Care Quality Commission

Baylham Care Centre Limited

Baylham Care Centre Limited

Inspection report

Upper Street
Baylham
Suffolk
IP6 8JR
Tel:
Website:

Date of inspection visit: 23 July 2015
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Ratings

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

Overall summary

This inspection took place on the 23 July 2015 and was unannounced.

Baylham Care Centre is a care home with nursing providing care and support for people with complex health needs, people living with dementia and rehabilitation for up to a maximum of 55 people.

On the day of our inspection there were 48 people living at the service.

The service had a registered manager. 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.

The service did not have suitable arrangements in place for proper and safe management of medicines. Medicines were not stored safely for the protection of people who used the service.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

Staff were appropriately trained and skilled and provided care within a safe environment. They had been trained and were knowledgeable in recognising signs of abuse and the manager followed the required safeguarding notification procedures.

There was sufficient staff available on the day of our visit to meet the assessed needs of people. Staff received the supervision support and training they needed in order to carry out the range of roles and responsibilities they were employed for.

The service was well led. The manager carried out regular quality and safety monitoring of the service. People and their relative's views had been sought and plans were put in place in response to areas where people had identified a need for improvement of the service.

The manager had implemented innovative systems of care and support to improve the sense of wellbeing for people living with dementia. For example, with regards to the environment and access to group and personalised activities.

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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 not consistently safe because medicines were not stored safely for the protection of people who used the service. The service did not have suitable arrangements in place for proper and safe management of people's medicines.

There was sufficient staff to meet people's assessed care and treatment needs.

Staff had been trained to recognise the signs of abuse and demonstrated their understanding of how to report incidents of concern to the relevant authorities.

Requires improvement

Is the service effective?

The service was effective as staff understood people's needs and preferences.

Staff received training to enable them to carry out their roles effectively and opportunities for one to one supervision meetings with their manager to discuss their performance and development.

Good

Is the service caring?

The service was caring as staff were attentive to people's needs.

People were treated with dignity and respect.

People and their relatives had been consulted regarding their care and support needs. People were consulted about how they wished to live their daily lives and this was promoted and respected by staff.

Good

Is the service responsive?

The service was responsive as care plans were centred on the care and support needs of the individual.

People were occupied and supported with a range of social and leisure activities. This included maintaining links with the local community.

Good

Is the service well-led?

The service was well led because the manager was proactive in providing a service which was centred on the needs of people who used the service.

Processes were in place to monitor the quality of the service and action was taken when it was identified that improvements were required.

Good

Baylham Care Centre Limited

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 took place on the 23 July 2015 and was unannounced.

The membership of the inspection team consisted of two inspectors, one of which was a pharmacy inspector as well as an expert-by-experience with experience as a carer. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed the information we held about the service. We looked at statutory notifications the manager had sent us and information received from relatives and other agencies involved in people's care.

During our inspection we spoke with six people who used the service, five relatives, the registered manager, the head of care, four care staff, one nurse, the activities organiser and two domestic staff.

Many of the people living at the service were not able to tell us, in detail, their experiences of how they were cared for and supported because of their complex needs which included people living with dementia. However, we used the short observational framework tool (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We reviewed five people's care plans and checked records of how they were cared for and supported. We reviewed three staff files to check staff had been recruited, trained and supported deliver care and support appropriate to people's needs. We reviewed management records of the checks the manager carried out to ensure themselves that people received a quality and safe service. This included a review of records in relation to the management of people's medicines.

Requires improvement

Is the service safe?

Our findings

We found there were appropriate arrangements in place to record when medicines were received into the service, when they were given to people and when they were disposed of. We looked at the records for ten of the 48 people who used the service and found that the records demonstrated that people were given their medicines as prescribed.

However, we found medicines were not stored safely for the protection of people who used the service. We saw that medicines were left unattended in a communal dining room during lunch time, some medicines were not locked away in people's rooms and the medicines storage room on the lower ground floor was found unlocked. Although the cupboards for storing medicines on the lower ground floor dementia unit were locked, other cupboards containing needles, syringes and prescribed dressings were not. The fridge used to store medicines in the attic was found unlocked. We brought this to the attention of the manager and requested that this was locked immediately. There was therefore a risk that medicines and other items could be accessed by unauthorised people.Where people received their medicine in the form of a skin patch, the site of application was not recorded despite the provider having a clear procedure with guidance for staff to do this. The usage instructions included with the medicine were that the same site was not to be used when the patch was changed. Staff we spoke with confirmed that no record was made, but that they were aware of the need to use a different site.

