

M & J Care Homes Limited

# Lyme Bay View Residential Home

## Inspection report

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Date of inspection visit:  
04 September 2019

Date of publication:  
02 October 2019

## 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

### About the service

Lyme Bay View Residential Home is a care home providing personal care to a maximum of 30 older people. They provide care and support for frail older people and those people living with dementia. It does not provide nursing care. The home is a detached house near the town of Seaton in the coastal area of East Devon. There were 22 people living at the service during this inspection.

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

The service had improved since the last inspection, the provider had checks and audits in place to assess the safety of the service and identify problems which could be rectified. They had produced a Service Development Plan which identified and reviewed concerns and the actions being taken. The provider had been working with the local authority quality assurance and improvement team (QAIT), regarding putting in place a more robust quality monitoring process.

People lived in a service that kept them safe. Staff had been recruited safely and had received training on how to recognise and report abuse. Medicines were safely managed. There was appropriate control of infection processes in place which meant people lived in a home which was clean.

People at Lyme Bay View were valued as individuals and treated with kindness and compassion. Staff knew each person well and engaged positively with people throughout the day. Staff knew how to communicate with people, so people understood the options available to them.

People were very positive about the staff and said they were treated with dignity and respect and their visitors could visit at any time. They said staff were caring and kind. People's care plans included information for staff about the support they required to meet their needs. Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken.

People's and relatives' views were sought, and opportunities were taken to improve the service. Staff were supervised, supported and were clear about what was expected of them. People were cared for by staff who received regular training that was tailored to meet the needs of the people living in the service.

People's needs and preferences regarding food and drink were known and respected. People were positive about the food they received. Comments included, "It's lovely food."

People were supported to access healthcare services. Staff recognised deterioration in people's health and sought professional advice appropriately and followed it.

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

People received personalised care to meet their needs. They took part in activities and pursued their hobbies and interests. People enjoyed a variety of social activities which included in house activities, trips out, social events and family visits.

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it.

Procedures were in place for people to identify their wishes for their end-of-life care. This included any wishes they had for receiving future treatment or being resuscitated.

More information is in the full report.

Rating at last inspection and update: The last rating for this service was requires improvement (published 1 March 2017) and there were two breaches of regulations. The provider completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. Following this inspection, the ratings for the service has improved and is now good.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Lyme Bay View Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out 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.

#### Service and service type

Lyme Bay View Residential Home 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 service had a manager registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. We also reviewed notifications. Notifications are specific events registered people must tell us about by law. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people, one relative and nine members of staff. This included the registered manager, deputy manager, senior care worker, care staff, housekeeping staff, an activities person and the maintenance person. We also spoke with the provider.

We reviewed a range of records. This included two people's computerised care records and medication records. We looked at three staff files in relation to recruitment, training and induction. We also reviewed a variety of records relating to the management of the service, including policies and procedures, complaints, quality assurance and quality monitoring.

Throughout the inspection we were able to observe staff interactions with people in the communal areas to see how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed the lunchtime meal time experiences and used the SOFI to observe how staff interacted and cared for people.

#### After the inspection

We sought feedback from the local authority quality assurance team who had been supporting the provider.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvements because the provider had not consistently carried out the necessary recruitment checks before staff commenced employment. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider carried out the necessary recruitment checks before staff commenced employment. Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff files showed that appropriate records including checks from the disclosure and barring service (DBS) and references were in place.
- People, relatives and staff said there were enough staff to meet their needs. Comments included, "It all seems very well organised with plenty of staff."
- The provider used a dependency tool to assess people's needs and ensure there were sufficient staff to meet people's needs. Staff were busy during our inspection and acted quickly to support people when requests were made. A staff member was always readily available to monitor and assist people in the communal areas. This meant people received the care and support they needed to be safe.

