

One Housing Group Limited

Baycroft Flitwick

Inspection report

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Flitwick
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04 October 2021

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Baycroft Flitwick is a care home providing personal and nursing care to 17 people aged 65 and over who may be living with dementia, a physical disability or sensory impairment at the time of the inspection. The service can support up to 75 people. The home is built over three floors with all bedrooms containing an ensuite wet room and sharing facilities including communal lounges, a fitness suite, a hairdressing salon, a children's entertainment room, a cinema room, a bistro café, an overnight guest room and three outdoor garden areas.

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

Quality assurance systems were in place, however these required development to ensure they were robust in addressing failings within the service. The registered manager told us they were reviewing information recorded in the quality records to ensure this was robust and supported driving improvement

The environment was not suitable for people living with dementia. The registered manager told us this was being addressed and additional pictorial signage and decoration was being sourced to improve people's experience.

Relatives told us there was a high use of agency staff however they were aware that recruitment was taking place. One relative told us they felt the core staff team were knowledgeable and skilled to meet the needs of people. Staff completed an induction process which prepared them to complete their role.

Staff and relatives spoke positively about the interim deputy manager and provided feedback which included, "[Interim deputy manager's name] is a hard worker and wants to help everybody. They are very approachable."

Relatives found the environment to be clean and well maintained.

Staff were caring and passionate in their work. Feedback from relatives included, "All staff, not just the carers but receptionist, admin and catering team are all brilliant in encouraging people. They are a very caring and kind team who make time to listen to people."

Staff encouraged people to maintain their independence, hobbies and interests. Relative feedback included, "The staff are physically attentive and are aware of needs of people and are genuinely interested in providing good care."

Relatives told us they found the food to be appetising. Feedback regarding the dining experience included, "The food is lovely and there is a lot of choice. Families are encouraged to sit and have a meal together if they choose at meal times."

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

Relatives told us they had been supported to stay in touch during the COVID-19 pandemic through use of the telephone and video calls. Window visits had also been made available and a designated room had been identified for pre-booked visits to take place. The service had promptly acted when guidance changed and supported relatives to visit as an essential carer.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22/08/2019 and this is the first inspection.

Why we inspected

This was a planned inspection as a newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Baycroft Flitwick

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Baycroft Flitwick is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. 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. The registered manager also provided management support to other homes in the organisation and shared her time during the week at these services. An interim deputy manager was in post who was providing the day to day management support at the service.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 21 September 2021 and ended on 04 October 2021. We visited the service on 21 September 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four relatives over the telephone who used the service about their experience of the care provided. We also spoke with nine members of staff including the registered manager, interim deputy manager, a supporting manager from a sister home, registered nurse, care staff, staff from the activities team and staff from the catering team. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We continued to review a variety of records relating to the management of the service, including policies and procedures, training data and quality and assurance records. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives spoken with felt people were safe at the service. One relative told us, "The staff regularly check on [family member]. The staff are lovely they pop in to see how [family member] is during the day." Another relative told us, "I am reassured [family member] is safe. There are staff about 24/7 to provide care and support."
- Staff told us they had received safeguarding training. Staff had a good understanding of how to record and report concerns both internally and to external organisations. One staff member told us, "I would report concerns to my manager, or I could use the numbers in the staff room to contact the local authority or CQC to raise concerns."
- Safeguarding concerns were reported promptly to the local authority and Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- Detailed care plans and risk assessments were in place for all people living at the service. These contained information to minimise risk and harm to people.
- Staff were familiar with people's needs and were knowledgeable of specific risks for individuals and how to provide care and support.
- Where required, referrals had been made to professionals and additional equipment had been assessed and provided. This included provision of pressure relieving mattresses and sensor mats.
- Relatives told us they were kept informed of any changes in health needs. One relative told us, "The staff will call us if they have concerns about anything and keep us informed."
- Systems were in place to ensure the service completed regular Health and Safety checks and that equipment was maintained.

Staffing and recruitment

- Relatives told us they felt there was a high use of agency staff in the service. One relative told us, "There are not always enough permanent carers. I think they could do with more. Staff always appear busy, but they do not give the impression they are unable to stop and chat." However, any negative impact of using agency staff was reduced by the registered manager who ensured they used familiar agency staff. These staff members had been inducted to the service and were familiar to people and their needs.
- A recruitment process was in place to ensure that staff were recruited safely to the service. Pre - employment checks had been completed and gaps in employment history explored.

Using medicines safely

- Medicines were stored safely and securely; bottles and boxes were labelled with the dates of opening

Staff had received training in the safe administration of medicines and had been assessed to ensure they demonstrated the skills and knowledge required.