We found that two people were given their medicines disguised in food. The manager told us that this had been agreed with the person's GP and their family and we found evidence to support this. But there was no guidance for staff as to how this was to be carried out. We were not assured that this was done safely and was considered to be in the person's best interests.

Where people were prescribed medicines on a when required basis, for example for pain relief, we found there was clear guidance for staff on the circumstances these medicines were to be used. We were therefore assured that people would be given medicines to meet their needs. In all care plans we looked at we could not find any indication of how people liked to take their medicines.

We observed medicines being given to people at lunch time. We saw that this was done with regard to people's personal choice. We heard staff explain to people what they were doing.

We looked at the training records for four nurses who were authorised to handle medicines. The manager told us that they had all been assessed to be competent to handle medicines but we could only find evidence to support this for one staff member.

We reported our finding to the manager who said immediate action would be taken to improve the safe and proper management of medicines.

This demonstrated a breach of Regulations 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people we were able to speak with told us they felt safe living at the service. People said, "I feel very safe, I have no problems with any of the staff, I feel safe here" and "If I did not feel safe I would speak to any of the staff or the manager." Relatives told us, "We have no concerns", "I have confidence that [my relative] is safe here" and "If I saw things that gave me cause for concern I would talk to [the manager]."

Risk assessments gave information for staff on how to safely support people with activities such as moving and handling and when supporting them with personal care. However, where staff had recorded within daily records, incidents where people had regularly presented with distressed reactions to others, we found a lack of information available. This meant that staff did not always have the guidance they needed to support people with strategies developed as to how to de-escalate behaviour which may result in harm to others.

The manager kept a record of accidents and incidents that put people at risk of harm. For one person who had experienced two falls within the last 24 hour period we saw that records had been maintained of the accidents and these were waiting for a review by the manager. Previous records of accidents had been reviewed by senior staff and actions put in place to protect people from reoccurrence for example, referrals to specialists for advice and guidance where required.

There were policies and procedures in place to guide staff in protecting people from the risk of harm. Care staff told us

Requires improvement

Is the service safe?

they knew about the provider's whistleblowing policy and had the required knowledge as to what action they would take how to make referrals directly to the local safeguarding authority where they had concerns about people's safety. There were records which evidenced action that had been taken by the manager to refer people to the local safeguarding authority when they had identified risks to people's welfare and safety.

People and their relatives told us there was sufficient staff available to meet people's needs. People told us their call bells were answered promptly during the day and night. Staff told us they considered the service had sufficient numbers of staff for the majority of the time. However, they also told us there were occasions due to staff absences, when less staff were available which meant they were under pressure. On the day of our inspection we observed staffing levels to be sufficient to meet people's needs. Staff were available to meet people's needs as required.

The service's recruitment procedures demonstrated that they operated a safe and effective recruitment system. This included completion of an application form, a formal interview, previous employer references obtained and identification and criminal records checks. This meant that people could be assured action had been taken to check that newly appointed staff had the necessary skills and had been assessed as safe to work within the care profession.

Good

Is the service effective?

Our findings

Staff most recently employed told us that they received a programme of induction training which included opportunities to shadow more experienced staff until they were confident to work alone.

Staff, which included nursing staff, told us and records confirmed that they received a range of training which helped them to meet people's needs within a nursing care environment and keep them safe. For example, pressure ulcer prevention. However, the manager's training matrix showed us that only three out of seven nurses had been provided with syringe driver training. Staff working on the dementia unit told us they had received training which helped them understand the needs of people living with dementia.

The manager told us that staff took part in an activity whereby they were designated 'resident for the day'. This enabled staff to experience what it was like to be on the receiving end of the care staff provided. We saw records which evidenced that three staff had taken part in this activity and had recorded their experiences and where they had identified improvements were required to improve the quality of care people received.

Staff told us, and records confirmed, that they had access to regular one to one supervision sessions with either the manager or senior staff. This meant that staff had regular opportunities to discuss their professional development and any issues relating to the care of people who lived at the service. Staff told us they were confident in meeting people's needs as the training was sufficient and supported them to carry out the roles they were employed to perform.