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

- Care records contained individual risk assessments for falls, nutrition monitoring, skin integrity and a general risk assessment.
- The provider had checks and audits in place to protect people from the risks of unsafe and unsuitable premises. For example, an environmental risk assessment.
- Staff recorded maintenance issues they identified in a maintenance file which was monitored by the registered manager to ensure action was taken.
- External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and stair lift maintenance.
- Legionella checks had been completed. We saw a certificate dated August 2019.
- Fire checks and drills were carried out in accordance with fire regulations. The provider gave us assurances that a fire escape staircase from the first floor was being built and would be fitted and explained why there had been delays.
- People had pictorial personal emergency evacuation procedures in place (PEEPs) which detailed how staff needed to support individuals in the event of an emergency to keep them safe. These were held on the computerised system and a paper copy held near the fire panel. This meant emergency services would be able to access people's information in the event of an emergency evacuation.
- In January 2019 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in

relation to food hygiene had been maintained.

- Staff had a good understanding of how to keep people safe and about their responsibilities for reporting accidents, incidents or concerns. The registered manager had a system to monitor accidents and incidents at the home and to look for patterns and trends.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt the service was safe. Comments included, "I do feel safe as lots of staff seem to be around."
- People were protected from the risk of abuse and avoidable harm. Staff had received training in relation to safeguarding adults and understood their responsibility to report any concerns to the registered manager or provider.
- The registered manager understood their safeguarding responsibilities and had made appropriate referrals to the local authority safeguarding team and followed their guidance.

Using medicines safely

- Medicines were safely managed.
- The pharmacist providing medicines to the home had undertaken a review in July 2019 and had not identified any significant issues.
- Medicines were audited regularly with action taken to follow up any areas for improvement.
- There were suitable arrangements for receiving, storing and disposal of medicines, including medicines requiring extra security.
- Staff administering medicines had received the necessary training to support their responsibilities in dispensing medicines.
- Staff administering medicines wore a red tabard advising staff not to disturb them to minimise risk of errors.

Preventing and controlling infection

- People lived in a home which was clean. Housekeeping staff undertook regular cleaning of people's rooms and did a deep clean of a minimum of one bedroom each week.
- Bathrooms and toilets were bright, clean and fresh, well stocked with gloves, sanitizers, soap, and towels.
- Staff used the correct protective equipment, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections.
- Staff had received infection control training. The provider's infection control policy had been reviewed and was in line with current best practice.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual health needs were assessed before they went to live at the service. Assessments were comprehensive, and people's individual care and support needs were regularly reviewed and updated.
- People had their care needs reviewed on a regular basis. Staff involved family members appropriately to help ensure the care received was appropriate. Families said they were kept informed about their relatives and involved in decision making.
- Staff updated people's care records on the provider's computerised care system when changes occurred. This meant people's support was up to date to ensure they received the right care and support.

Staff support: induction, training, skills and experience

- People were cared for by staff who received regular training that was tailored to meet the needs of the people living in the service. This included the provider's mandatory training and more specific training such as, continence and oral health.
- Staff completed the provider's induction when they started working at the home and worked alongside experienced staff to get to know people.
- Staff had regular individual supervision sessions and appraisals, where they could highlight any learning needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated.
- There was a new menu with two main meal and dessert choices using fresh locally sourced food. Meals looked appetising and well presented on new crockery.
- People said they liked the food and could make choices about what they had to eat. Comments included, "It's lovely food", "They always ask me how much I'd like", "Very tasty" and "They will make me something else if I don't like it."
- People were regularly offered snacks and refreshments. The registered manager said they had improved the snacks offered to people and now there was a choice of fruit, cake, yogurt and biscuits.
- People's dietary needs and preferences were documented and known by the cooks and staff.
- People were regularly weighed and in the event of weight loss, action was taken to implement nutritious supplements and regular snacks of the persons choosing.
- Where people required adapted cutlery and crockery this had been put in place. For example, one person who had difficulty lifting their head had an adapted cup.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where people required support from external healthcare services this was arranged, and staff followed guidance provided by those professionals. Staff worked closely with health professionals, including the community nurses and speech and language therapists (SALT) and referred people promptly.
- People's changing needs were monitored to make sure their health needs were responded to. Records confirmed people had access to a GP, dentist, an optician and a chiroprapist when required.

