duty of candour. There were policies in place to support staff to respond appropriately should anything go wrong. Statutory notifications had been submitted when required.

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

- People who lived at the home were encouraged to give their views about the care they received, and these were listened to. Resident surveys and meetings confirmed that feedback was taken seriously and acted on. For example, the residents' survey identified that not all people were offered a hot breakfast choice, this was then monitored by senior staff and the chef. The staff survey in 2022, stated that staff wanted to improve teamwork and the response was to continue and improve the staff huddle daily and introduce staff games to further improve relationships. Staff said this had worked.
- Relatives told us staff kept them up to date about their family members' well-being and any events affecting their welfare. One relative said, "They are so kind to me as well, help me cope with everything." Another said, "They keep me informed, they don't hide things, very honest I think."

- Staff told us they received good support from the provider and the management team. They said advice and support was available to them when they needed it. One member of staff said, "They look after us, they encourage us to learn and provide guidance." Another member of staff said, "It is a very friendly but professional atmosphere to work in. My manager always wants to know how we are doing if we are okay. It is a very supportive environment."

Continuous learning and improving care; Working in partnership with others

- There were effective systems of quality monitoring which ensured that people received well-planned and managed care. Key areas of the service were checked and audited regularly. These areas included people's assessments and care plans, safeguarding and complaints, medicines management and health and safety. Accidents and incidents were reviewed to ensure learning and improvement took place.

- Staff and managers had developed effective working relationships with other professionals involved in people's care, such as GPs, speech and language therapists and occupational therapists. Feedback from health professionals included, "I have found them knowledgeable about their residents and always polite and professional," and "When they have asked for advice, they ask questions and follow our guidance, pleasure to work with them."