Staff and the manager demonstrated their understanding of their legal roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). Systems were in place to make sure the rights of people who may lack capacity to make decisions about their everyday lives had been assessed and protected. The manager had taken action as is required by law to request urgent authorisation from the local safeguarding authority where people's freedom of movement had been restricted in their best interests and to keep them safe from harm.

We received mixed comments about the quality of the food provided. One person told us, "The food is bland and unappetising." Another told us, "The food is adequate for my needs and liking." One relative told us, "The food is OK but I would not say it was five star quality." We observed there to be a choice of two meals available, both containing meat. Other people told us that if they did not like what was available they were provided with alternative choices and that kitchen staff did their best to accommodate their likes and dislikes.

People's nutritional needs had been assessed and plans were in place to protect people from the risks of malnutrition. The cook demonstrated their understanding of people's nutritional needs and explained how they fortified food and drinks to provide additional calories so that people with limited appetites received sufficient nutrition to maintain their health and wellbeing. They also explained how they supported people who had a diagnosis of diabetes and other medical health conditions where the planning and monitoring of their dietary intake was required.

Residents meeting minutes and surveys showed us that people's views had been sought. Care plans recorded people's likes and dislikes. The cook attended meetings with people to hear their views about the quality of the food provided and told us how people's views supported the planning of menus to accommodate people's wishes and preferences.

People's weight was monitored and risk of malnutrition assessed by using malnutrition screening tools. Where people had been identified as at risk of malnutrition and those experiencing swallowing difficulties, referrals had been made for specialist dietary advice and support from health professionals such as dieticians including speech and language specialists.

Staff had regular contact with other visiting health professionals to ensure people were able to access specialist advice and treatment when required. The service had a GP who carried out a weekly surgery at the service and assisted the nursing staff in the delivery of primary care to people. One person told us, "I see the GP and chiropodist regularly." We saw from a review of daily records that people also had access to physiotherapists, occupational health advice and consultant psychiatrists when required. Relatives told us that any changes in their

Good

Is the service effective?

relative's healthcare needs had been communicated to them and those with lasting power of attorney consulted in the planning for people's changing and end of life care needs.

Good

Is the service caring?

Our findings

People told us that staff treated them with respect, were kind, caring, promoted and protected their dignity. One person told us, "They treat you like a human being with feelings." Another said, "They are all kind, helpful and I like them all." Relatives described the staff as, "kind", "caring", "polite" and "respectful."

We observed staff to communicate with people in a polite and respectful manner. People were addressed using their preferred name and interactions between staff and people showed us that they knew people's needs and preferences.

Where people presented as distressed or confused, staff reassured them in a calm manner, reassuring them about their environment and safety. This enabled people to orientate themselves to their surroundings.

People's personal preferences were assessed and recorded within their care plans. These included the name the person preferred to be called and information to guide staff in supporting people to express their needs where their ability to communicate was limited.

Where people had capacity they were involved in making decisions about their care and told us they had been involved in the planning of their care, treatment and support. Where people did not have capacity to make specific decisions the service had involved their family or other healthcare professionals as required to support them in making decisions in their best interests. One relative told us, "I have seen [relative's] care plan and they have involved me and checked with me if things change."

People were consulted and their views sought through regular residents and relatives meetings, care plan reviews and surveys. Records of meeting minutes and surveys showed us that people had been consulted in the planning of activities, menus and able to express their views as to the quality of the care they received. Comments received from people through quality monitoring surveys where they were asked if staff had made a difference, included, 'staff are very welcoming and warm', 'staff are pleasant and friendly', '[named carer] is lovely with all residents' and '[named carer] is highly professional and friendly.'

People were able to express their right to privacy by locking their bedroom door when they went out. Each person had their own room with en-suite facilities, which also promoted their right to privacy. Relatives told us that they had always observed staff supporting and protecting people's privacy and promoted their dignity when supporting with personal care.

We observed staff who treated people with dignity, talked to people in a polite manner, listening to them and communicating with patience.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff responded to people's changing needs. Where people were unable to explain their preferences, relatives had input into the decision making process and in the review of their relative's care. People told us that staff had provided care according to the way they had communicated their preferred support.

People's needs had been assessed prior to their moving into the service. Electronic care plans had been developed from the information gathered during the initial assessment process. Care plans were detailed and provided staff with the guidance they needed to support people including their wishes and preferences with regards to their personal care, responding to their medical health needs and supporting them with their nutrition and hydration needs.

