

Quality Care UK Limited

Bay View

Inspection report

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2015
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection of Bay View took place on 7 July and 29 September 2015. At the previous inspection on 10 December 2014 and 5 February 2015 we identified twelve breaches of regulation. These breaches applied to regulations 9 (twice), 22, 15, 12, 21, 13, 23, 17, 14, 24 and 10 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Since 1 April 2015 the regulations have changed to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Those breaches of regulation therefore equated to breaches of regulation 9: Person-centred care (twice), 18: Staffing (twice), 15: Premises and equipment,

12: Safe care and treatment (three times), 19: Fit and proper persons employed, 10: Dignity and respect, 14: Meeting nutritional and hydration needs, and 17: Good governance.

Bay View is registered to provide care and accommodation to a maximum of 23 older people who are vulnerable because of their age and illness only. There are 21 single occupancy bedrooms and one shared occupancy bedroom on three floors. There are two

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lounges and a dining room for people to use. There is a passenger lift to the upper floors. At the time of this visit there were four people living there permanently, but two of these were in hospital.

There was a registered manager in post who had managed the service since it was registered under Quality Care UK Limited in August 2014. 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.

During our July and September 2015 inspection we found that the service was still in breach of regulations 15, 19 and 12. The premises were still unsafe with regard to electrical systems and so people were not safe from the risk of harm from electric shock or fire. The registered manager continued to deploy staff that had not been recruited using a robust recruitment procedure. This meant people were cared for by staff that weren't thoroughly checked according to the criteria of 'fitness' to work with vulnerable people. People were supported by staff who did not follow the correct dress codes and who did not follow the correct practices with reference to infection control. This meant people were not fully protected from the risks associated with poor infection control.

We are considering our enforcement powers and will report on this at a later date.

We found there was some improvement in the staff training with staff booked on courses but which they had yet to attend. People's choices had also improved. We found that the service was not as caring as it could have been. Some improvement had been made with staff consulting people more about their preferences and choices. However, the staff weren't always ensuring people's dignity was upheld with regard to their personal care needs.

We found there had been improvements in the responsiveness of staff to meeting people's needs and this was partly due to only two people using the service. We found that care plans had been reviewed and

contained better information for staff to know how best to meet people's needs. We saw that a limited range of activities was provided for people and that complaints were appropriately handled.

The service had improved its cooperation with other providers and organisations so that people were referred to health care specialists for support in a timelier manner and there was improvement in the area of quality monitoring and assuring service provision. However, the service did not accurately maintain the records it was required to in order to manage the regulated activity.

This was a new breach of regulation 17: good governance, with regard to record keeping. You can see what action we told the registered provider to take at the end of the full version of the report.

The overall rating for this provider is 'Requires Improvement'. However, at the last inspection we found key areas of inadequate care, which gave the service an overall rating of 'Inadequate'. At this inspection in July and September 2015 the service had not demonstrated sufficient improvement and one key area remained 'Inadequate'. Therefore this means that the service has been placed into 'Special measures' by CQC. The purpose of special measures is to ensure the service improves its care to people that use the service.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12

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months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

People that used the service were not protected from the risks of harm because the provider had not ensured the premises were safe with regard to electrical systems, staff were not safely recruited and safe infection control systems and practices were not in place.

Inadequate



Is the service effective?

The service was not effective.

Staff training had improved sufficiently for the service to no longer be in breach of the regulation but there was more training for staff to achieve in order to meet people's needs and carry out safe working practices.

People's nutrition was according to their choice but food provision still required improvement because the service still did not supply fresh cooked meals, as there were no ancillary staff employed.

Requires improvement



Is the service caring?

The service was not caring.

Although there were improvements in the way the service consulted people about their daily preferences and choices, there was still poor adherence to ensuring people privacy was maintained when providing personal care and support.

There were improvements in the way the service consulted people about their daily preferences and choices. However, there remained poor adherence to ensuring people's privacy was maintained when providing personal care and support.

Requires improvement



Is the service responsive?

The service was responsive.

People received a better quality of care than at our last inspection because there were only two people that used the service and they received more regular support and attention from the staff. People's care plans had been reviewed and instructed staff on how best to meet their needs. The opportunity for people to engage in activities had improved.

Good



Is the service well-led?

People had improved opportunities for their health care needs to be met and there had been improvements in the quality monitoring system in the service, so that previous breaches of regulation were met.

Requires improvement



Summary of findings

However, we identified a new breach of regulation 17: good governance in respect of the records maintained in the service.

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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 checked 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 7 July 2015 which was unannounced and 29 September 2015 which was by appointment with the registered provider.

The inspection team in July consisted of two inspectors. The inspection team in September consisted of an inspection manager, an inspector and a specialist professional advisor, whose specialism was as a qualified and registered electrician. We had not requested a 'provider information return' (a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make).

