

Avon Care Homes Limited

Bybrook House Nursing Home

Inspection report

Bybrook House
Middle Hill, Box
Corsham
Wiltshire
SN13 8QP

Tel: 01225743672

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12 April 2021

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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

Bybrook House Nursing Home is a care home, which provides personal and nursing care to up to 30 people. However, there are some twin rooms that are used for single occupancy. This means the home usually accommodates up to 22 people. The home also supports people living with dementia. At the time of the inspection, 14 people were living at the home.

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

There were systems in place to assess risk and ensure measures were in place to enhance people's safety. People felt safe within the home and were confident to raise any concerns if needed. Relatives confirmed this and were sure any issues would be quickly resolved.

People received their medicines safely, as prescribed. Staff had fully completed the records to evidence this. Medicines were stored securely although one medicine was incorrectly kept in the fridge. This was quickly addressed once brought to staff's attention. There was detailed information about the administration of "as required" medicines. This ensured the medicines were safely administered.

Robust infection prevention and control measures were in place and government guidance was being followed in relation to COVID-19. This ensured regular testing, social distancing and strict procedures for visiting. The home was clean, and staff had access to personal protective equipment (PPE). This was worn and disposed of correctly.

There were enough staff to support people safely. Staff covered each other at times of sickness or annual leave and there was limited agency use. This enabled people to have consistency with their care. People were supported when required, and call bells were answered in a timely manner.

The registered manager was experienced and displayed strong leadership. They worked closely with people and staff, to develop relationships, and monitor service delivery. There was a clear ethos based on key values, and a desire to continually improve. Staff knew people well, which promoted person centred care.

There were various audits to check the safety and quality of the service. This included areas such as infection control, the environment and staff training. People, their relatives and staff were encouraged to give their views about the running of the home. Any feedback was considered and implemented if possible.

Rating at last inspection

The last rating for this service was good (14 November 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The service was due a comprehensive inspection but due to the pandemic, we are not routinely completing comprehensive inspections. We have covered safe and well-led to assess whether good practice, seen at the last inspection, has been maintained.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bybrook House Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Bybrook House Nursing 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 Care Act 2014.

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 carried out at the service by one inspector. Another inspector reviewed documentation which had been requested, and gained feedback from staff and health and social care professionals. An Expert by Experience talked to relatives on the telephone to obtain their views about the service. 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

Bybrook House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We toured the home and spoke to three people who used the service, one staff member and the registered manager. We looked at the four people's care plans and eight people's medicine records. We reviewed the safe administration of medicines, and infection prevention and control practice.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We gained written feedback from one professional who regularly visits the service and spoke to one staff member on the phone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe within the home. Relatives had no concerns about their family member's safety. They were confident any concerns would be properly addressed.
- Staff were aware of their responsibilities to identify and report potential abuse or poor practice.
- Staff had completed up to date training in safeguarding, and the topic was discussed in staff meetings and handovers.
- Staff had access to detailed information about safeguarding and there were posters around the home. These contained details of who to contact if concerned.

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

- Key areas of risk had been properly assessed, and measures were in place to enhance safety. These were regularly monitored and reviewed, to ensure they remained effective.
- There was detailed information within people's care plans about managing risk. This included managing a person's diabetes, using the hoist safely and supporting any unwise decisions people with capacity made.
- Focus was given to reflective practice, to learn and improve the service. The registered manager told us this had included improving measures, to help people maintain healthy skin.

Staffing and recruitment

- People, their relatives and staff told us there were enough staff on duty.
- Call bells were answered in a timely manner and people were not waiting for assistance. One person told us, "I have a bell. I can push it if needed. Staff come running."
- Systems were in place to regularly monitor staffing levels to ensure they remained appropriate.
- There was an established staff team, who knew people well. Staff covered additional shifts at times of sickness or annual leave and minimal agency staff were used. One relative told us, "The staff are so stable, you see the same faces. It shows me they have continuity of staff."
- New staff were safely recruited and completed a probationary period. This ensured they were suitable to work with vulnerable people.

Using medicines safely

- People received their medicines safely, as prescribed. Staff had fully completed the medicine administration records to evidence this.
- Staff had reinstated their system to monitor all medicines in stock, as this had lapsed. Appropriate levels of medicines had been ordered, and any not used, were disposed of safely.
- All medicines were stored securely although one medicine once opened, had been inappropriately stored

in a refrigerator. This was immediately addressed once brought to staff's attention.

- Detailed guidance was available to staff to ensure "as required" medicines were given, with maximum effectiveness. All medicines with a short shelf-life had been dated once opened. This ensured they were safe to use.

Preventing and controlling infection

- Robust systems were in place to minimise the risk of infection and its transmission.
 - Government guidance was followed, which included regular testing for COVID-19, social distancing, and strict procedures for visitors.
 - Staff had access to personal protective equipment (PPE) and wore it correctly.
 - The home was clean and there were no odours. People and relatives told us this was always the case. One relative told us, "It's like a hotel".
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- 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.
 - We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People received a person-centred service, which encouraged key values of choice, independence and quality of life.
- The registered manager demonstrated a clear desire to ensure people received a good standard of care. They understood their responsibilities under the duty of candour.
- People told us they could follow their preferred routines and live their life as they wished. Relatives were complimentary about the care provided to their family members.
- Staff spoke to people respectfully, in a kind and friendly manner. Established relationships had been built and staff knew people well. One relative told us, "They seem to be very aware of [family member's] needs. It is very personalised care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- The registered manager was experienced and demonstrated strong leadership. They worked alongside staff and supported people with medicines and personal care, to gain an oversight of service delivery.
- Regular audits took place to ensure the quality and safety of the service. This included checks of the medicine administration systems, the environment and infection control.
- A redecoration programme was being undertaken. This was addressing some chipped paintwork and small areas of plasterwork, which were showing on a wall in the corridor. In addition to general redecoration, the kitchen, dining room and a bathroom had been refurbished and an en-suite, had been built.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were encouraged to give their views about the service. This was by informal discussion or the completion of electronic surveys. Any suggestions for improvement were considered and acted upon if possible. This included recent improvements to the home's Wi-Fi and a 24-hour snack menu.
- People were supported to keep in touch with their family and friends during the pandemic. This included additional phone and video calls.
- A varied activity programme, including a cinema club, was available. Some people had connections with the local church. The registered manager said they hoped external activities would return as COVID-19

restrictions were eased.

- The registered manager regularly met others within the organisation, to gain support and share ideas. They had developed good working relationships with other health and social care professionals in the area.