

Hillersdon Court

Bybuckle Court

Inspection report

Marine Parade
Seaford
East Sussex
BN25 2PZ

Tel: 01323898094

Date of inspection visit:
15 May 2017

Date of publication:
06 July 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Bybuckle Court is registered to provide accommodation for up to 17 older people. Providing care for people including those who live with dementia. At the time of the inspection there were 16 people living at Bybuckle Court. This was an unannounced inspection which took place on 15 May 2017.

Bybuckle Court was inspected in March 2016 where we found one breach of regulation this was because the provider had not ensured care and treatment was provided in a safe way for people. The provider sent us an action plan telling us they would meet this breach of regulation by May 2016. At this inspection we found that improvements had been made and the provider was meeting all regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Bybuckle Court had a registered manager who was in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 staff told us they found the registered manager open and approachable. Staff were regularly supported through supervision and felt involved and listened to.

Staff felt that all necessary training was available. However, improvements were needed to ensure that all staff were up to date with their training requirements and that this was maintained at all times. Staffing levels were appropriate to meet people's needs. Staff felt that they were able to provide care for people and people told us that when they requested help this was provided promptly.

Staff knew people well and spoke kindly to people, taking the time to stop to chat and support people. People's privacy and dignity was supported and respected. Staff spoke positively about people, and showed concern for their wellbeing. Care was person centred.

Management had an understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS). And how this needed to be assessed and reviewed. People were actively encouraged to maintain relationships with family and friends and relatives or next of kin were involved in decisions when appropriate. People told us that staff provided all the care they needed and involved them in day to day choices and decisions.

Care plans were in place for people for identified care needs. These were supported by risk assessments when required. Risks were identified to help ensure people remained safe. Staff understood how to recognise and report safeguarding concerns. People had access to healthcare services to maintain good health. Some people had regular visits from community nurses and other health professionals.

Medicines policies and procedures were in place to ensure people received their medicines safely. Information regarding relevant health conditions was included in medicine care plans to ensure staff were

aware of peoples health related conditions and medicines.

People were supported to eat and drink. Meal choices were provided and people spoke highly about the meals. Peoples special dietary needs were catered for to ensure peoples nutritional needs were met.

A programme of activity was provided. People spent their time meeting up and chatting to other people living at Bybuckle or participating in organised activities. Some people went out with their relatives and visitors.

There was a system in place to assess and monitor the quality of service provided. Audit information was used to improve and develop the service. A complaints procedure was available for people to access if needed.

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.

People living at Bybuckle Court felt safe and supported.

Medicines policies and procedures were in place to ensure people received their medicines safely.

Staff understood how to recognise and report safeguarding concerns.

Risks were identified to help ensure people remained safe.

Staffing levels were appropriate to meet people's needs.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff training records showed that not all staff had completed training or training updates in the last 12 months.

Staff felt supported and had regular supervision and appraisals.

People were actively involved in day to day choices and decisions.

Management had an understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink. Meal choices were provided and people spoke highly about the meals provided.

People had access to healthcare services to maintain good health.

Is the service caring?

Good 

Bybuckle Court was caring.

Staff knew people well and spoke kindly to people, taking the time to stop to chat and support people.

People were actively encouraged to maintain relationships with family and friends. Relatives or next of kin were involved in decisions when appropriate.

People's privacy and dignity was supported and respected. Staff spoke positively about people, and showed concern for people's wellbeing.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred. People were involved in reviews about how care was provided.

A programme of activity was provided. People were involved in choices and decisions made about their care and day to day activities.

A complaints procedure was available for people to access if needed.

Is the service well-led?

Good ●

Bybuckle Court was well led.

There was a registered manager in place who had a full overview of the day to day running of the home.

People and staff told us they found the manager open and approachable.

Staff were supported and felt involved and listened to.

There was a system in place to assess and monitor the quality of service provided. Audit information was used to improve and develop the service.

Bybuckle Court

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 which took place on 15 May 2017 and was unannounced. The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and information and notifications which had been submitted by the home. A notification is information about important events which the provider is required by law to tell us about. We also reviewed any other information that had been shared with us by the local authority and quality monitoring team.

Bybuckle Court was inspected in March 2016 where we found one breach of regulation this was because the provider had not ensured care and treatment was provided in a safe way for people. The provider sent us an action plan telling us they would meet this breach of regulation by May 2016. At this inspection we found that improvements had been made and the provider was meeting all regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with five people who lived at Bybuckle Court who told us about their experiences of living in the home. We met four staff including the registered manager, head of care and care staff. And one person visiting someone who lived at Bybuckle Court.