We carried out our inspection to check on the progress made by the service in respect of requirements we had made at our last inspection and after receiving information from the East Riding of Yorkshire Council (ERYC) Contracts and Monitoring Department and receiving some whistle blowing information. We were informed by ERYC that they had issued the service with an 'improvement order' and placed a restriction on placements to the service after our last inspection. This was still in place when we visited on 7 July and 29 September 2015.

We had placed our own restriction on the service in February 2015 which was that "The registered provider must not provide the regulated activity 'Accommodation for persons who require nursing or personal care' to any new service users until compliance (with the regulations) is achieved." This was still in place when we visited on 7 July and 29 September 2015.

During our visit in July we spoke with two people that used the service, a visitor and two staff, as well as the registered manager. All of the people that used the service had capacity and we were able to communicate with them.

We observed some of the care and support that staff provided to people and some of the interactions between people and staff. We also looked at records held in the service; two about people and their care, three staff recruitment files and those records pertaining to the running of the service (quality assurance documentation, maintenance certificates, policies and procedures for example) and details of a recent Humberside Fire and Rescue Service inspection. We also looked round the premises with the permission of people that used the service.

In September there were no people using the service and so we were unable to obtain people views. We visited on this day just to take a look at the premises, especially in relation to the electrical and fire safety systems and documentation.

Is the service safe?

Our findings

At our last inspection, in answer to the question 'is the service safe?' there were five breaches of the regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches of regulations 19, 15, 18 and 12 (twice).

With regard to regulation 15: Premises and equipment (also regulation 12: Safe care and treatment) we found there was insufficient improvement in the safety of the premises and so there was still a breach of regulation 15 (also 12). The impact on people that used the service was still major.

At our last inspection we had not seen an up-to-date electrical wiring safety certificate, the latest evidence of a fire system safety test carried out by a competent person was dated 10 February 2013, there was no fire safety risk assessment, no plans in place to aid people to evacuate the building and the latest fire alarm test was 22 months old.

Following our last inspection the registered provider sent us two copies of the provider's fire risk assessment for Bay View. These were two documents dated 1 October 2014 and 1 January 2015. These were the front sheet only of a pro-forma produced by North Yorkshire Fire and Rescue Service - Workplace Fire Safety Risk Assessment. The registered provider did not send us the continuing sheets of this pro-forma which made up the actual fire risk assessment.

We asked the registered provider to send us the full fire risk assessment document dated January 2015 and we received this in full. It showed that the registered provider had considered all of the general aspects of fire safety and prevention. However, pages 4 and 6 asked if there were any people with special needs or disabilities that may require assistance evacuating from the building. The information recorded by the registered provider in these sections was insufficient to ensure staff knew how to evacuate anyone who was immobile.

There was no reference made in these sections to personal emergency evacuation plans (peeps) for any individuals who required one and because the people that used the service were immobile and did require 'peeps', their

evacuation needs were not mentioned and so could not be implemented. There were no copies of 'peeps' held with the risk assessment or displayed in each individual's bedroom.

The registered provider also sent us a general fire evacuation procedure, which was only satisfactory to instruct and assist people with capacity and good mobility to evacuate themselves and / or visitors from the premises. The people that used the service had capacity to understand about their personal safety but they were fully reliant upon staff to assist them with their mobility. People were completely immobile, walked using a walking frame, or mobilised using a wheelchair.

During our inspection visit on 7 July 2015 we saw the general fire evacuation procedure, was posted in each of the bedrooms belonging to people that used the service. We still did not see any 'peeps' for the four people that used the service at the time of our inspection and therefore the registered provider was reminded that any person that used the service who required a 'peep' in the event of a fire should have one in place.

We saw evidence that an 'annual fire test' had been carried out on the system on 4 March 2015. It included checks on emergency lighting and alarms.

The provider gave us a copy of an electrical installation safety report completed on 14 April 2015 which included details of a check on electrical equipment installed and used in the service. There were no details to show if the emergency call bell was included in this check. We raised concerns with the registered provider about the written content of the report. The report said only 10% of the installations on the premises had been checked and there were gaps in some of the information in the report.

We later received an assurance from the registered manager regarding electrical safety. This assurance was that the electrical wiring in the service was safe following action taken by the registered provider and therefore posed no risk to people that used the service. On 27 July 2015 we sent a letter to the provider using section 64 of the Health and Social Care Act 2008 asking for more evidence that the electrical systems in the premises were safe. We asked for either a five year or other time-scale electrical safety certificate for the whole of the property. We also asked our electrical Specialist Professional Advisor (SPA) to

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comment on the information provided in the electrical installations safety report and they told us, based on information in the report, that the wiring was unsafe and required replacement.

At this inspection we found there were faults on the emergency call bell system. When we checked the emergency call bell in bedrooms 4 and 5 (occupied) and in the main lounge we found it was not working. When the interlinking light and extractor fan in the toilet near the dining room was switched off this activated the call bell system and the system activated itself several times throughout the day registering as bedroom 18 (unoccupied). During discussion with the registered manager they offered no explanation for this.