Adapting service, design, decoration to meet people's needs

- There was an ongoing decoration program at the home. This included, bedrooms being refurbished and new soft furnishings, beds and mattresses, small tables and outside furniture.
- People's rooms were personalised with soft toys, pictures and ornaments. One person said, "It's my home."
- Toilets and bathrooms were identified by pictorial aids to assist people identify them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments were completed appropriately. Where restrictions, such as covert medicines had been needed, a mental capacity assessment and best interest decisions had been made in consultation with the person's GP, family and pharmacist.
- The registered manager had a clear understanding of their responsibilities in relation to DoLS. Appropriate DoLS applications had been put in place for people having their liberties restricted.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The management team ensured they had clear documentation of any relatives with power of attorney to ensure they had the legal authority to make decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained as good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff engaged with people with kindness and compassion. They were attentive, caring and there were lots of laughter and interactions with people. One person said, "It's nice to have a laugh sometimes."
- People and relatives said staff were kind to them. Comments included, "They really do care about the little things", "They look after me" and "It's nice being looked after."
- Staff used people's preferred names and greeted them with bright smiles. A relative said, "Staff are always cheery."
- Staff showed respect and regard for people's wellbeing and comfort. Staff were continually in and around the communal areas checking on people, they were asking people if they required anything. One person was distressed and anxious, staff were very patient, they spent time with them and gave them reassurance.
- People's relatives and friends were able to visit when they chose. Relatives said they were made very welcome in the home. One relative said, "I can come and go when I want... I can ring anytime to see how things are if I can't pop in." Where some visitors were unable to come to the home, staff collected them, so they could visit. They took another person to visit their relative.
- Staff ensured people's rights were upheld and ensured they were not discriminated against in any way.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about their day to day care and routines where possible. Staff asked people for their consent before any care was delivered. One person commented, "Always included." Another said, "They (the staff) always have time to sit and chat with me."
- Staff asked people's permission before providing them with support. This was carried out in a gentle and unrushed manner and care was taken to ensure people understood as much as they were able to.
- People with close family, friends or those with the legal authority were consulted to make decisions on behalf of people if required.
- Staff knew people's individual likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- People's wishes to spend time in their rooms was respected by staff. People were moving freely around all areas of the ground floor. People who chose to remain in their rooms were regularly checked.
- People were supported to be as independent as possible. One person said, "They help me if I want it, but I

like to do things myself if I can."

- People had access to a large garden and a level access secure courtyard. There were plenty of tables and chairs, with raised flower beds, which people tended. Attractive murals people had painted were displayed on the fences. People independently used this area during our visit with staff undertaking regular checks. One person said, "They know I like sitting in the garden when its sunny."

- People were treated with dignity and respect and their privacy was supported by staff. Staff offered people assistance in a discreet and dignified manner. People said staff respected their needs and wishes and their privacy and dignity. Staff knocked on people's doors before entering their rooms.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People benefited from personalised care that valued them as individuals. People said the daily routines were flexible and they were able to make every day decisions about their care. They confirmed they could have a shower or bath when they chose to. People could choose when to go to bed and when to get up. One person said, "They don't rush me."
- People's needs were assessed before they began to use the service and were reviewed regularly thereafter. Their support was planned in partnership with them and their families in a way that suited them.
- Staff understood the importance of getting to know people, so they could provide care and support in their preferred way.
- Information about people's individual care and support needs was recorded along with guidance for staff to follow to meet these. Staff communicated well. They received a handover before each shift to ensure they were aware of any changes and regularly interacted throughout the day to share information.
- Care records on the provider's computerised system contained people's life stories, risk assessments, likes and dislikes, medical history and medicine details.
- The provider had two activity co-ordinators' because the provider had increased the activity provision hours to 30 each week. They worked with people to ensure they had meaningful activities to aid both their physical and emotional well-being. In the main entrance there was an activities book filled with photographs of activities people had enjoyed. It included photographs of a wedding held at the home.
- The management team had been working with staff to work in a less routine orientated manner and to spend time with people undertaking activities. We saw staff doing a jigsaw puzzle and sitting and chatting with people. They also encouraged people to build up friendships with each other. One person said, "...is my friend...we like to chat".
- There was a notice board in the main entrance showing activities. These included singing hymns, moving to music classes, regular trips out, therapy dog visits, ice cream van visits and Greek dancing. One person said, "I like the singing and music."
- People had the opportunity to attend events and activities in the local community. People were regularly supported to visit the local amenities in the provider's car and a local organisation's bus.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and details of any specific needs were recorded. For example, information about the use of glasses and hearing aids, which enhanced communication, was

