Care Quality Commission

Bay House Care Ltd

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Inspection report

Bay House Nursing Home
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Bexhill On Sea
East Sussex
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29 October 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 26 October 2018. This visit was unannounced. A second day on the 29 October was spent talking with health professionals and visitors who visited Bay House.

Bay House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 31 older people and older people living with dementia in one adapted building. Accommodation is provided over two floors. At the time of our inspection there were 32 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. 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.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made. Care plans reflected people's assessed level of care needs and care delivery was person specific, holistic and based on people's preferences. Risk assessments included falls, skin damage, behaviours that distress, nutritional risks including swallowing problems and risk of choking, and moving and handling. For example, pressure relieving mattresses and cushions were in place for those who were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes and epilepsy. There was a good level of information and guidance for staff to follow for those people who lived with complex needs. There were safe systems for the management of medicines and people received their medicines in a safe way.

Staff and relatives felt there were enough staff working in the home and people said staff were available to support them when they needed assistance. All staff had attended safeguarding training. They demonstrated a clear understanding of abuse; they said they would talk to the management or external bodies immediately if they had any concerns. Staff had a clear understanding of making referrals to the local authority and CQC. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home. There was a consistent use of agency staff and the registered manager ensured that the agency staff used had the necessary skills to work at Bay House. People said they felt comfortable and at ease with staff and relatives felt people were safe.

People were supported to eat healthy and nutritious diets. Food and fluid charts were completed when risk of poor eating and drinking had been identified and showed people were supported to eat and drink. Staff had received essential training and there were opportunities for additional training specific to the needs of the service. This included the care of people with specific health needs such as diabetes and strokes. Staff had formal personal development plans, including two monthly supervisions and annual appraisals. Staff and the registered manager had a good understanding of the Mental Capacity Act. Where possible, they supported people to make their own decisions and sought consent before delivering care and support. Where people's care plans contained restrictions on their liberty, applications for legal authorisation had been sent to the relevant authorities as required by the legislation.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. People we spoke with were very complimentary about the caring nature of staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles.

Activities were provided and were seen to be enjoyed by people who lived at Bay House. Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. The service worked well with allied health professionals.

Staff said the management team was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was good; the manager was approachable and they would be happy to talk to them if they had any concerns.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? Bay House remains Good.	**Good**
Is the service effective? Bay House remains Good.	**Good**
Is the service caring? Bay House remains Good.	**Good**
Is the service responsive? Bay House remains Good.	**Good**
Is the service well-led? Bay House remains Good.	**Good**

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Detailed findings

Background to this inspection

We inspected the service on the 26 October 2018. This was an unannounced inspection. A second day on the 29 October was spent talking with health and social care professionals and visitors to Bay House.

The inspection was undertaken by an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the action plan provided following our last inspection. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises.

We looked at six care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and how they obtained their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke and met with 20 people and five relatives to seek their views and experiences of the services provided at the home. We also spoke with the manager, provider, seven care staff and two members of ancillary staff. During the inspection process we spoke to health and social care professionals that worked alongside the service to gain their views.

We looked at areas of the building, including people's bedrooms, the kitchen, bathrooms, and communal

areas. Some people were unable to speak with us. Therefore, we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during lunchtime. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed the care which was delivered in communal areas and spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People felt they were safe living at Bay House. Staff told us that people were kept safe and they were confident they worked in a safe way. We saw that risk assessments, policies, audits, quality assurance and support systems were in place. Comments from people included, "Extremely clean and tidy," and "I do feel safe here, I feel comfortable and at ease." Relatives told us, "Definitely safe and secure here. A health professional told us, "They know their residents very well and I have no concerns about the care."

As far as possible, people were protected from the risk of abuse or harm. Staff had received safeguarding training, they demonstrated an understanding of different types of abuse and described what action they would take if they had any concerns. A staff member said, "I feel confident that the manager or owner would act immediately if something was not right."

Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health-related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. For example, people with mobility problems had had an assessment and that was used to give clear guidance for staff to follow. This included specific equipment, such as hoist, type of sling and sling size.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. There were good systems to ensure moving and handling equipment was serviced, checked and maintained to a safe standard. These included regular checks on the hoists and slings. Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and clean. We observed staff hand washing and changing gloves and aprons throughout the day. A business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property was in place. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal emergency evacuation plan (PEEP).