The registered manager told us people were unable to reach the call bell button in the lounge and staff were aware it was not working in bedroom 4. We saw there was no bell pull cord in the lounge for easier activation and there were no bell pull cords in any of the bedrooms we accessed. The person in bedroom 4 was able to summon staff to support them, because the registered provider had supplied a battery operated door bell, which could be heard by staff if they were in the communal areas of the service. People in the lounge had the use of four hand bells to ring for staff support.

For the person that used bedroom 5 there was no means of calling for staff assistance and when we discussed this with the person they said, "The buzzer not working has given me a knock. When I pressed it this morning it was not working. I should have a call bell. I am hoping it is repaired." The call bell system was not in full working order all through the premises and the registered manager was aware of this. Some action had been taken to reduce the impact of this for some people that used the service. However, this situation required improvement. We were not assured that the whole of the premises were safe with regard to electrical installations and wiring systems. This was fed back to the registered manager, who told us that as far as they were aware the premises were electrically safe.

After our visit in July 2015 we were informed by the registered provider that they intended to temporarily close the service and on 5 August 2015 they assisted the remaining people that used the service to move to alternative care services. We informed the registered provider that we had yet to complete our inspection of the premises. We told the registered provider that we required

access to the premises to update our information and to check on the safety of the service. However, the provider was unable to provide this access to us until 29 September 2015.

When we visited on 29 September 2015 accompanied by a specialist professional advisor, who examined the electrical systems, we found that the premises were still unsafe. The registered provider told us that we could only have access to one of four electrical circuit boards because security arrangements dictated that the rear of the property was locked up, which included the cellar where three of the circuit boards were sited. The registered provider did not have access to other areas of the property and could not facilitate this for us.

The electrical circuit board that we viewed was found to be wired 'shoddily' and with the wrong size cables and circuit breakers, in the opinion of our advisor. This meant there was a risk of the electrics not cutting out should there be a fault with any electrical appliance and was therefore likely to cause a fire. This information was fed back to the registered provider when we visited in September 2015.

The registered provider was still unable to provide us with a current electrical safety certificate for the premises, but assured us they would be able to acquire one. This has not been received.

This was a continued breach of regulation 15: Premises and equipment (also 12: Safe care and treatment), of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

During our inspection we found that the service was still in breach of regulation 19 in respect of recruitment and selection of workers. The impact of this on people that used the service was still major.

At our last inspection we found that staff files did not contain the evidence to support that staff had been recruited safely. Disclosure and Barring Service (DBS) checks had not been obtained, references had not always been obtained before staff started working in the service and one staff had begun working in the service days before they had completed an application form. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

On this inspection we saw that there had been a change of staff since our last visit. This was confirmed to us by the

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registered manager and other staff. People we spoke with also told us that several staff had left. They said, “One staff left and came back again but I can’t remember when this was. (Name) has left, she was nice to me and (Name) has also left, though she’s gone back to an old job, not in caring.”

We saw from the rosters that two of the staff that people named as having left were still working at Bay View. When we asked the registered manager about this they explained that several staff continued to work on a casual basis, as all staff that worked at Bay View were on zero-hours contracts and were all self-employed. We discussed with the registered manager the commitment implications of these arrangements and they agreed that the staff were free to come and go as they pleased because of not being employed by Quality Care UK Ltd.

The registered manager told us it was “A nightmare when staff didn’t turn in for a planned shift or when they started swapping shifts with one another. I have instructed them they must inform me if they want to make changes to the roster, but it doesn’t always happen.” When asked if the staff could leave any time the registered manager said they could and so could she, as she too was self-employed and on a zero-hours contract to work at Bay View. The registered manager told us that Quality Care UK Ltd did not have responsibility to pay National Insurance contributions and tax deductions on the income people earned while working at the service. This was not good practice, as staff working on a self-employed basis might not be bound by staff disciplinary procedures and may not show any commitment to their planned shifts.

We looked at staff recruitment files for the two most recently appointed staff and for a staff member described to us by the registered manager as a ‘bank’ worker (usually casually employed). They were also new to the service. Only two of the three files contained DBS checks and evidence of the person’s identity. Only two contained a job application form, records of a job interview, references and records of induction completed. No evidence or systems were in place to check that the information provided by the person to obtain the job was correct, for example, to check if the person had a criminal conviction or not.

The registered manager told us they thought that all staff could commence work prior to a DBS check being received and we saw that a staff member without this check was on the roster to work the weekend after our visit. This is not

correct procedure and staff should only be employed in this way in an emergency. This reduces risk to people living in the service of being cared for by unsuitably employed staff. The registered manager was reminded of this information in our inspection report of the visit in December 2014 and February 2015. Extract: ‘Staff had started working at the service without proper security checks (Disclosure and Barring Service clearance and references)...the registered manager had...no details of their conduct and performance in their last job (references)’.

We found that at different points staff were on the roster to work who either did not have references to confirm their suitability for the post or the required recruitment documents were not in place for them. Both of these situations meant people were being supported by staff who had not been employed using the correct recruitment procedure in order to protect people.