Care staff were knowledgeable about the care needs of the people they supported. They demonstrated their understanding as to how people preferred to be supported and how care plans were centred on the individual needs of people.

During our inspection of the service we noted that confidential information regarding people's health care conditions, dietary, nutrition and hydration requirements had been displayed throughout the service on cupboard doors where computers were stored for staff to complete daily records and notice boards. We raised this as a concern with the manager who immediately took action to remove this information from public view.

People told us they had access to and enjoyed organised group and personalised activities. The service had a mini bus which was used to provide people with access to the local community. People told us they enjoyed tours of the countryside in the mini bus and trips to the pub and seaside. One relative told us that staff had supported them and their relative who had failing health to enjoy a trip to Felixstowe as this had been their expressed wish. They told us how much this had meant to them both as this was an activity they had enjoyed throughout their life together.

The provider employed staff designated to support people with a variety of activities. We observed people on the dementia unit enjoying hand and foot massages in a designated area with calm music playing. One person told us, "I like it here, it is so calm and relaxing and I like being pampered." Later we observed people living on other units enjoying manicures, freedom of access to the garden and staff sitting and chatting with them on a one on one basis.

Relatives told us there was open and positive communication with the manager and staff and they were able to raise any concerns they had. One relative told us they had regular contact with the manager and any issues they had previously raised had been addressed in a timely manner.

A dignity tree placed within the main entrance provided a place for people to record their suggestions for improving the service they received. The manager gave examples of suggestions people had made and the action they had taken to improve the service. For example, a 'what's on TV' board in the communal lounge which displayed for staff people's requests to watch specific TV programmes. This alerted the staff to support people to have access to a particular TV programme of their choosing.

Information with details of the provider's complaints procedure was available on notice boards throughout the service. This provided people with information as to whom to direct their concerns or complaints to including details of timescales they could expect a response to their complaints from the provider. We saw from a review of five complaints received in the last twelve months that there was a system for recording and investigating complaints and concerns raised with the provider. Where complaints had been received regarding missing laundry the manager had taken action to purchase net bags in an attempt to avoid small items of laundry being lost. This meant that the provider had responded to people's experiences and concerns with action taken to improve their quality of care.

Good

Is the service well-led?

Our findings

People and their relative's told us that the service was well led. One person said, "The manager is always around." A relative told us, "The manager is very approachable and listens to you and sorts things out if you have any issues."

The provider had recently carried out a survey of people and their relative's views regarding the quality of the service they received. 13 people said they were 'very satisfied' with the approachability of the management team and care staff with another seven people who said they were 'satisfied'.

All of the staff we spoke with told us they were supported and enjoyed their work. Staff had access to regular supervision and team meetings to discuss issues that affected them and were provided with updates as to the care and welfare of people they supported. A review of records showed us that staff performance as well as planning for improvement of the service were regularly included as agenda items.

Staff were able to clearly describe their roles and responsibilities as well as the organisational structure and who they would go to for support if this was needed. The manager was visible throughout the service and led by example. They monitored standards and provided staff with the support they needed in order to fulfil their roles and responsibilities well.

Staff were provided with the leadership they needed to develop good team and care working practices. A recent survey carried out by the provider to gather the views of staff found that the majority of staff felt appreciated by their colleagues and management. Staff had also stated that they were supported with opportunities to have further learning and development and if they had any concerns were able to approach their manager and were listened to. Staff comments regarding the manager included, 'Has a high standard of work and is very conscientious', 'They work so hard and very supportive' and 'She has time for anyone and anything. Excellent communication and always cheery and friendly.'

The manager monitored the quality of the care provided by completing regular audits of care records, accidents and incidents and safety audits. Audits were evaluated and action plans created which described action to ensure improvement with timescales for completion.

The manager had implemented innovative systems of care and support to improve the sense of wellbeing for people living with dementia. For example, changes had been made to the environment to aid reminiscence and the implementation of easily accessible signage to aid orientation. Staff had been provided with training and guidance in staff meetings as well as opportunities to discuss and agree what improvements could be made to improve people's quality of life. This created a culture where the care of people was the central focus.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 **Safe care and treatment** The provider did not ensure that suitable arrangements were in place, which are followed in practice, for the proper and safe management of medicines. Regulation 12 (2) (g)