

## Olney Care Homes Limited

# Bay House

### Inspection report

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Olney  
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#### Ratings

### Overall rating for this service

Requires improvement 

#### Is the service safe?

Requires improvement 

#### Overall summary

Bay House is registered to provide accommodation and support for up to 24 people who require personal care and may have a range of social, physical and dementia care needs. On the day of our visit, there were 16 people 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.

During our inspection in December 2014, we found breaches of regulation in four different areas. The systems and processes in respect of safeguarding people were not consistently followed by staff. We found that new members of staff had commenced work without adequate checks having taken place. The procedure for ordering medicines and recording the administration of medicines was not consistently followed by staff and

people were not protected from the risks of infection as there were ineffective cleaning processes in place. Following the inspection the provider sent us an action plan detailing the improvements they were going to make and stating that improvements would be achieved by 20 April 2015.

This report only covers our findings in relation to the outstanding breaches of regulation. 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](http://www.cqc.org.uk).

This inspection was unannounced and took place on 12 May 2015.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report potential abuse. Suitable recording and reporting systems were now in place.

# Summary of findings

Staff were not allowed to commence employment until robust checks had taken place to establish that they were safe to work with people.

Systems and processes in place ensured that the administration, storage, disposal and handling of medicines were now safe.

Appropriate standards of cleanliness and hygiene of the environment were now maintained within the home.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for safe at the next comprehensive inspection.

# 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?**

We found that action had been taken to improve the safety of the service.

People were safe because the systems in place to make sure people were protected from abuse were now consistently followed.

Staff were recruited following a robust and safe recruitment process.

Safe systems and processes were now in place for the management and administration of medicines.

Cleanliness and hygiene standards were now consistently maintained.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for safe at the next comprehensive inspection.

**Requires improvement**



# Bay House

## 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.

We undertook a focused inspection of Bay House on 12 May 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 30 December 2014 had been made. We inspected the service against one of the five questions we ask about services: is the service safe. This is because the service was not meeting legal requirements in relation to that question.

The inspection was unannounced and the inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements. We checked the information we held about the service and the provider and made contact with the local authority to obtain additional information.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times, individual tasks and activities. We also observed the care being provided to eight people living in the home, so that we could corroborate our findings and ensure the care being provided was appropriate to meet their needs.

We spoke with four people who used the service. We also spoke with the registered manager and three members of care staff.

We looked at further records relating to the management of the service including safeguarding records, policies and procedures, quality audits and ten people's medication records.

# Is the service safe?

## Our findings

During our inspection on 30 December 2014, we identified two incidents that had occurred within the service. We found that although the cause of both incidents had been identified, there was no explanation of how the service would prevent this from happening again. Neither had been reported to the Care Quality Commission (CQC) or the local authority. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We also found that two new members of staff had commenced work without adequate checks having taken place. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

In respect of medication, we found there were numerous gaps in recording, where staff had not signed for the medicines they had given to people. One person had not received their medicines for two days because further supplies had not been ordered in a timely manner. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We also identified that the systems in place for cleaning were not satisfactory. Carpets and chairs were stained and communal toilets and bathrooms were soiled and had not been cleaned. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focused inspection on 12 May 2015, we found that the provider had followed the action plan they had written, to meet shortfalls in relation to the regulatory requirements as described above.

People confirmed that they felt safe. One person said, "Yes, I do feel safe here. They look after me well." Another person told us, "I really do feel secure here." All of the people we spoke with told us that if they felt worried about their safety, they would have no hesitation in telling the registered manager or member of staff.

Staff told us they were scheduled to receive updated safeguarding training and the records we saw confirmed this. One staff member said, "I wouldn't be worried about reporting anything if I needed to." Staff told us that they would raise any concerns to management or external

agencies, such as the local authority or the Care Quality Commission (CQC) if they felt that someone's safety was in question. Through our discussions they showed an understanding of the different forms of abuse and were able to explain to us what they considered to be an example of a safeguarding matter, for example, financial abuse or unexplained bruising. They told us they felt confident any concerns they raised with senior staff or the registered manager would be dealt with effectively. People's care records now confirmed that safeguarding concerns had been referred for external investigation when required.

The registered manager told us that staff took appropriate action following incidents. We found that incidents were recorded and where appropriate reported to organisations including CQC and local authorities. Action had been taken by staff to minimise the risk of incidents happening again so that people could be kept safe.

Staff had been recruited in a safe way. We spoke with the registered manager who explained the action they had taken since the last inspection. They confirmed that new staff were not able to commence employment until the appropriate checks such as, proof of identity, references, and satisfactory Disclosure and Barring Service [DBS] certificates had been obtained. The registered manager told us that relevant checks were completed before staff worked unsupervised at the home and the recruitment records that we saw confirmed this.

People told us they received their medicines on time. One person told us, "They are very good with my tablets. They know when I need them." Staff told us that they administered medication to people in accordance with their prescription. One said, "It's a big thing, we want to make sure we get it right." Staff who administered medicines told us they were trained and we found evidence to confirm this. We observed that people received medication in a timely manner, with support to understand what they took. Most medicines were administered through monitored dosage systems and were stored securely in a locked store room. Records were also now in place to ensure that stocks of medication did not run low.

We looked at the Medication Administration Record (MAR) charts for ten people who used the service. We found that all MAR charts had been fully completed, with no omissions and use of the appropriate code when people had not been given medication, for example, if they had refused it.

## Is the service safe?

However, where people refused medication on a frequent basis, the rationale for this was not always documented on the reverse of the chart. We discussed this with the registered manager who advised that they would review the medicine auditing system to make staff more accountable for their actions when administering people's medicines.

People told us that their bedrooms were cleaned to a good standard and were clean and smelt fresh. Our observations confirmed this and we found that all through the home, improvements had been made to the cleaning systems since our last inspection. Communal toilets and bathrooms had been cleaned to a good standard. We found that there was on-going cleaning in operation, and that a more robust system had been implemented to ensure that areas of the home had been cleaned. Within each bathroom and toilet,

there was a cleaning schedule to document the last time that they had been cleaned. We found no gaps within these records. The registered manager told us that all staff were now more vigilant to infection control and standards of cleanliness throughout the whole home.

Staff had access to a good supply of protective equipment for the tasks they were carrying out, for example, disposable gloves and aprons when assisting with personal care. We found that there were good supplies of cleaning equipment, with colour coded mops and cloths for use within different areas. The registered manager told us that they intended to implement a more robust method of infection control audit. This would ensure the on-going maintenance of appropriate standards of cleanliness and hygiene within the service.