This was a continued breach of Regulation 19: Fit and proper persons employed, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found there was no documentary evidence to show that the requirements made by the Environmental Health Officer regarding food safety had been addressed and there was only two staff working at Bay View with a valid food hygiene certificate although all staff accessed the kitchen and provided food for people. This meant people were not protected from the risk of harm from poor food safety practices.

On this inspection we found that these issues had been addressed in that there were improved practices in the recording of action taken regarding food handling and all staff had been booked to complete a food hygiene training course.

There were still some issues with infection control systems in the service. The registered manager told us there was a dress-code for staff, which was, “Black trousers, work tunic, flat black shoes and hair tied up if long.” The registered manager told us they sometimes undertook care duties and we saw them helping one person to the toilet. We discussed with the registered manager that their attire did not meet with the dress code they told us about and they replied, “This is me and I am not going to change.” The registered manager also told us they used gloves when helping with personal care but when we’d observed them

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helping a person to use the toilet they were not wearing gloves. In response to a S64 letter (a formal request for information) we sent to the provider asking for an explanation about the registered manager's practice in relation to infection control prevention, we received a copy of an assessment that was carried out by the registered provider in June 2015 on the registered manager's infection control practices. It showed the registered manager had 'failed' the assessment because of inappropriate nails.

When we asked staff about the dress code they told us they were unaware of this but added, "We all wear lilac tunics and black trousers, flat shoes, minimal jewellery and we tend not to wear nail varnish, but we haven't been told we can't wear it." We found that care staff were suitably attired and their practice was appropriate.

We saw that terry towels, not paper towels were used in people's en-suite facilities. Communal areas did not have paper towels or terry towels. Hand sanitizer was available around the premises as was soap and water. There was a concern with the disposal of continence products, as we were told by the registered manager and staff that the service did not have a clinical waste collection service. We were told that continence aids were disposed of in yellow bags while in the premises but the yellow bags were then put into normal black waste bags at the rear of the property, ready for general waste collection. The registered manager explained this waste was not collected by the general waste collection service but taken by the registered provider to a local tip. We assessed this practice as poor practice for the disposal of clinical waste, as it was not accurately labelled by the visibility of yellow bags once it had left the premises. We referred this concern to East Riding of Yorkshire Council Environmental Health Department. Before they could visit the service to investigate the provider had assisted all of the people that used the service to move to alternative care services. This meant the service was no longer operational and so an Environmental Health Officer who visited on 10 August 2015 could not carry out an inspection.

While this had a minor impact on people that used the service it was a concern about the safe disposal of potentially infected material, as the provider was not following the Department of Health's Code of Practice: Health and Social Care Act 2008; Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

This was a continued breach of regulation 12: safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of infection control management.

These continued breaches in regulation led us to send the provider a section 64 letter (a formal request for information) on 28 July 2015. Information we received in response was insufficient to meet the requirements of the request we had made. A second request was issued to the provider on 4 August 2015 and the information we received satisfied our request in regard to staff recruitment, but did not in respect of an electrical safety certificate.

On this inspection on 7 July 2015 we saw that the registered provider had improved safety in other areas of the home. We saw that one en-suite toilet door coming from its hinges had been repaired, unoccupied bedrooms used for storing chairs, beds and redundant hoists were kept locked and the wardrobes we saw in occupied bedrooms were safe from falling onto anyone.

At our last inspection there had been a breach of regulation 18: staffing, in that two care staff hadn't always been on duty to care for people. Sometimes the registered manager and one staff had worked the shift.

On this inspection we saw that the provider was not staffing the service with care staff according to the information on the rosters. There was one care staff working with the registered manager when we arrived at 10:00am, but the registered manager informed us a second staff member had not turned up for work at 9:00am and so another staff member would be covering when they arrived. They arrived approximately ten minutes after us. The registered manager then changed the roster to show this staff member on duty.

When asked about staffing levels the registered manager told us there were always two staff on duty and assured us rosters were accurate. Analysis of the staffing roster and staff time sheets for 3 July 2015 led us to assess that there was the registered manager on duty with one new staff member on unpaid induction from 10:30am to 3:30pm: a matter of five hours. We only saw time sheets in use for the month of July 2015 for six from ten staff. However, we were not confident that four of the staff named on the rosters were on duty all of the shifts that rosters stated they had been on duty.

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We saw two staff members arrive at 5:00pm for the shift change over. For one person this was their first day on shift after their two days shadowing the previous week, although they were not named on the roster as on shift the day of our visit. Their shifts according to the roster for week commencing 6 July 2015 were 9:00am to 5:00pm and 5:00pm to 10:00pm (double shifts of 13 hours) on Saturday and Sunday. It is acknowledged that they came on duty to cover the staff member that had not turned in for work earlier on the day of our inspection who should have been working a double shift.

The registered manager told us there was still no ancillary staff employed as the service was now providing care to only four people and two of them were in hospital. We observed one of the care staff put away a mop and bucket half way through the morning as we understood they had been carrying out some cleaning chores. This person also provided the two people that used the service with their mid-day meal although they used personal protective equipment (PPE) to provide some reduction of risk. There was no cooking involved in providing the midday meal, just heating of products in the oven.