- Staff administered medicines safely and in a dignified and respectful manner.
- Protocols were not consistently in place for medicines required on a 'when needed basis'. This was discussed with the interim deputy manager who addressed this immediately and shared updated records with the inspector at the end of the day.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reported promptly. These forms were analysed for common themes and used to reduce re-occurrence and support staff in making positive changes within the service.
- Lessons learnt were shared with the staff team during handover, team meetings and one to one meetings with their line managers.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- On the day of the inspection people living with dementia were moving to the ground floor. The provider had not completed any assessments to consider the impact this move would have on people. However, families spoken with confirmed they had been consulted with regarding the proposal to move individuals within the service, and had agreed to this taking place. Following the inspection, the provider completed risk assessments to support the move.
- Relatives told us they had been involved in the care planning and assessment process of their family member. Care plans contained information advising of people's needs, likes, dislikes, preferences and personal history where available.
- Relatives spoken with consistently informed us they felt confident that staff had received appropriate training and had the skills to support people. One relative told us, "Staff appear to know what to do and how to support people using equipment properly. I feel staff have received dementia training as they know how to speak and encourage these individuals appropriately in the home."
- One relative told us, "Staff and [family member] have built a good relationship. Staff have empathy and treat people with respect."
- An electronic care planning system was used by staff. This meant that where records were updated staff had immediate access to accurate information following any changes.

Staff support: induction, training, skills and experience

- Staff received a thorough induction when starting employment at the service. This included reading policies, shadowing of other staff, e-learning, completion of workbooks and checks on their practice and knowledge through observations conducted by management and senior staff.
- Staff told us they felt the induction prepared them for their role and felt confident in requesting additional training to enhance their skills should they feel this necessary.
- Staff supported people appropriately and used moving and handling equipment safely.

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

- People's dietary requirements were obtained during the assessment process and shared with the kitchen. This information identified where people required specific diets, for example, diabetic diets, soft diets, pureed diets, high calorie diets as well as any allergies.
- Relatives told us they found the food to be appetising. One relative told us, "The food is brilliant. There are always plenty of choices as well as snacks and drinks. The chef is fantastic."
- People had access throughout the day to food and drink.

- People were being supported in a sensitive manner during the dining experience. Staff ensured that people were comfortable and were not rushed when eating their meal.

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

- The environment was well maintained and decorated, however was not dementia friendly. Pictorial signage was not displayed to support people with their orientation around the service. The décor throughout the service was neutral and people's doors to their rooms were all of the same colour. This made it difficult for those living with dementia to find their rooms independently. A pictorial activity schedule was in place and was shared with people living in the service. The registered manager told us, the provider was exploring appropriate pictorial signage and were sourcing other tools to support them in providing an inclusive environment for everyone living there.
- The gardens, bistro café and other shared spaces provided options for people to spend time undertaking activities of their choice, either as a group or alone.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to live healthier lives, access healthcare services and support

- Staff acted promptly in making referrals to health professionals including GPs, community mental health teams, district nurses and the dietician.
- People's records contained information from professionals advising of outcomes of referrals made and actions to take to meet the changing needs of the individual.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Relatives told us staff were polite and always sought permission before completing tasks and took time to explain everything step by step.
- Staff told us they had received MCA training as part of their induction and were confident in applying this in their work. One staff member told us, "This process is in place to support people in making their own decisions and choices. These are decision specific. Sometimes it is necessary to speak to family to gain additional information to support making a decision in a person's best interest, so they remain safe."
- Where required, DoLS applications had been made appropriately. We found that conditions on one DoLS authorisation regarding covert administration of medicines were followed by the service.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- People told us the staff were kind.
- One relative told us, "All the staff regardless of their role, are kind and caring. They do a fantastic job. I am impressed with what they do and their knowledge of people's needs and preferences." Another relative told us, "Staff are physically attentive and are aware of people's needs. They are genuinely interested in providing care."
- Information within the records provided detail to support staff in encouraging people to retain their independence. One relative told us, "Staff try to encourage [family member] to retain their independence. For example, they encourage [family member] to dress themselves. They support with guiding [family member] to place one leg in their trousers so that they are able to pull these up themselves."
- Staff took time to listen to people and respond sensitively.
- Staff spoke with enthusiasm about their role and were motivated to ensure people received good quality care. Staff told us it was a happy team, who worked well together.

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

- A 'resident of the day' system was in place to support monthly reviews of care plans and risk assessments to be completed with the involvement of the person and family where relevant. However, these reviews had not been consistent. This meant people and their families may not have been provided the opportunity to express their opinion or advise if they were in agreement that the information recorded was accurate.