People received their medicines safely. Appropriate arrangements were in place for the safe management and administration of medicines. The provider's medicines management policy covered all key areas of safe and effective medicines management. Staff were able to explain how the system worked and were knowledgeable about people's medicines. People's medication administration records (MAR) showed the medicines a person had been prescribed and recorded whether they had been administered or the reasons for non-administration. The protocols for PRN pain management medicines gave clear guidelines as to when they may be required.

Robust checks had been carried out to ensure staff who worked at the home were suitable to work with vulnerable people. These included references, identity checks and the completion of a disclosure and

barring service (DBS) check. DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable groups. There were systems to ensure staff working as registered nurses had a current registration with the nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.

The service had enough staff on duty to meet people's needs. The deputy manager told us that they regularly checked the staffing levels by reviewing people's needs and speaking to staff. If staffing levels needed to change the deputy manager told us they would adjust them accordingly. A relative told us "I feel there is enough staff, there always seems to be a lot of people around." Another told us "I would say they is enough staff on, they are very busy but I can always ask someone to help if needed." A staff member told us "I think there is enough staff, we work well as a team and know what people want."

Accidents and incidents were documented and recorded. We saw incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC. Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. We saw specific details and follow up actions by staff to prevent a re-occurrence was documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Good

Is the service effective?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People said that the staff knew their needs well. Relatives felt people received an effective service and health and personal care needs were being met. One visitor said, "The staff are very capable and well trained." Another visitor said "The staff seem well trained and competent. I get great confidence from this."

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff had completed essential training and this was updated regularly. In addition, they had undertaken training that was specific to the needs of people they supported. For example, dementia awareness. A staff member mentioned recent training of moving and handling that they had really enjoyed as it had highlighted the importance of moving people safely. Systems were in place to support staff to develop their skills and improve the way they cared for people. Supervision included an opportunity to discuss training, development opportunities, and review practice. Staff told us they felt supported by the management team and they felt confident to approach them to discuss concerns.

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA, conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. People that could, commented they felt able to make their own decisions and those decisions were respected by staff. People told us, "The carers first tell me what they want to do and ask if that's okay with me," and "Very respectful and polite, always tell me what's about to happen." Mental capacity assessments and best interest decisions had been completed for care and treatment, for example, bed rails and life changing choices about medical treatment and intervention or where to live. Records of best interest decisions showed involvement from people's relatives, GPs and staff.

People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes. People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow Scoring Tool and a Malnutrition Universal Screening Tool (MUST). These assessments were used to identify which people were at risk of developing pressure wounds and action taken included appropriate equipment to relieve pressure to their skin, such as specialist cushions and air mattresses.

People told us their health was monitored and when required, external health care professionals were

involved to make sure they remained as healthy as possible. People's health needs were supported by a local GP surgery. One person told us, "I'm waiting to see a doctor, I think they are coming today." Where required, people were referred to external healthcare professionals; this included the dietician, tissue viability team and the diabetic team. People were regularly asked about their health and services such as the chiropodist, optician and dentist were offered.

People were supported to have nutritious diets and sufficient drinks to meet their needs. People told us the food was good. One person said "Excellent food, cakes, fresh fruit, and a variety of drinks." Relatives said, "The food is always very good." People had an initial nutritional assessment completed on admission and their dietary needs and preferences were recorded. People told us their favourite foods were always available, "They know what I like and don't like and there is always a choice, if I don't like the choices they cook something else." The chef told us, "We can cater for diabetic, vegan, soft or pureed and any other special diets." For people assessed with a swallowing difficulty, the use of thickened fluids when drinking was required to minimise the risk of choking and aspiration as thickened fluids are easier to swallow. Staff were responsible for the management of thickened fluids and guidance was in place on the required texture of thickened fluids. Input from dieticians and speech and language therapists were also sourced.

People's individual needs were met by the adaptation of the premises. The service had been consistently upgraded with a safe accessible garden area and large communal areas. All communal areas of the service were accessible via a lift. There were adapted bathrooms and toilets and hand rails in place to support people. Visual aids in communal areas helped to support orientation of people with dementia to move around the home and increase their awareness of their environment. Decoration had taken account of people's needs and included hand rails of contrasting colours to walls. Signs were available to help people or visitors navigate around the home and find essential rooms such as WC's. People had unrestricted access to a courtyard garden which was safe, fully enclosed and provided level access and various seating options. One person told us, "We are lucky to live here."