When we spoke with the two staff about staffing levels they told us there was always two care staff on duty on all shifts throughout the week (one of these as sleep-in staff at night) and the registered manager worked 9:00am to 5:00pm Monday to Friday. They confirmed they carried out tasks in relation to caring, cleaning and food provision. While there were only four people that used the service and two of these were in hospital, there was sufficient numbers of staff on duty to meet people's care needs.

However, to enrol a new staff member for two days shadowing (induction) and then appoint them the sleep in staff member on the second night of their induction was poor practice, because they may not have been fully competent to meet people's needs and may not have been fully competent to deal with an emergency in the night had the waking night staff member required their assistance. For example, the staff member did not have up-to-date moving and handling training, as the last date it had been updated was in 2011. This meant staff may have been placed in positions of responsibility without gaining the necessary skills, knowledge and experience to care for people safely.

We found that the breach of regulation 18: staffing, under The Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014, and in relation to staffing numbers, had been met. However, further improvements were still required to ensure all shifts were staffed by an absolute minimum of two staff and accompanied by the registered manager, making three staff in total, when the registered manager was working in the service.

At our last inspection there had been a breach of regulation 12: safe care and treatment in relation to management of medicines.

On this inspection in July 2015 we found that improvements had been made. We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. Minor issues were found with regard to medication fridge temperatures not always being recorded daily and medicine packages were not dated to show when these had been opened. These issues were discussed with the registered manager, who said these had been an oversight on their part and they would ensure vigilance in future.

There were no controlled drugs held in the service at the time of our visit but we saw that some controlled drugs had been returned to the pharmacist on admission of one person to hospital. These had been appropriately accounted for and returned according to the records held. We saw one person being given their medicines and this was managed safely.

When we asked the registered manager if there were any emergency contingency plans in place we were shown a one paragraph statement that informed staff in general terms what to do if any untoward emergency happened. It did not include what to do in the event of an emergency such as fire, flood, serious damage to the property, electrical or gas failure, or lift failure and it did not expand on who to contact for which emergency or how. **We recommend the registered provider reviews their contingency plan to ensure staff can respond appropriately in an emergency or unforeseen circumstance.**

We saw from the staff training record and individual training logs and certificates that of the eleven staff that worked at Bay View nine had completed safeguarding adults from abuse training (five in the last six months, three

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a year ago and one in 2011). Half of the staff had completed their safeguarding adults' training while employed by another service or employer. Some staff were booked on a safeguarding adults' course with East Riding of Yorkshire Council in the near future.

We saw from the information we held on our system that there had been three safeguarding referrals to the ERYC Safeguarding Adults Team in the last year, two of which had been as a result of whistle blowing. One had been investigated by ERYC but two were still on-going. The service had not maintained its own records of these as they had not been referred to ERYC by the service, but by other means and therefore none had been notified to us by the provider. .

We found that the service had information about the new ERYC safeguarding thresholds for referral but we were unable to evidence if the new forms had been used, as no referrals had been made by the service since our last visit in February 2015.

The registered manager and staff told us there were risk assessments in place for people that required them. When we looked in people's care files we saw these had been completed for mobility, hoisting, falls, nutrition, for example, and that they had been reviewed appropriately.

We found that the service maintained records of people's accidents. There was an accident book and accident logs. There had been no accidents in April and only one in May 2015. The person had fallen in their bedroom and had been taken to hospital. We saw that the service had acted appropriately in seeking medical treatment and with regard to ensuring the person's injuries were recorded. A body map also showed the injuries the person sustained.

Is the service effective?

Our findings

At our last inspection, in answer to the question 'is the service effective?' there were breaches of regulations 18 and 14, under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. While there was some improvement in this section and the regulations were now met, there was still a need for further improvement in staff training, induction and nutrition.

There was a general staff training record and individual training logs. These did not correspond with each other and have been discussed in the section on 'well-led'. Training certificates were in place and the manager confirmed medication training had taken place. Staff were undertaking food hygiene training and some had completed National Vocational Qualification Level 2 in Care and in-house fire training. Staff were booked to complete the safeguarding of vulnerable adult's training.

When we looked at the staff training logs we saw that one staff had completed their most recent training course in September 2013. All other courses had been completed between 2007 and 2011 while in other employment. We saw that eight staff had completed their training since 2014. This training included dementia care, medicines management, safeguarding of vulnerable adults, mental capacity, infection control, first aid, moving and handling and communication and recording. We saw that four out of the ten staff had completed fire safety training, but for one staff this had been in 2008. All staff training was inconsistent with the exception of training that had been completed since March 2015, and therefore further improvements in staff training were required.

