

Olney Care Homes Limited

Bay House

Inspection report

31 Weston Road
Olney
Buckinghamshire
MK46 5BD

Tel: 01234711356
Website: www.olneycarehomes.co.uk

Date of inspection visit:
02 November 2023
03 November 2023

Date of publication:
24 January 2024

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Bay House is a residential care home providing accommodation and personal care to up to 24 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 18 people using the service.

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

The provider did not give people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment. Some areas of the home were visibly dirty. Improvements were needed to infection control practices in the service.

Staff did not always receive training to enable them to meet the needs of people and keep them safe. Medicines were not stored safely. Risks were not always fully assessed and planned for and there was limited evidence of learning following incidents.

Ineffective quality monitoring systems had failed to identify and address the failings we found during our inspection. There was a lack of effective monitoring, oversight, and leadership within the home. This had resulted in poor outcomes for people using the service.

People and their relatives were generally positive about the service and the care they received.

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

The management team were responsive to the inspection findings and feedback and took action during and after the inspection to improve some systems and action some of the concerns raised.

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

Rating at last inspection

The last rating for this service was good (published 09 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to inadequate based on the findings of this

inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bay House on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safety around the environment, risk management, staff training, and quality monitoring at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

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

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.
Details are in our safe findings below.

Inadequate ●

Is the service well-led?

The service was not well-led.
Details are in our well-led findings below.

Inadequate ●

Bay House

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 Health and Social Care Act 2008.

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 was carried out by 2 inspectors and 2 Experts 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

Bay House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bay House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service, 5 relatives and 7 staff members, including the registered manager, care assistants, and ancillary staff.

We viewed a range of records. This included 6 people's care records, associated risk assessments and medicine administration records (MAR). We looked at 2 recruitment files. A variety of records relating to the management of the service, including health and safety records, risk assessments, staff rotas, quality assurance audits and a selection of policies were examined.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Using medicines safely; Learning lessons when things go wrong

- The provider had not ensured safe arrangements for the environment, infection prevention and control (IPC), safe storage of medicines and staff training.
- The provider failed to suitably assess people at risk of choking or provide suitable training. We reviewed the care records of 1 person whose assessment highlighted they required a specialist diet to reduce the risk of choking. The care plan did not contain a risk assessment and failed to identify the required texture modified diet level to keep the person safe.
- Staff were not aware of the required standards in relation to texture modified diets. 1 person was presented with a meal that did not meet the required consistency standards, placing them at risk of choking.
- The provider failed to assess monitor and mitigate environmental risks to people. For example, the fire risk assessment had not been reviewed since 2018. The provider was unable to provide evidence that actions identified in the 2018 fire risk assessment and from a 2022 local authority fire services visit had been addressed. We have referred our related findings to the local fire authority.
- The provider had commissioned an external health and safety inspection within the service, however actions identified as a result of this inspection had not been addressed by the provider. This placed people at risk of harm.
- We found areas of the service were visibly dirty and there was a strong malodour present.
- Areas of the building were in disrepair. For example, we found loose tiles in bathroom areas, missing flooring and a number of surfaces were damaged. This meant people were at risk of the spread of cross infection.
- The storage of medicines was not safe. We found controlled medicines (CD) were not stored securely in a designated cabinet and the CD stock was not recorded clearly in the controlled drugs register. For example, they were on top of a cupboard and not recorded into the controlled drugs register. This meant people could not be assured medicines were managed safely.
- The provider failed to develop robust risk assessments and was unable to demonstrate timely action for people's safety when needed. Examples we found, included to mitigate risks to people from exposed portable heaters, unrestricted access to storage rooms and fire escapes.
- People were not always protected from the risk of abuse. The registered manager and senior staff were unclear on their responsibilities around reporting requirements with the local authority or the Care Quality Commission. This meant that people were at risk of potential abuse, as incidents were not recognised, reported and investigated appropriately.
- Staff were not always able to demonstrate a clear understanding of safeguarding procedures. However Staff told us they received training and were familiar with different types of abuse.

