

Mrs V Rattan

# Bali Hai Care Home

## Inspection report

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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

Bali Hai Care Home provides accommodation and personal care without nursing for up to 12 people who may have mental health needs. At the time of our inspection there were 8 people were using the service.

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

Effective arrangements were in place to ensure recruitment checks on staff were safe. Minor improvements were required to staff recruitment files. We have made a recommendation about the management of staff recruitment files.

There were safe medicine procedures for staff to follow. However, formal medicine audits were not being completed. We have made a recommendation about medicine audits.

We received positive feedback about the service. A relative told us, "We're happy with the care. We're blessed. Staff are fabulous. A very good atmosphere within the home."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People were cared for and supported by staff who had received appropriate training. There were systems in place to minimise the risk of infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests; the policies and systems in the service supported this practice.

Staff understood how to raise concerns and knew what to do to safeguard people.

The provider had monitoring and audit systems to ensure they provided good care and these were kept under regular review.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 06 November 2017).

### Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Bali Hai Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

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.

#### Recommendations

We have made recommendations in relation to staff recruitment and medicine audits.

#### Follow up

We will continue to monitor information we receive about the service, which will help us 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.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service is well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Bali Hai Care Home

## 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

The inspection was carried out by 1 inspector and an expert by experience who made telephone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Bali Hai Care Home 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. Bali Hai Care Home is a care home without 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 announced. We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

We visited the service on 26 November 2023.

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 spoke with 3 people who used the service and 3 relatives about their experience of the care provided. We spoke with 3 members of staff, including the deputy manager. We also received feedback from health professionals.

We reviewed a range of records. This included 2 people's care records and 3 people's medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. We looked at the provider's arrangements for managing risk and medicines management, staff training data, complaints and the provider's quality assurance arrangements.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staff were safely recruited, and the provider had completed the relevant employment checks prior to them starting work. Minor improvements were needed to staff recruitment files. For example, some staff files did not include staff's proof of address.

We recommend the provider ensures all the necessary recruitment checks are carried out in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to support people's needs. A relative told us, "There are enough staff there. Never had any concerns."
- The numbers and skills of staff matched the needs of people using the service. A relative told us, "The staff all know exactly what they are doing and have really helped build [family members'] confidence."
- Induction training processes promoted safety. The deputy manager told us, "We have a good induction in place and then staff shadow until they are confident to work independently." Staff confirmed the induction had been extensive and offered an opportunity for shadowing which prepared them for their job.
- Staff were subject to checks with the Disclosure and Barring (DBS). The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People were given their medicines safely and as prescribed, and it was recorded on their medicine administration record (MAR).
- We carried out checks of boxed medicines held in the medicine cupboard in the main office and the amount in the boxes reconciled with the total amount recorded on the Medication Administration Records.
- Staff did not support people with medicines until they had completed the required training, and medicine competency assessments were seen.
- People had care plans and risk assessments in place which detailed what medicines they were prescribed and how they liked to be supported. Protocols were in place for medicines which were given as and when needed, such as pain relief medicines. This provided staff with information about the dosage and reasons for administering.
- Medicines, including controlled drugs were stored securely and within the appropriate temperature range.
- Staff carried out medicine checks daily and there no errors recorded. However, the registered manager did not have a formal medicine's audit in place to ensure effective oversight.

We recommend the provider refer to current guidance to ensure medicine audits are completed regularly to ensure people always receive their medicine's safely.

#### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and how to protect them.
- Staff had received training in safeguarding and knew how to raise any concerns. Staff told us, "I know how to report any concerns of actual or potential abuse, and I would know how to escalate them if I needed to."
- People using the service and their relatives told us they felt safe. A relative told us, "Yes [family member] is absolutely safe. The supervision and freedom is wonderful." A person told us, "I feel safe here. I have no worries. I've been here 26 years and I've never felt unsafe."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority or CQC and had sent the appropriate notifications when necessary.

#### Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks. Assessment's included people's healthcare needs, how people moved around the service, skin integrity, choking and risks associated with nutritional and fluid intake. Assessments and plans were regularly reviewed and updated following any incidents, such as a person falling.
- People's care records helped them to receive the support they needed. Staff kept accurate, complete, legible, and up-to-date records, and stored them securely. The deputy manager told us, "We work closely with people, families and health professionals when formulating and reviewing the support plans."
- The deputy manager told us they believed in positive risk taking and would try to accommodate any activities people wanted to do by putting a risk assessment in place to support this.
- People were encouraged to live fulfilled lives, and risk assessments were in place to support this. A relative told us, "Staff are fabulous. A very good atmosphere. (Family member's) confidence has improved and they now go on a bus by themselves. They are always encouraged but not forced."
- The registered manager assessed the risks within the environment, including the building, equipment, and fire safety. There were plans to be followed in the event of an emergency evacuation. However, people did not have a personal emergency evacuation plan (PEEPS) in place. PEEPS gives guidance on how to safely evacuate a person in the event of any emergency situation. Following this inspection, the deputy manager completed a plan for each person.

#### Preventing and controlling infection

- Staff had received training in infection prevention and control and supported people to minimise the risk of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises and ensuring infection outbreaks could be effectively prevented or managed.
- The environment was clean, and people confirmed regular cleaning took place. The registered manager carried out regular checks of infection control and cleanliness.
- Risk assessments were in place for people to mitigate risks from infections

#### Visiting in care homes

- People's relatives were supported to visit the service and confirmed there were no visiting restrictions in place.

#### Learning lessons when things go wrong

- The service managed accidents and incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the registered manager investigated incidents. However, there was no



formal record for how the registered manager learnt from lessons following incidents to improve the quality of care to people. The deputy manager told us they will implement a record evidencing their lessons learnt.

#### Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had capacity to make day-to-day decisions. We found staff practice reflected the principles of the MCA. People were encouraged to make their own decisions, while still minimising risk.
- The registered manager gained consent from people to have their care delivered and this was recorded in their care notes.

# 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. The rating for this key question 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

- The registered manager had systems and processes in place to monitor the quality and safety of the service however, these needed refining to improve their completeness.
- Minor improvements were needed to some staff recruitment files. For example, some staff files did not include a proof of address.
- A formal record of medicine's audits was not in place. This meant the registered manager did not always have clear oversight of the safe management of people's medicines.

We recommend the provider review their systems and processes for quality assurance to ensure more robust oversight of the service.

- The registered manager and deputy manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and maintained oversight of the service they managed. A relative told us, "The home runs like a ship with a good captain."
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. The service had regular contact with health professionals and updated support plans accordingly.

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

- The registered manager sought feedback from people and those important to them and used the feedback to develop the service. A relative told us, "I've absolute confidence in the management team. We receive questionnaires and you can approach them with any concerns. We feel very fortunate that my (family member) is here."
- People's equality and diversity characteristics had been considered and integrated into their care plans.
- The registered manager and deputy manager shared information with staff regularly and had frequent contact with them. A staff member told us, "We all work very well together and are always in contact with each other. The manager discusses information with us regularly and is very approachable."
- Staff received regular supervision to discuss their support needs and any practice issues. There were also regular staff meetings. A member of staff said, "We have supervisions with the manager but we don't have to wait for a meeting or a supervision to discuss any issues. They have an open-door policy and we can speak

to them at any time."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager understood their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.
- Staff were positive about working at the service and promoting good outcomes for people. One member of staff said, "We work well as a team together, I enjoy my job and I like supporting people so that they can live their best life."
- People were complimentary of the service and staff. A relative told us, "Communication with staff is really good, they always keep in regular contact and we have no complaints."

Continuous learning and improving care; Working in partnership with others

- We found there was a positive culture around continually learning and developing the service. The deputy manager told us they are always discussing how to move forward and improve the service.
- The service worked in partnership with a number of different health and social care professionals including the local authority and local healthcare services.
- Staff were aware of the importance of working alongside other agencies to meet people's needs and liaised with other healthcare professionals such as the GP, psychiatrists and pharmacy when required.