recorded. We saw staff supporting people to use these aids.

#### Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to. Comments included, "I am very happy" and "I have no complaints but would be comfortable to say something."
- The provider had a complaints policy which was available to people and visitors.
- Where there were niggles, the management team addressed these promptly to prevent the concern becoming a complaint. People and relatives said they were happy they could make a complaint if they needed to.
- Where there had been concerns/complaints the registered manager had followed the complaints procedure.

#### End of life care and support

- Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.
- When required staff ensured appropriate medicines were available for people nearing the end of their life, to manage their pain and promote their dignity.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvements because the provider had not effectively monitored the quality of the service provided. In particular, failings were identified in relation to the safe recruitment of staff and staff deployment. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- There were clear management structures in place. The registered manager was supported by the provider and a deputy manager. Staff were aware of their responsibilities and the reporting arrangements in place.
- The provider worked at the home and was in daily contact with the registered manager about the day to day management of the home and ongoing issues or concerns. They had a formal meeting with the management team every three months to review the service look at actions and future development of the home.
- People knew the registered manager and deputy manager as they regularly worked on the floor with staff. The registered manager had an open-door policy and people; relatives and staff were confident about approaching him. Staff said they felt well supported by the registered manager and deputy manager.
- Staff worked well as a team. During the inspection they appeared happy, engaging and appeared to work well as a team. Staff comments included, "We all get on well", "It's not like work really" and "It's lovely and warm."
- There was always a senior member of staff on duty and someone from the management team on call should additional support be required out of hours.

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

- The provider was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred. They notified the CQC as required and provided additional information promptly when requested.
- People and their relatives were involved in decisions about the care and support delivered. People were happy with the level of support they received and praised the staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The provider and registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Relatives described good communication with the service and confirmed they were informed of any incidents or accidents.

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

- Regular resident and family meetings took place twice a year. Before each meeting people, relatives and friends were requested to complete a survey to get feedback so the registered manager could address any issues at the meeting.
- The registered manager and deputy manager met with people regularly to hear their experience of the service and kept them informed.
- Regular staff meetings took place. Meetings were used to discuss all aspects of care and support provided to people, training needs and any other issues related to the running of the service. Where suggestions were made these were acted upon. For example, night staff had raised an issue and in response small appetisers were made available for people for supper.

Continuous learning and improving care

- There were systems in place to ensure the quality and safety of the service. With the support of the local authority quality monitoring team (QAIT) the service had established a range of quality audits and reviews to drive improvement. They learnt from incidents/accidents, feedback, complaints and concerns. For example, after a complaint about a person's oral care, action was taken to improve oral care at the home.
- The management team undertook regular spot checks at the home which had improved staff practice. This included monitoring that people had received oral care as required.
- The provider and registered manager had developed a Service Improvement Plan, which was regularly reviewed and updated with improvement actions taken. For example, where a person needed a hospital bed this had been purchased, new fire signage was in place and pot holes in the car park had been filled.
- The service had a range of policies and procedures to ensure staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as equality and diversity, safeguarding and the safe management of medicines.

Working in partnership with others

- The provider was working with the local authority quality assurance and improvement team (QAIT) regarding further and ongoing development.
- The staff team worked in partnership with health and social care professionals to promote people's health and wellbeing.