Not everyone was able to tell us about their experiences of living at Bybuckle Court. Therefore we carried out observations in communal areas and throughout the home to see how people were supported throughout the day and during their meals. We looked at care records and risk assessments for three people to get an understanding of their care needs and specific health conditions and how these were met.

Medicine Administration Records (MAR) charts and medicine storage and administration were checked and we read daily records and other information completed by staff. We reviewed two staff files and other

records relating to the management of the home, such as complaints and accident / incident recording, quality assurance and audit documentation.

Is the service safe?

Our findings

At the last inspection in February 2016, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured care and treatment was provided in a safe way for people in relation to environmental risk assessments and checks not being completed and improvements needed to the cleanliness and maintenance of the home. An action plan was submitted by the provider that detailed how they would meet the legal requirements by May 2016. At this inspection we found improvements had been made and the provider was now meeting this regulation.

People told us they were happy living at Bybuckle Court and that they felt safe. One person was staying for a period of respite care and told us, "I needed a bit of help and wasn't managing at home after a fall, I came here so that I could be looked after and they could sort out my medicines. It's lovely here, I cannot fault it, I feel safe and can relax." Another person said, "They look after me, make sure I am OK." A visitor to the home told us they had no concerns regarding safety.

Most people living at Bybuckle walked without assistance; some used Zimmer frames or walking aids. People had a range of care needs, some requiring support due to their dementia or memory loss. People told us that they could do things for themselves but required some support or prompting with washing and dressing or personal care. One person stayed in their room due to deterioration in their health and staff told us how they provided care for this person. Community nurses were involved in this person's care and staff liaised with the nurses when there were any changes. The registered manager was aware that when people's needs increase they needed to have clear instructions in place for staff to ensure skin pressure area care was implemented and maintained. The registered manager was aware that the staff needed to document when they provided support or repositioning to ensure that a detailed care and support plan was being followed.

People's needs were assessed and reviewed monthly or more frequently if changes occurred, to ensure that the home could provide safe and appropriate care. Those people with reduced mobility had assistance provided by one or two staff as required, for example when using a lifting hoist or repositioning. Appropriate equipment was available and this had been regularly maintained to ensure it was safe to use.

The registered manager was aware that one person's needs had increased and they required nursing care. They were currently liaising with the local authority and the person's family to find an alternative service that would be able to meet this person's needs. The manager was aware that they needed to ensure that people's safety was paramount if they identified that they were unable to meet a person's needs to ensure they received safe and appropriate care.

Systems were in place to help protect people from the risk of harm or abuse. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed and staff had received safeguarding training. Staff told us they would not hesitate to raise concerns if they needed to and they would speak to the registered manager or provider if needed.

There were systems in place to ensure people received their medicines safely. Medicines were administered by care staff and all medicines given had been documented and signed on the Medicine Administration Record (MAR) chart. Carers took responsibility for prescribed creams and documented when these had been applied. People told us, "I needed some help, it's so nice not having to worry about my medicines, they sort it for me, and it's a relief." And, "They give me my medicines when I need them." Medicine protocols included guidance for 'as required' or PRN medicines were in place. PRN medicines were prescribed by a person's GP to be taken as and when needed. For example pain relieving medicines. PRN guidance identified what the medicine was, why it was prescribed and when and how it should be given. Staff followed clear processes and ensured that PRN medicines were considered, specifically if prescribed for pain relief. PRN protocols included those for some medicines no longer prescribed to the individual staff told us these would be removed to prevent any confusion. For people who received pain relief via patches, staff were documenting when these were applied but not where on the body the patch was being positioned. Although staff told us they put the patch in a different place to prevent any irritation on the skin from prolonged contact in one area, this rotation of site was not documented. This was discussed during the inspection and the registered manager told us they would ensure that staff documented the rotation of patch site on the rear of the MAR chart to ensure its location was clear.

Medicines and prescribed creams were stored and disposed of safely. All items were labelled, dated on opening and stored tidily. The medicine fridge and room temperatures were monitored daily to ensure they remained within safe levels for storage. Medicines were ordered appropriately and those which were out of date or no longer needed were disposed of following safe disposal procedures. Medicines were audited to ensure appropriate standards were maintained.

