

Mrs V Rattan

Bali Hai Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The Inspection took place on the 11 November 2015 and was unannounced.

Bali Hai Care Home provides accommodation and personal care without nursing for up to 12 persons who may have mental health needs. At the time of our inspection nine people were living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

Summary of findings

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor and community mental health team.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to.

The service had a number of ways of gathering people's views including using questionnaires and by talking with people, relatives, staff, and other health professionals. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make continual improvements.

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 safe.

Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



Bali Hai Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 11 November 2015 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is 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 reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with five people, deputy manager, and three care workers. We reviewed three care files, three staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

People told us they felt safe living at the service, one person said, “The staff make you feel safe, they always tell you where they are and make you feel safe.” Another person said, “It’s a very safe place, not sure why but I feel safe here.” People told us that they had their own keys to their rooms, and that they felt their belongings were safe.

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, “There are many different areas we need to make sure people are protected from such as financial, physical or emotional abuse. If I had any concerns I would talk to the person and report to a senior or to the manager.” The service had a policy for staff to follow on ‘whistle blowing’ and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. Staff said, “I would report any concerns to the CQC or local authority if whistle blowing.” Where appropriate the manager had taken part in safeguarding investigations and reported any safeguarding concerns to the local authority and CQC appropriately to keep people safe.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments were aimed at enabling people to maintain their independence, for example their ability to make hot drinks and use the kitchen independently. Assessments also covered how much support people needed when accessing the community and whether they could do this safely independently or if they needed support from staff.

Staff were trained in first aid and if there was a medical emergency they would call the emergency services. One member of staff said, “I would not hesitate to call an ambulance if somebody was unwell.” Staff also received training on how to respond to fire alerts at the service. Should there be an environmental emergency staff had contact numbers to call for example for plumbers or

electricians. The deputy manager also had an emergency contingency plan should the service need to be evacuated for a period of time and had alternative accommodation identified.

There were sufficient staff on duty to meet people’s needs, which included being able to support people with their individual programs and access to the community. When indicated due to need the staffing numbers could be increased. The deputy manager told us that they used regular staff and did not have a need for agency use. If there was a shortfall due to sickness, regular staff would usually cover these shifts. One person told us, “There is always enough staff around.”

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. The deputy manager said that people living at the service were involved with interviews for new staff, they said, “We invite potential staff in to meet people and spend time with them, and then we ask for their feedback, if people do not feel comfortable we do not employ them.” Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). We noted that staff had worked at the service for a number of years and were happy working there.

People received their medication safely and as prescribed. The service had effective systems for the ordering, booking in, storing and disposing of medicines. Medication administration records were in good order. Medication was stored safely and securely. Staff who had received training in medication administration dispensed the medication to people. One person told us, “I prefer the staff to give me my medication, that way there are no mistakes.” People said they received their medication on time and when they needed it. Although nobody at the service currently looked after their own medication the deputy manager said they were going to introduce slowly people being empowered to manage their own medicines under staff supervision. People told us that they knew what their medication was for and that the manager discussed this with them.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us they had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, “I have a national vocational qualification level 3 in health care.” Staff felt training provided was very good and supported them within their role.

The deputy manager told us they had just been supported by the provider to complete a level 5 national vocational qualification in health care management. Staff felt training at the service was good and described a mixture of face to face learning as well as computer based learning. One member of staff said, “I have just completed basic life support, it was really good practising on the resuscitation dummies especially practising stopping people from choking.” New staff had an induction to help them get to know their role and the people they were supporting. Staff said when they first started at the service they completed their training then worked ‘shadowing’ more experienced staff. This gave them an opportunity to get to know people and how to best support their needs. The manager was enrolling new staff into completing the new ‘Care certificate’. This enabled staff who were new to care to gain the knowledge and skills to support them within their role.

Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consulted with people and supported them with making choices on how they wished to spend their time. People at the service had capacity to make decisions. People told us, “You can do what you like here you make your own decisions how you want to spend your time and if you want to go out. There are no restrictions.” CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation

of Liberty Safeguards (DoLS). The manager understood their responsibilities; however there was currently nobody at the service who required a DoLS assessment. This told us people’s rights were protected.

People had enough to eat and drink. Staff prepared food for people or assisted them in making their own food. Staff discussed with people what foods they would like to have and planned menus. Staff told us, “People can help themselves to drinks and snacks throughout the day. Everyone tends to have a cooked meal together in the evenings.” People were very complimentary of food and the staff who cooked it, one person said, “My favourite is shepherd’s pie.” People also told us if they did not like the main menu choice they could have an alternative. The deputy manager told us that once a week they had a social evening which they tried to make slightly more special than a normal evening meal. People agreed the menu and everyone would get together with wine and music for the evening. The deputy manager said the aim was to give people confidence when out socially at restaurants in the community. Throughout the day we saw people had access to food and drinks as they wished, helping themselves to drinks and snacks.

People had their weight monitored where appropriate and had reviews completed by the general practitioner if there were any concerns with their weight.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as the community mental health team, crisis intervention team, well-being clinics, psychiatrists, and GPs. One person told us, “If I need to see the GP the staff will make me an appointment or I can walk down there.” Another person said, “I go to the dentist when I need to and see a chiropodist.” Staff said that people are mostly independent when they see other health professionals however if they want staff will go with them for support. This told us people’s healthcare needs were met.

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived there. People were very complimentary of the staff. One person said, “It’s like a home here we are all like family.” Another person said, “The staff always go that bit extra than they need to, they do more than their job.”