Records held in staff files showed induction was also inconsistently completed and documented. One staff file showed the staff member had three records for induction: Care Certificate Standards induction (2015), Mandatory Induction Standards for Healthcare Support Workers with NHS Education for Scotland (2015) and Common Induction Standards Skills For Care (2010). There was evidence in another staff file that an induction programme produced by the service had been completed in June 2015. It covered eleven areas including, for example, fire safety, hand hygiene, how to report serious accidents and locating fire

exits. The service endeavoured to ensure staff completed an induction, which meant people that used the service were supported by staff familiar with the requirements of the service.

We saw documentary evidence in staff files that they had received supervision from the registered manager. The last supervisions had been held in April 2015 and appraisal interviews had last been held in February 2015.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

The registered manager told us there had been best interest meetings held for people whenever they were required, but none had been required in the last year. A best interest meeting may be needed where an adult lacks mental capacity to make significant decisions for themselves and needs others to make those decisions on their behalf. It is particularly important where there are a number of agencies working with the person, or where there are unresolved issues regarding either the person's capacity or what is in their best interest and a consensus has not been reached.

We saw that people had nutritional risk assessments in place in their care plans in respect of their diabetes, swallowing and health issues. Staff had information to inform them on how to ensure people did not choke, ate foods their health diet suggested were best for them, were offered a range of foods and had choice. One person came to the dining room for their meal and the other remained in their bedroom. People made their preferences known at each meal time and received their choice.

We saw that one person chose an unhealthy diet, but they had capacity and were able to make choices. We saw that meals were not cooked on site as they were mainly pre-processed items held in the freezer and usually heated in the oven. Sometimes staff prepared fresh vegetables, but we did not see this happen on the day we visited. There were minor grumbles about the food from one person, with the other person being satisfied. We found there was some

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improvement required to the provision of food as meals were not fresh cooked by an appointed cook or chef. This meant the care staff providing food did not have the time to cook food from fresh ingredients.

We saw that people's files contained information about their health conditions and how best to support them. Files for those people with diabetes, for example, gave staff information about the importance of ensuring people ate appropriate foods and had their blood-sugar levels monitored. Files contained up-to-date lists of the medication people took for their health issues. There were records of GP, district nurse and other healthcare professional's referrals and visits, for example to administer insulin injections daily.

Since our last inspection two people had been admitted to hospital because of their general deterioration as a result of aging and their medical conditions.

We found that there were no changes to the premises, although some tidying up had been carried out and areas that looked cluttered at the last inspection, particularly under stair cases, were clear of items. The lounges were looking more spacious. The premises were not required to be suitable for people living with dementia, as people that used the service only had care needs relating to old age. The premises were suitably designed to meet the needs of older people that used the service.

Is the service caring?

Our findings

At our last inspection, in answer to the question ‘is the service caring?’ there was a breach of regulation 10, under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had not always been consulted about their wishes and preferences and risks had not been managed.

At this inspection in July 2015 we observed that the approach from staff when they supported people was appropriate. People received one-to-one care and attention as there were only two people using the service on the day we visited. One person that used the service said they were unhappy with some of the staff attitude particularly one staff member. They explained why, but on the whole they considered they got on well enough with everyone else. We heard staff telling people what they were doing and asking them to cooperate in specific ways. We heard staff offer people choices about what they wanted to do and when. We heard staff speaking respectfully to people.

Relationships between people that used the service and staff were seen to be acceptably civil from all parties and staff were quietly helpful. We were told by staff that they understood the needs of the people that used the service because the people had received close one-to-one care for some months now.

There were good opportunities for people to be involved in their care decisions at the time we inspected. Consent was sought by staff and people were asked for their views and to make choices. Choices were respected with regard to food, clothing and pastimes. We saw staff being considerate of people’s preferences and wishes.

We saw the registered manager assist a person to the toilet, leaving the door open and the person on view. The light

was switched off although it was necessary to put it on if people using the toilet wanted to see as there was no window for natural light. However, because the extractor fan, which activated when the light was switched on, was malfunctioning and noisy to the extent it hurt people’s ears, this meant staff did not activate the light. We also noted that the toilet could not accommodate the care staff and the person that used the service at the same time, as the toilet was too small and consequently the door remained open for this reason as well.

This meant staff did not consider people’s privacy and dignity when assisting them to use the toilet in this particular toilet facility. This toilet was inappropriate for use unless the person that used it was independent and could close the door and tolerate the noise from the malfunctioning and noisy extractor fan. **We recommend the registered provider ensures that only people that are independent use this toilet and that the extraction fan be replaced or repaired to ensure the toilet can be used with the light switched on and the door closed.**

We saw there was an improvement in the way people were approached and that staff consulted them about their needs.

With the exception of when staff assisted people to use the inappropriately small toilet staff were more discreet with people’s personal needs. Information that people regarded as confidential remained so. People were asked for their opinions on daily living needs and we saw that the choices they made were respected at the time of our visit, even though some of these choices were unwise. One person chose to be cared for in their bed and they refused to eat foods that they didn’t like, which were healthier for them. While we were in the service we saw that this person had all of their wishes respected.

Is the service responsive?

Our findings

At our last inspection, in answer to the question ‘is the service responsive?’ there were breaches of regulation 9, under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the regulation was met as improvements were sufficient.