People's safety was managed. Incidents and accidents were reported and the registered manager had oversight of any incidents/ accidents or falls that had occurred. Accidents and incidents were discussed during handover and documented in people's daily records. The registered manager had a record of accidents and incidents on the computer system this included information about where, when and actions taken and they were in the process of devising a monthly analysis to identify trends and themes throughout the home to ensure they had clear oversight. The registered manager and staff understood the importance of learning from incidents to facilitate continued improvement within the service. For example after a fall or accident, this would trigger a review or referral to other outside organisations if appropriate to look at how the person's safety could be supported to prevent further incidents.

The home had a designated maintenance employee who was available at the home. They were responsible for regular system and equipment checks including water and electrical checks (PAT) testing. Any minor issues were reported to the maintenance employee and we saw that issues were responded to and addressed. We discussed with the registered manager the importance of ensuring that any maintenance issue identified in audits and servicing needed to be updated to show that identified works had been addressed. There was some confusion regarding whether the provider had completed the actions, including a risk assessment and monitoring report regarding water safety that had not been updated to show actions identified had been addressed. The registered manager sent us the updated report from the provider after the inspection to show that essential works had taken place. The registered manager told us they were going to implement a checklist to identify when annual checks on systems including gas, water and PAT testing were needed. This would ensure that checks were carried out before the date for renewal passed.

Fire evacuation and emergency procedures were displayed around the home. Staff and people had access to information to follow in the event of an emergency. Including Personal Emergency Evacuation Procedures (PEEPS). PEEPS included individual information about people and things which need to be considered in the event of an emergency evacuation. Including mobility, health, and the number of staff

required to assist them. Appropriate evacuation equipment was located in the building in the event an emergency evacuation was required.

There were enough staff to provide appropriate care for people. Staff told us that they felt they were busy but that they could meet people's needs. The registered manager spent time in communal areas supporting people and worked a care shift if needed to support staff. We were told that if more staff were required, for example if someone's care needs increased or someone became unwell and needed more assistance then this would be provided. At night there were two staff working at all times to ensure people's care needs were met. Staff recruitment records showed appropriate checks were undertaken before staff began work. For example, disclosure and barring service (DBS) checks. A DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. This ensured as far as possible only suitable people worked at the home. Staff files also contained application forms, confirmation of identity and previous employment references.

Is the service effective?

Our findings

People told us they enjoyed the meals and found the home, comfortable. People felt that staff knew how to look after them and provided good care. One person told us, "They are here to help me with a bit of assistance when I wash and dress, it's nice to know I have that little bit of help."

People were supported to have access to healthcare services and maintain good health. Referrals had been made to other health professionals when required. This included GPs and community nurses. Staff were clear that it was their responsibility to ensure that the appropriate professionals were contacted to maintain people's health.

A new approach to how staff training was scheduled and completed had been implemented since our last inspection. Much of this was computer based with some practical sessions also included. Staff felt that all essential training they needed to meet people's needs was provided. Training included dementia, infection control, behaviours that may be challenging, fire, moving and handling. Although staff told us they had received all the training they felt they needed we found that training had not been completed by all staff. One staff member had not completed any training in the last 12 months, as the registered manager no longer had records for the old training system it was not possible to determine how long it had been since this person had completed any training. The registered manager had identified this before the inspection and assured us this would be addressed. There had been no concerns identified in relation to this person's practice and they had worked for the provider for some years. However the provider needed to demonstrate that required training was being completed by all staff currently providing care for people. Specific areas of training including Deprivation of Liberty Safeguards (DoLS) and safeguarding needed to be completed to ensure all staff had attended updated training as required. This was an area that needed to be improved.

The registered manager and staff demonstrated an understanding of Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty and when this might be required. Applications had been made when required and one authorisation was currently in place. Others were awaiting assessment. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests. People's mental health and wellbeing was assessed and reviewed regularly with liaison between the home and other health professionals if required. We discussed with the registered manager the need for clear documentation to show clearly how decisions were made and who was involved in the decision making process including best interest meetings if required.

Staff were clear that people were supported to be involved as much as they possibly could. For example, people with a dementia diagnosis were supported to make choices about the clothes they wore, what they ate and how they spent their time. People were involved in decisions regarding their care and support needs. We saw that throughout people's care plans and documentation information had been discussed with them and/or their next of kin if appropriate to ensure people were aware of and felt involved in any decisions or plans set involving them.

New staff completed an induction period; this included shadowing more experienced staff. Staff were encouraged to commence the National Vocational Qualification (NVQ) or similar qualifications in care when they began work at the home to support and enhance their understanding and experience. A clear structure was in place to ensure staff received regular supervision from the registered manager or head of care. These were documented and staff knew when they were due to take place. Staff told us they felt supported by the registered manager and found the supervision was a good opportunity to discuss things. Staff were clear that they could approach the registered manager at any time if they had concerns or needed to speak to them.