Good

Is the service caring?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People, relatives and visitors without exception gave consistently positive feedback about the care provided at Bay House. Comments included: "Staff are kind and caring and there are enough of them, they spend time with me, any queries I have, they sort out immediately." "I am treated with respect and dignity," "Plenty of staff, they are lovely and all seem to get on well with each other, they give me all the time I need, I think they all know me well," and "Definitely treat me with dignity and respect." "I get a lot of visitors and they are made very welcome."

example was that of a person whose partner visited and received their midday meal (free of charge) on a daily basis. As they had never been separated at Christmas for 65 years, when the partner was unwell the provider offered free accommodation for the partner over Christmas. This had ensured a really positive outcome for the person and their family. Staff extended their caring to people's loved ones Following the death of their loved one, two partners continued to visit Bay House to meet with other people they had become friends with and had lunch with them twice a week with no charge.

The provider and management team ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. This had helped to promote and ensure the service was person centred. For example was that of a person whose partner visited and received their midday meal (free of charge) on a daily basis. As they had never been separated at Christmas for 65 years, when the partner was unwell the provider offered free accommodation for the partner over Christmas. This had ensured a really positive outcome for the person and their family. Staff extended their caring to people's loved ones Following the death of their loved one, two partners continued to visit Bay House to meet with other people they had become friends with and had lunch with them twice a week with no charge.

The vision statement and values of Bay House centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence, inclusion and people having a sense of worth and value. The statement of purpose had five key values: Diversity and Individuality, Choice and Control, Privacy and Dignity, Sense of Fulfilment, Safety and Risk-taking. Our inspection found that the organisation's values were firmly embedded in everyday care delivery.

Staff promoted peoples' independence and involved people in their care and lifestyle decisions as much as possible. There was evidence of commitment to working in partnership with people, which meant that people felt consulted, empowered, listened to and valued. Three people had been enabled to write their own care plan with support from staff. One person said "I was asked what help I needed, how I wanted it given and by whom." Another said, "I was involved in everything when I came here, they asked me what I wanted and never tried to change my views."

Privacy and dignity was an important part of the culture and values of Bay House. People's privacy and dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were assisted to wash and get up. An equality, diversity and human rights approach to supporting people was well embedded in the service. For example, one person commented: "They treat me very much as myself and they know me well." One staff member said, "It's important that we help them to be themselves, one of our ladies is very passionate about her hair and make-up, so we ensure that she has her hair dresser and we assist her with make-up."

The service continued to receive consistent praise and compliments via thank you letters/cards and website reviews. These included: "The very professional staff accommodated her and adjusted her routine in whatever way was necessary. She was treated throughout with respect and dignity; her care was thoughtful and appropriate; she was treated with warmth and good humour; she was made to feel as though she had joined a new family, and we, as her real family, were also treated with respect, made to feel welcome at any time and kept well informed, I have been kept informed and the families wishes have been taken into consideration," and "It is obvious that staff know all their residents very well, treat them as individuals and with the utmost kindness." This showed people and their relatives valued and appreciated the exceptional caring staff continued to offer to people and their families.

Good

Is the service responsive?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People received personalised care that was responsive to their needs. Care plans were designed to reflect individual needs, choices and preferences. Care records were checked and reviewed by registered nurses or senior care staff and reviewed every four weeks. Care plans were formally reviewed every month with involvement of people and their representatives to check the care plans were still current and make changes if needed. Records confirmed that people and their families or representative had agreed with the information recorded, as well as consent for photographs, sharing the information with external professionals and for reviews of their care plan.

The quality of information was person specific and in line with people's preferences. For example, what they preferred to eat and drink, what time they got up and what time they returned to bed. For people unable to tell staff their preferences we saw that staff had spoken with families and friends. Staff told us, "People change and we adapt their care accordingly with help from family, friends and our staff." This was evident from the records reviewed.
Care plans reflected not only people's physical needs but also their mental, emotional and social needs. For example, one person's care plan stated that they could sometimes become confused and for staff to encourage fluids and observe their continence needs for frequency as they were prone to urine infections which changed their behaviours. During the inspection people were relaxed and comfortable together and smiled and laughed at the suggestions made by staff.
Since the last inspection the provider had employed a dedicated activity person. They were due to join the team in the near future. An activity programme was displayed on the notice board, which staff said was really just suggestions for people to think about joining, it's very much down to people's individual choice. A number of activities were provided throughout the inspection and these varied depending on what people wanted to do. A member of staff said, "I plan activities around the needs of the residents and time of year, we are preparing for Halloween with hats, lanterns, painted jars and pictures. We offer exercise, dancing, church, quizzes, games, the garden and visiting pets." We were also told of one to one in people's rooms to include talking, reminiscence, nails, music and pampering. One person said, "We have had mini bus trips to the seafront, shopping and fish and chip visits, staff are all supportive and I have a weekly plan of what I can do."