The failure to provide a safe environment, act upon and risk assess hazards in the service, manage medicines safely, provide suitable training and prevent the risk of infection is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Despite our findings. People and their relatives told us they felt people were safe at Bay House. One person told us, "I feel safe living here, I feel that I am protected". A relative said, "I know [Person] is safe here, I can relax, and I know [Person] is well looked after."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Staff were recruited safely and there were enough staff to support people. The provider completed appropriate police and criminal records checks.

- There were enough staff to meet people's needs and staff knew people well. We observed staff working at people's own pace without rushing them.

- People told us there were enough staff. One person said, "I think the numbers are about right". A relative said, "I think it is generally alright, I do notice that it is a little quiet on Sunday afternoons but however many there are on duty, I know they are always helpful to me".

Visiting in care homes

There were no restrictions on visiting and the provider was working within current government guidance.

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 our last inspection we rated this key question good. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 had not consistently created a learning culture at the service which meant people's care did not always improve.
- The provider had not identified or acted to ensure person centred arrangements and adaptations for people's care and their environment in accordance with their needs. People were not effectively involved or consulted to inform their care and related decision making in relation to the development of the service.
- Systems to assess, monitor and drive continuous improvements of the service were ineffective. Risks to people were not always identified or addressed. For example, in relation to medicines storage, environmental safety, record keeping and for infection prevention and control.
- The provider failed to embed processes and learning. Concerns raised during a previous inspection which had been addressed, were found again during this inspection.
- Policies and procedures were generic and not tailored to the service. Some of these had not been reviewed since 2013. The provider failed to follow their own policies in relation to areas such as smoking and fire safety.
- The provider's governance arrangements did not effectively ensure the quality and safety of people's care, or timely and continuous service improvement when needed.
- The provider had not identified staff had not received sufficient training to carry out their roles safely. They had not identified their dysphagia training did not include information in relation to texture modified diets. The provider could not assure themselves staff were able to provide safe care or keep people living in the service safe.
- The registered manager was not fully aware of their responsibilities around reporting of incidents to external agencies. For example, during the inspection we became aware of an incident between 2 people that was reportable to the local authority safeguarding team and the Care Quality Commission, however this was not considered until prompted by the inspector.

The service was not effectively managed or led. The systems and processes to assess, monitor and improve the quality and safety of the service were not established or operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Some staff used language that was disrespectful and not inclusive when referring to people's support needs. For example, referring to people that needed support with their meals as 'feeds'.
- People were complimentary about the staff. One person said, "I only came here recently but the staff were really good and very friendly and they looked after me, I have had time for some long sleeps too".
- People and their relatives knew the registered manager and felt confident to speak with them if needed. One relative told us, "I know (Registered manager) very well and I know they will always be honest with me".

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

- People and their relatives were asked for feedback about the service. This included meetings with the manager, one to one and group meetings. However, it was not clear from these meetings what changes had been made or suggested to further develop the service.
- Relatives were happy with the care their family members received. One relative told us, "I know [Person] is safe here. I can relax and I know [Person] is well looked after".
- Staff were positive about the registered manager. They told us they felt supported and felt able to speak freely with them. Staff said, "We can go to [Registered manager] with any concerns".

Working in partnership with others

- Staff worked with external agencies involved in people's care when needed. This included G.P's and district nurses. Relatives were kept informed of any changes. One relative said, "[Person] sees the G.P when needed and I am kept informed". Another told us, "The staff arranges visits to the Dentist and that sort of thing".
- The provider was receptive to the concerns we raised during the inspection and took some action to address the immediate concerns raised with them, through arranging for risk assessments to be completed, clearing cluttered areas, removing broken equipment and arranging contractors to complete renewal and replacement of some areas in the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service was not effectively managed or led. The systems and processes to assess, monitor and improve the quality and safety of the service were not established or operated effectively.

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager, failed to provide a safe environment, act upon and risk assess hazards in the service, manage medicines safely, provide suitable training and prevent the risk of infection.

The enforcement action we took:

We issued a warning notice.