Everyone we spoke with was complimentary about the food telling us the meals were, "Good, you get a choice." And, "Very tasty, very nice." People were provided with support and monitoring with regards to their nutritional needs. When people had poor appetites, been unwell or difficulty with swallowing, staff had monitored people's daily food intake and weights. If there had been any concerns these had been referred to the person's GP or other health professionals. Kitchen staff were kept informed of any specific dietary requirements including who required diabetic meals and any changes to people's preferences or allergies if relevant. There was a displayed menu this included all options and alternatives. People were asked for their meal choices and alternatives were available if requested. People could choose to have meals in their room or eat in the dining area. The lounge diner had one area with tables and chairs. At lunch we saw that most people chose to sit in the dining area and the meal time was a sociable occasion. People were seen to chat between themselves and with staff. Staff were available throughout the meal to provide support when needed.

Is the service caring?

Our findings

People told us that staff were very kind and caring. We saw staff interact with people showing kindness and respect. Treating people with dignity and ensuring that conversations regarding care needs were carried out discreetly to ensure people's privacy was maintained. For example when people needed assistance to the toilet.

Private information kept about people including care records and medicines information were kept securely stored in a locked cupboard to ensure documentation was stored confidentially.

During our inspection we saw people sat comfortably together in the lounge/dining room chatting or watching television. People told us it had a 'homely feel' and were comfortable to sit and read, or chat together. Visitors were included in group conversations and this gave the home an open and welcoming feel.

We saw staff sitting with people, chatting and supporting them. Staff responded positively when spoken to by people and ensured that people were aware of where they were and what was happening. When people became distressed or anxious staff responded promptly and with support and encouragement. For people who chose to spend most of their time in their room, staff told us they ensured they popped in regularly to check and talk to people to ensure they were alright and did not get lonely.

People who required assistance with personal care had this provided. When a person required a second staff member to assist them with personal care this was provided. Staff spoke positively about their role and the people they cared for and felt supported as part of the team.

People's preferences and choices were listened to and acknowledged. People were involved in care decisions when this was appropriate. Some people were unable to consent fully to all decisions about their care due to their dementia. However, we saw that people were involved in day to day decisions, for example choosing what clothes to wear, what activities to participate in, and how they wished to spend their time. Care documentation included information about people and their likes, dislikes and preferences to inform staff. Information was also included regarding their personal histories and people that were important to them or involved in their care and decisions, including solicitors, relatives and friends.

People told us that the staff treated them with dignity and gave them privacy when needed. One person staying at Bybuckle Court for a period of respite care told us, "Staff help me with what I am not able to do at the moment, but give me time to do the bits I can, they are very kind." Staff said they would ensure bedroom doors were closed before assisting with personal care and would knock on people's doors before entering.

People were encouraged to maintain relationships with family and friends. Visitors told us they were encouraged to visit at any time and felt very welcomed at Bybuckle Court. For people adjusting to living in a care environment this helped them maintain relationships that were important to them.

Is the service responsive?

Our findings

People told us that the care they received was based on what they needed help with and how they wanted this help provided. People felt supported to remain as independent as possible and that Bybuckle Court was homely and they enjoyed living there.

There was a clear system in place to assess, document and review care needs. Care files included care planning and risk assessments. Peoples care plans were written based on people's needs as identified during the pre-assessment or when changes to people's health and care needs occurred. A person was staying at Bybuckle Court for a period of respite told us that they had been involved in all aspects of decisions made regarding their care and the way this was provided. They had asked for help with their medicines and this had been provided. They felt that staff involved them when they were providing care and support and enabled them to do the things they felt able to, whilst giving them time and space to do this. One person told us they felt that decisions around their finances had been taken away from them; they were also finding the concept of living in a care environment difficult to accept. Due to their health and memory issues this decision had been made in line with MCA to ensure their finances were safe and protected. Staff told us that this person's next of kin (NoK) was legally responsible for this persons finances. Staff spent time talking to them, reassuring them that everything was alright, this seemed to help them relax and they joined in activities and chatted with other people living at Bybuckle Court.

Care plans had been written for peoples identified health needs. These included the identified need, objectives and intervention required. One person had a catheter in place. The care plan gave information regarding why this was needed and instructions for staff regarding how this should be monitored. Documentation supported staff to provide appropriate care and support and informed them they were required to monitor, empty and attach catheter bags. Information was also included regarding any issues previously identified regarding the catheter and signs of problems and/or infection staff should look out for. Information also identified areas that the person was able to be involved to ensure their independence was supported. Details regarding the community nurses and other healthcare professionals involved were also in place and when, how and why staff should contact them.