Staff had positive relationships with people. Throughout the inspection we saw people and staff were really relaxed in each other’s company. There was free flowing conversation and exchanges about people’s well-being and how they planned to spend their day. We saw staff sitting and laughing with people when looking at photographs of previous outings they had been on. Staff were supportive to people in helping them make decisions about how to spend their time. One member of staff said, “People make their own choices how they want to spend their time, we help and support them if they need us.”

Staff knew people well including their preferences for care and their personal histories. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. People spoke fondly of their key workers, one person said, “Once a month, [staff name] sits down with me and goes through my care plan with me, we can go through it more often if we want to.” We saw from records that key workers met with people at least weekly to discuss their support needs and to review how they were progressing. A member of staff told us, “We work with everybody and support

them, but we also key work people, so they can discuss anything with us and we go through their care plans. Sometimes they may want us to support them at hospital appointments or when they go clothes shopping.”

People told us that staff respected their privacy and dignity. One person said, “All staff are respectful, they knock on my door when I am in my room never just come in.” Another person said, “They all treat you with respect, they have a good attitude, they always ask you and say please and thank you they never tell you to do anything.” People felt they had enough independence at the service. One person said, “You can come and go as you like, and my family come and visit me when they want.”

People’s diverse needs were respected. The service displayed that it was multicultural and celebrated all faiths and cultures. We saw they were currently celebrating Diwali and had posters and lights up to mark this. One person we spoke with pointed to the lights and said, “We are celebrating Diwali this month.” People had access to individual religious support should they require this and could access churches in the local community. One person told us, “I go to church every Sunday I really enjoy it.”

People were supported and encouraged to maintain relationships with their friends and family, this included visits home and into the community. The service was spacious with plenty of room for people to receive visitors. There was also a separate lounge where people could entertain their visitors if they wished in private.

Is the service responsive?

Our findings

The service was responsive to people's needs. People were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. The manager and deputy met with people, their relatives and other health professionals to assess if the service would benefit their continued rehabilitation. The deputy manager said that it was important that any new people moving to the service got on well with the other people living there. People and their relatives were then encouraged to spend time at the service to see if it was suitable and if they would like to live there. A support plan was then agreed and put into place ready for when people moved to the service. One person told us, "Before I came to live here the manager came to see me and told me all about it. When I moved in everyone was really welcoming to me."

Support plans included information that was specific to the individual. Each support plan included information about the person's health, medication, likes, dislikes and preferences. There was information about how to best support people to maintain their independence and if they were showing symptoms that might suggest their mental health was deteriorating. People we spoke with said they had been involved in their support plan. The support plan was regularly reviewed and updated with relevant information if care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

People were very active and enjoyed varied pastimes that were meaningful to them. Mostly people told us that they liked to go out every day usually in the mornings. There was a sense of community and camaraderie amongst

people and they often enjoyed trips out together. During our inspection we saw people getting ready and supporting each other to go out for the morning. One person told us, "I like to go to various coffee mornings, some are local and others we get the bus to." People told us they liked to go to social clubs, shopping or places of interest to them. One person told us, "I like to play games on the computer."

People told us how they liked to help out at the service with domestic activities and cooking. They told us, "We like to help with different jobs; I do the hovering, sweeping and sometimes shopping." Another person said, "I keep the bathrooms and toilets clean." In addition they said, "You would do it at home and this is our home."

People told us they often went on day trips and in the summer had been for a boat trip along the river Thames and had visited Windsor. They also said they had been to a garden party. In addition they enjoyed holidays each year. One person told us, "We are going on holiday to Plymouth for Christmas." They were looking forward to this and said, "I have not been away at Christmas before." People took pleasure in showing to us photographs of their trips out and holidays.

The manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. One person told us, "If I had any complaints I would talk to the manager." The service did not have any complaints but it clearly advertised to people how to make a complaint and also advertised an advocacy service should people feel they needed support.

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would notify the manager or person in charge, to address the issue.

Is the service well-led?

Our findings

The service had a registered manager in place and the manager and deputy manager were very visible within the service. Staff shared the same vision as the manager which was, to enable people to develop skills to become as independent as possible. One member of staff told us, “We want people to have a good life, to be independent and have as many activities as possible.”

Staff had regular supervision, appraisals and team meetings. One member of staff told us, “The manager and deputy are very supportive about everything, not just work related but personal issues too.” Staff told us that they all worked well together as a team and everyone knew what their role and responsibilities were. One member of staff said, “I really enjoy my job its very rewarding seeing what the residents achieve on a daily basis.” Staff said they had regular meetings and would discuss any issues within the service or any ideas they had for improving the service. Staff also had handover meetings between each shift and used a communication book to ensure important information was shared between staff. This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people’s views on the service not only through regular monthly meetings, but on a daily basis through their interactions with people. The manager also gathered feedback on the service through

the use of questionnaires for people, relatives, visitors and staff. A relative commented on a survey, “I feel like [person’s name] is looked after exceptionally well and their life has improved considerably.” Another relative commented, “We feel grateful that [person’s name] is in such a caring and friendly place. It’s a huge reassurance to us.” The provider had recently arranged for people’s rooms to be redecorated and for new furniture to be purchased for the lounges. People told us that they were involved in choosing different wall paper they liked for their rooms and with picking out the new furniture. People also told us how they chose what day trips they wanted to go on and what holidays they wanted to have by discussing this with everyone and looking at brochures. This showed that the management listened to people’s views and responded accordingly, to improve their experience at the service.

The manager was thorough in sending notifications as required to the CQC and in making referrals to the local safeguarding authority. Staff understood the need to maintain confidentiality and information was stored within locked offices.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people’s care plans, medication management and the environment. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.