At this inspection we found that care files had been improved with regard to updating information and holding details that aided staff in caring for people. They contained several of the East Riding of Yorkshire Council (ERYC) care plan documents as well as a photograph of the person, pre-admission assessment of needs, an admission assessment, an advanced end of life care plan if appropriate, an ERYC Support Plan, a life story, a ‘patient passport’ (information to inform health care professionals about people’s needs should they be admitted to hospital) and a ‘one page profile’.

The care plan contained details on how best to meet people’s needs with regard to their personal hygiene, nutrition, mobility, continence, medication, mental health and behaviour, mental capacity, communication, religion, management of finances and family relationships. We saw that care plans had details of people’s daily routines, risk assessments for nutrition, skin integrity, bed safety rails and transferring. These had been reviewed. However, although a risk assessment regarding bed safety rails for one person said they were to be checked daily, there was no documentary evidence to support that this had been

carried out. This could have meant the rails had not been checked and so any malfunction might not be identified, posing a risk to the person’s safety or it could have meant that staff had not recorded the checks.

People were provided with pastimes that met their needs. One person had one-to-one movement to music therapy in the afternoon provided by a visiting entertainment service. They also received their own visitor who sat chatting to them for over two hours. One person watched television in their bedroom all day and did not engage in any activity or pastime.

We saw that this person had company from the staff who provided one-to-one care to them and visited every ten minutes or so to respond to their temporary call bell (doorbell), because of the level of need the person had and because there were only two people using the service.

We saw that the people using the service made choices about their daily care and needs, and these were respected during our visit.

The service had a complaint policy in place and people we spoke with told us they knew how to complain. They said, “I’d just talk to the manager” and “If I were unhappy about anything I would tell the manager and if she could not satisfy me then I’d want to see the owner.” One person went on to say, “I haven’t had to complain, I find everything to my liking here. Oh we all grumble about things but it’s about nothing really.”

We did not see any records of complaints made in the last twelve months as we were told that no one had made any in that time.

Is the service well-led?

Our findings

At our last inspection, in answer to the question ‘is the service well-led?’ there were breaches of regulations 12 and 17, under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of safe care and treatment (cooperating with other provider) and good governance (quality assurance systems). On this inspection we found the regulations were met.

However, we found there was a new breach of regulation 17: good governance, in respect of records held for the running of the service.

On this inspection we found there were inconsistencies in the records kept to show which staff were on duty and when, whether or not the medicines fridge temperatures had been routinely checked for safe storage of those medicines requiring cool storage, that staff training had been completed and checks on safety rails or pain levels had been logged. Not all document entries were dated.

We looked at rosters for three weeks around the inspection visit date and at staff time sheets for June and July 2015. We saw that a new staff member was listed on the roster for two days induction along with two other staff on 2 and 3 July 2015. The roster showed they had been the staff member on sleep-in duty on the nights of 3 and 5 July 2015. Their timesheet corresponded with these two sleep-in duties and showed they had also been the sleep-in staff member for 6 July 2015. However the roster showed another staff member had slept-in on the night of 6 July 2015. Either the roster for week commencing 6 July was incorrect or the time sheet for the new staff member was incorrect. This had no impact on people that used the service, providing the service was staffed at all times by a minimum of two care staff throughout the 24 hour period.

We saw that another new staff member had not been named on the roster week commencing 22 June 2015 but their time sheet showed they had been on shift 27 and 28 June 2015 (12 hours and 6 hours respectively) and had been the sleep-in staff member the night of 27 June 2015. The roster showed another two staff members had worked all day on 27 June 2015 (double shift) and one of them had been the sleep-in staff that night. Again there was either a recording error with the roster or with staff time sheets.

The roster showed a third staff was on duty on 2 and 3 July 2015 but their time sheet did not record any time worked

on those days. This brings into question whether or not the third staff member mentioned above who was on induction, was actually a third staff member or one of the two staff on duty that day. Other documentary evidence for 3 July 2015 is questionable. All staff time sheets showed there was one staff on duty from 9:00am to 10:30am and then from 3:30pm to 10:00pm and the roster showed the registered manager was on duty, 9:00am to 5:00pm. This information led us to assess that there was the registered manager on duty that day with one new staff member on unpaid induction from 10:30am to 3:30pm: a matter of five hours.

We saw staff time sheets for only six staff when there were ten staff named on the roster for week commencing 29 June 2015. Of the four staff with no time sheet we were told by people that used the service and staff that two of them had left the job but one had come back. We were told a third staff without a time sheet only worked occasionally to ‘help out’. Their name appeared for three shifts week commencing 29 June 2015, but not for any other shifts over that period. This poor record keeping did not uphold what we had been told by the registered manager that there was always two care staff on duty and three staff in total when the registered manager was working.

We saw recording issues in respect of medication fridge temperatures. These had not been recorded as checked since May 2015. The medication fridge contained supplement drinks and insulin. We saw other prescribed items in use without a date on them to show when they had been opened. Without this information staff could not be sure they were administering medicines that were fit for people to take or use.