Information in care plans for health needs were also included in corresponding care plans. For example, if someone was diabetic there was a diabetes care plan in place, this information was also included throughout the care folder in relation to nutrition and medicines and any associated risk assessments.

We reviewed the complaints policy and procedure which showed there was a clear process for the provider to follow when a complaint was made. People told us they would be happy to raise any concerns with staff or the registered manager. The registered manager told us people spoke to them or staff about any minor issues and they dealt with these immediately. No formal complaints had been received. There were no current complaints being investigated.

Bybuckle was a small service and people chose whether they sat in the communal lounge/dining area or in their rooms. For people who remained in their rooms staff told us they always popped in to chat and asked

people if they would like to attend activities or come and sit with other people in the lounge. Staff were aware people could become socially isolated and tried their best to prevent this.

People were seen to walk around the home, choosing how they spent their time. People told us they could choose when to get up and when to go to bed and how they spent their day. People went out for walks with staff, or on outings with family or visitors. Some watched television in the morning, and music was put on at people's request. People were reading books and newspapers or sitting and chatting with each other and staff during the morning. Activities took place in the afternoon. We saw a lively and interactive conversation being facilitated by a staff member who was reading out a local area newsletter. This was prompting open discussion which led to reminiscing about past employment for people. People told us they had things to do; there was access to a dart board, games and books. There was a visiting church service and motivation sessions. One member of the care team took the main role of organising and providing activities although this was supported by all staff. The registered manager told us they were also looking at arranging more visiting entertainers to ensure a varied and interesting activity schedule for people based on their hobbies and interests.

Is the service well-led?

Our findings

At the last inspection in February 2016 we rated this area as requiring improvement. This was because systems and processes had not always been maintained. At this inspection we found improvements had been made to ensure that systems and processes for the continued assessment and auditing of the service was in place.

There was a registered manager at Bybuckle Court who was in day to day charge at the home. People told us they knew who the registered manager was and that they felt that Bybuckle Court was well led. We saw people and visitors stop to speak to the registered manager throughout the inspection. Staff felt supported and everyone told us that the registered manager was approachable and they would be happy to raise and discuss any issues if they needed to.

The provider carried out a regular audit at Bybuckle Court. This involved sampling care planning documentation, looking at audits, talking to people and staff and assessing the environment and safety had been maintained around the home. The registered manager was supported at manager meetings with the registered manager of another service owned by the provider. These were used to share any changes and learning to continually improve service provided.

Audits took place completed by the registered manager and designated senior staff. These included medicines, domestic, environmental, kitchen, audits and care planning documentation review. Actions were identified and the registered manager was able to tell us what actions had taken place in response to any findings. Improvements which had been implemented in response to auditing findings included a new training system being used and changes to medicine auditing.

Although documentation was person centred and detailed regarding peoples pre admission assessments. We discussed documentation and the need to ensure that all information was in place for people including those staying at Bybuckle Court for a period of respite and this needed to be enhanced as staff got to know people and their needs better. The registered manager was aware that this needed to be completed once the person had settled into the home or if their stay was extended.

We were told that meetings were held for people living at Bybuckle Court each month to plan and discuss activities although these meetings were not documented. No other formal residents meetings took place. Staff told us that due to the small size of the home discussions took place most days regarding peoples request for activities, what people wanted on the menu and any other day to day concerns. The registered manager told us they were looking at improving the way they gained feedback from people. People told us they did not attend meetings but enjoyed being involved in feedback when asked and they felt involved and able to share their views. One person had told staff they liked darts and enjoyed playing. A Velcro dart board had been purchased and was now available in the communal lounge.

Staff meetings had not taken place regularly; The registered manager told us that it had been difficult to get staff to attend as many had other commitments out of work. They understood the importance of good

communication and were looking at ways of ensuring meetings took place and were well attended by all staff to ensure that vital information was shared consistently. Staff told us that they were given information at handover and important information was discussed during the shift. One staff member said they would like more regular meetings but did not feel they had missed any important information it was just a nice opportunity to meet up with other staff they may not see very frequently.

Staff felt involved in the day to day running of the home, One told us, "It's a brilliant team, I love it here, all the staff and the manager are great." Staff felt able to discuss any changes to peoples care and told us the manager responded promptly to any issues or concerns.