Following the inspection, the interim deputy manager told us the 'resident of the day' system had been reviewed following staff recruitment. Further work would be completed to ensure information was consistent and the process became embedded in the service.

- Relatives spoken with felt people were involved in making decisions about their care and support. One relative told us, "[Family member], has said staff ask what time they would like to go to bed and seek agreement before providing help."
- Staff offered choices and encouraged people to express their views.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Information within care plans was person centred and detailed preferences, likes and dislikes.
- Staff spoken with were familiar with people and used the care plan information to ensure care was provided in line with preferences expressed.
- Staff told us they felt information within people's records was accurate and updated immediately following any changes to ensure the care and support continued to be appropriate.
- A schedule was in place for daily group activity. For those who preferred to remain in their room, alternate engagement was made available which was tailored to the individual needs and preferences.
- People were supported by staff to maintain hobbies and interests. During the inspection an activity coordinator was sat with one person reminiscing and laughing together.
- One person living at the service had a keen interest in archaeological events and previously participated in attending a specific interest group relating to this held in the community. This had been accommodated during the COVID-19 pandemic lockdown by staff supporting them to access the meetings via video calls.
- During the COVID-19 pandemic the service made provision for people to maintain relationships with families and friends. This included support to make telephone calls, video calls, window visits, garden visits and facilitating essential carer visits when the guidance changed.

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 care plans contained information to inform staff of individual 's communication needs. This included aids used, for example, glasses, interpretation of body language and hearing aids. This meant staff were able to respond to people and provide care and support with a person-centred approach.
- Staff spoken with were knowledgeable about how people communicated.
- The catering department showed us they had taken photographs of the meals and were using these to create a pictorial menu to support people in making menu choices.

Improving care quality in response to complaints or concerns

- Relatives told us they felt confident in raising concerns and complaints.
- A complaints policy and process was in place which was shared with people.

- A complaints record showed that complaints had been responded to and detailed the actions taken.
- Information from the complaints log was analysed by the registered manager to identify any common themes so that actions could be taken to address these.

End of life care and support

- Care plans provided detail of people's wishes and how they would like to be supported.
- The interim deputy manager told us there was nobody in receipt of end of life care at the time of the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Relatives spoken with stated they felt there was instability within the management of the service. One relative told us, "There is a gap in leadership in the home. The service relies on the capabilities of the senior staff to support the staff team and the people." Despite this, relatives and staff told us they found the interim deputy manager to be approachable and felt they would be listened to and taken seriously should they have any concerns.
- Staff told us they had participated in one to one meetings with their line managers, This had not been consistent and staff were unable to recall the frequency of the meetings. Despite this, staff felt supported by the management and able to approach them at any time and felt they would be listened to. We discussed this with the registered manager who acknowledged there had been inconsistency within the frequency of one to one meetings. The registered manager told us this had been addressed to ensure that appropriate time was made available for these meetings to be regularly scheduled.

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

- Records held by the CQC demonstrated the registered manager and Interim deputy manager understood their responsibility in notifying CQC of reportable incidents when required.
- The quality assurance process was not robust in addressing failings of the service as identified during the inspection process. The registered manger and interim deputy manager acknowledged further work was required to ensure the quality assurance systems in place were robust and supportive in driving change and improvement.

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

- Relatives told us the staff held monthly relative meetings using video links. These provided opportunity to discuss changes and events in the service as well as allowing for suggestions to be put forward.
- Minutes of meetings held with the residents showed they were encouraged to make suggestions or discuss areas which they would like to see changes taking place. One relative told us the activity team supported those who preferred to remain in their room, and visited these people individually to capture their views and thoughts and put these forward at the meeting on their behalf.
- Staff told us they had regular team meetings which were a mixture of video calls and face to face

meetings. The minutes of these were made available for staff to read if they were unable to attend.

Continuous learning and improving care

- The interim deputy manager took on board feedback and used this positively to support making changes and improvements in the service.
- The registered manager encouraged the staff team to develop in their role. One staff member told us they had been encouraged to complete a leadership course to further their career. Another staff member told us they had met with the registered manager and had discussed additional training to enhance their knowledge and skills.
- Staff told us team meetings and handovers provided opportunity to review incidents and discuss how measures could be taken to reduce risk in the future.

Working in partnership with others

- The management and staff team regularly sought advice from external health professionals where required to support people's health and social care needs.
- Relatives told us the staff made appropriate referrals to external health professionals when they had concerns relating to change and deterioration in people's needs.