We found that staff training records were insufficiently maintained. The general staff training record for staff contained nine staff names and there were individual staff training logs for seven of the nine staff named on the general training record, but none for the other two staff. However, one of the two had details of training in their recruitment file in the form of copy certificates. There were individual staff training logs for two other staff not named on the general training record, giving a total number of staff purported to be working at Bay View as eleven.

While people’s care plans had been reviewed and they were written in a new format, they had some areas that could have been improved with regard to record keeping. For example one care plan recommended that the person’s

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bed safety rails were to be checked daily, but there were no records of whether or not this had been done. There was a document for recording the person's pain levels but this was blank and so it did not give staff any indication of the level of pain relief the person might require. This indicated that people's needs might not have been met.

Another area for improvement was that of ensuring every entry in any care plan or document pertaining to the running of the service was dated. For example when we looked in one care plan we saw that the person changed from being self-medicating to having their medicines managed by staff, but the entry had not been dated, which meant that staff did not know when the change had taken place. In one staff recruitment file we saw that the record of their job interview was not dated and there was no clear start date. This did not ensure the service had accurate information about staff recruitment, which evidence they were safe to work with vulnerable people. The same staff member's Care Certificate workbook was not dated as completed.

This was a new breach of regulation 17 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and related to good governance and record keeping. You can see what action we told the registered provider to do at the end of this report.

Some improvement was found with regard to openness and transparency of the service when providing people with information about their care and treatment. People were told what their options were and advised about their unwise decisions (regarding food intake and whether or not they wished to be assisted up from bed on a daily basis, for example). This meant people were given better information about the consequences of their choices and so were clear about any risks they took.

There was a registered manager in post. On this inspection we saw the registered manager do what they told us they would never do. This made us concerned about the registered manager's integrity. The registered manager did not exercise integrity with us regarding the issue of people using the toilet located near the dining room and opposite the main entrance. We saw that the toilet was too small for anyone to use it if they were assisted by staff, which was always the case as people required assistance with their mobility. We saw the registered manager assist one person to use the toilet while the door was open. When we had mentioned in February 2015 the fact that a visitor (stranger)

to the service had observed the very same practice by the registered manager and called us with their concerns (privacy and dignity were not respected), the registered manager told us they would never do this. On this inspection we directly observed the registered manager assisting a person to use the toilet with the door open.

At our last inspection we found there was a breach of regulation 17: good governance, in respect of quality monitoring the service. The quality assurance and monitoring systems were infrequently carried out and were ineffective in identifying problems within the service.

At this inspection we saw that the registered manager had completed audits in the last six months on care plans, medicines management, maintenance of the premises, infection control, housekeeping and administration. There were also audits on fire alarm tests, window security, hoists and slings, water temperatures, room thermometers, fire exits, emergency lighting and the call bell system. Some audits that had highlighted concerns, for example poor infection control and the call bell not functioning properly, had not been addressed by the provider. The audit carried out on administration may not have been as effective as it ought to have been as we found several concerns regarding record keeping, which the administration audit had not highlighted.

The infection control audit in February 2015 showed there was an appropriate clinical waste collection contract in place, but the audit in April 2015 highlighted that this had been cancelled by the provider. There was no information to show what the consequences of this cancellation had been or what action the registered manager or registered provider had taken to either replace the cancelled contract, risk assess the waste situation since cancellation or what action was to be taken to remove this kind of waste.

The call bell system audit had identified that parts of the system were not working as measures had been put in place to issue people in the lounge with hand bells to ring and one person with a door bell to press as substitute to the broken call bells. There was no detail about which parts of the call bell were not working.

We saw evidence that people had been issued with a food satisfaction survey in February 2015, which had addressed the need for a new three week menu and the production of a list of those people on special diets. There was evidence that a service user and a relative's satisfaction survey had

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been issued in March 2015 and that information received had been analysed and addressed, which was mainly to do with staffing. We saw that 'resident's meetings' had been held in February and May 2015 at which activities, outings, food preferences and whether blinds or curtains were preferred in the lounge had been discussed.

This was information that showed there had been an improvement in the systems for consulting people about the care and support they received and in monitoring the service provision in respect of cleanliness, maintenance and safety.

However, there were still areas to be addressed with regard to taking the right action following the audits carried out, thus ensuring the quality monitoring systems were as effective as they possibly could be.

As part of the quality monitoring systems there were staff meetings held in February, March, April and May 2015,

which indicated discussions were held, for example, on safeguarding responsibilities, recording National Vocational Qualification learning only during breaks and the regulations to be followed. Then there was specific information regarding the people that used the service.

We found there had been some improvements in the way the service conducted partnership working and cooperation. At the last inspection we found that people had not been referred to their GP, a dietician or occupational therapist quickly enough to ensure their safety and care. On this inspection we saw evidence that people's care had been referred to a GP, the District Nursing service, dietician or occupational therapist where appropriate. As a result of these referrals two people had been admitted to hospital for medical treatment in a timely manner.