Managers and staff worked with other healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. This included having 'anticipatory medicines' available, so people remained comfortable and pain free. End of life care plans were in place for people, which meant staff had the information they needed to ensure people's final wishes were respected.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. The registered manager was familiar with AIS and they had identified the communication needs of people.

Communication was part of the individual assessment tool completed for each person. Any needs identified to facilitate communication were recorded and responded to. Staff took account of people's hearing aids and glasses making sure they were available, clean and working. People were sensitively supported to communicate in ways that were meaningful to them. For example, one person with cognitive difficulties was supported by a member of staff. The member of staff clearly understood how to communicate effectively with the person who they supported to participate in a group activity. The pleasure the person displayed was heart-warming to see.

A complaints procedure was in place that was readily available to people and relatives. The procedure was displayed in the reception area and given to people as part of their welcome pack when they moved into the home. We looked at the complaints file and saw that complaints managed in accordance with the provider's policy. We read the details of a recent complaint and the actions required had been checked and followed up by the registered manager. The people and relatives we spoke with had not had a reason to make a complaint, but felt confident they could do so if needed.

Good

Is the service well-led?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

Effective management and leadership was demonstrated in the home. The registered manager was knowledgeable, keen and passionate about the home and the people who lived there. The management team were open and transparent about the challenges they had faced, but were very proud of what the staff team had achieved since the last inspection. They were committed to embrace the changes and continue to grow and develop the service. The provider had been committed to embedding the improvements and sustaining the improvements made.

Staff told us that the philosophy and culture of the service was to make Bay House a home for the people who lived there. They demonstrated an understanding of the difficulties people faced on leaving their homes and settling in communal living. One staff member said, "It must be difficult after living on their own to suddenly living with lots of different people, we encourage small group meetings so as not overwhelm them when they arrive." Bay House philosophy stated 'Underlying all the statements we make is a conviction that those who live at Bay House do so with dignity and respect from those who support them." Our observations evidenced that all staff had adopted that ethos.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The culture of the service was described as open, honest and friendly, by people and staff. The registered manager said that they encouraged people to voice their feelings and this had reduced complaints. One person said "I can talk to any staff and I know that they will listen and deal with it." Staff were happy to challenge poor practice if they saw it and would contact the registered manager or other senior staff immediately if they had any concerns. Comments from staff included, "Vey open management style I feel that I can approach any of the management team about anything," and "The management team work with us and I know that if I was worried or saw something not right I could talk to any of them."

Quality monitoring systems had continued to be developed and embedded since the last inspection. There were a wide range of audits undertaken to monitor and develop the service and we looked at a selection of these. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so quality of care was not compromised. Areas for improvement were on-going such as care documentation. As discussed there were areas of audits that would benefit from further evaluation as to whether actions taken to address an identified issue were beneficial and had worked.

Systems for communication for management purposes were established and included a daily meeting with the senior staff. These were used to update senior staff on all care issues and management messages. For example, discussion around who had fallen and what risks had been identified. Relatives felt they were able to talk to the manager and staff at any time and the relative's meetings provided an opportunity for them to discuss issues and concerns with other relatives, friends and management on a regular basis. One relative said, "If I have a problem I just talk to the staff or manager and they deal with it." People, their relatives and

staff completed surveys about their view of the home. There were a number of examples of suggested improvements, many of these were about the décor and appearance of the service which had been completed.

The service worked in partnership with key organisations to support the care provided and worked to ensure an individual approach to care. Visiting health care professionals were positive about the way staff worked with them and this ensured advice and guidance was acted on by all staff. Comments received included, "The staff are knowledgeable about the people they care for and want to get it right" and, "They listen, take advice and act on the advice."

The service had notified us of all significant events which had occurred in line with their legal obligations.