

Bupa Care Homes (ANS) Limited

Bayford House Care Home

Inspection report

Rookwood
Stockcross
Newbury
Berkshire
RG20 8LB

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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 ●

Summary of findings

Overall summary

About the service

Bayford House Care Home is registered to provide personal and nursing care for up to 59 people with a range of needs including complex health and care needs. At the time of inspection, the service was supporting 51 people. The home is set across two units, Bayford House and Newdale Court. The home is set in its own gardens which people could access. There was a range of communal areas that people and their relatives could use.

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

People were supported by staff who understood the action to take should they have any concerns about people's safety. The risks associated with people's care had been identified and plans put in place to minimise these. There were enough suitably recruited staff available to keep people safe and staffing levels were reviewed and changed to reflect changes in people's needs. People were protected from infection by staff that kept the premises clean and used appropriate protective equipment when needed.

Care plans described people's needs and preferences and guided staff about people's needs and how to meet them. People had enough to eat and drink and had choices in what they ate and drank. Staff accommodated any specific dietary requirements or preferences. People received care and treatment from competent and skilled staff who had the relevant knowledge to meet people's needs.

The provider had a system to ensure all staff had regular training to keep them up to date with best practice. Training courses and training events were relevant to the needs of the people living at the service and staff ensured they put learning into practice. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible. The policies and systems in the service promoted this practice.

People told us care and nursing staff were kind, caring and compassionate. Staff were attentive to people's needs and knew how to promote their wellbeing. When people were anxious, care staff took time to reassure them and promote their wellbeing. People were treated with dignity and respect.

People received care that was responsive to their needs. People had been involved in reviewing their care to ensure it continued to meet their needs. People participated in activities of their choosing. People and relatives felt able to raise any concerns and could be assured these would be investigated.

The registered manager and staff team all had a very good understanding of their roles and were empowered to make suggestions to keep improving the care. The registered manager and provider had clear and robust systems to assess, monitor and improve the quality of care people received. Systems were designed to continuously improve the service and drive positive changes. People said the registered manager and staff were approachable, listened and responded to them and acted on feedback they shared with them.

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

Rating at last inspection (and update)

The last rating for this service was Good (published 29 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bayford House Care 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 undertaken by one inspector, a specialist advisor and an assistant inspector.

Service and service type

Bayford House Care Home 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.

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 looked at feedback and any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We used all of this information to plan our 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. This information helps support our inspections.

During the inspection

We spoke to nine people who use the service and four relatives about their experience of the care provided.

We spoke to 12 members of staff including the registered manager, regional director, deputy manager, nurses, care assistants, senior care assistants, administrator, activity coordinator and chef. We observed people's dining experience at lunchtime and dinner time. We observed people being administered their medicines. We reviewed a range of records. These included nine people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including policies and procedures, accidents and incidents, complaints, audits and quality assurance records were reviewed. We spoke with one health and social care professional to gain their feedback on the care provided to people.

After the inspection

We looked at the evidence we had gathered including training data and quality assurance records. We contacted five health and social care professionals who regularly have contact with the service.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person we spoke with told us, "I feel safe." A relative told us about their loved one, "She is very safe. Whenever things happen they always phone us."
- Staff had completed training in safeguarding and knew how to recognise the signs of potential abuse. Staff confirmed they would have no hesitation in reporting any concerns. They were aware of whistleblowing procedures and confident their views and concerns would be listened to.
- The registered manager ensured there was an effective and robust system in for reporting safeguarding's. This meant that people were safeguarded from harm and their health and wellbeing was protected.

Assessing risk, safety monitoring and management

- People had risk assessments in place relating to various aspects of their care, such as moving and handling, falls, skin care and choking. Risk assessments were kept under regular review to help ensure they remained effective in promoting people's safety.
- People and their relatives told us that risks relating to their care were assessed, mitigated and managed appropriately. One person said, "There was a risk assessment done, I had bad falls and I have had few here." A relative told us, "[Name] was here for a year, at the time they had a poor leg ulcer and the nurse got [Name] completely healed. They did this by continual [safe] care."
- The provider carried out regular health and safety, and maintenance checks. These included fire equipment, water and electrical equipment to ensure people's safety.
- People had individualised fire risk assessments and emergency evacuation plans. Fire drill records showed staff and people were involved in regular fire drills. This meant that both staff and people were aware of what action to take in the case of an emergency.

Staffing and recruitment

- People told us there was enough staff available to meet their needs. One person told us, "Staff don't rush me, they give us time, I sometimes tell them to go and will call them when needed and they come when I press the button." Another person said, "Staff will drop everything to come when they think it was necessary."
- The registered manager told us, confirmed by records and staff, that staffing levels were always under review and they would change based on people's dependency. One staff member said, "There are enough staff to help people who need help."
- The provider operated a safe recruitment procedure which helped to ensure only staff who were suitable to work with people made vulnerable by their circumstances, were employed.

Using medicines safely

- People were satisfied with the way their medicines were managed. Staff administered people's medicines safely, for example, they ensured they checked medication administration sheets prior to administration and checked people had taken their medicine. One person told us, "Staff give me my medicines and they see that I take them."
- People were supported with their medicines by trained staff that had their competency checked.
- There was an auditing system in place which ensured each person received their medicines as prescribed. The management team would review this to identify any omissions or errors at the earliest possible stage. We checked the temperature for the medication cupboards and the drug fridges and found these had all been regularly maintained within safe limits.

Preventing and controlling infection

- The home was clean and odour free and had dedicated staff responsible for the cleanliness of the home. One person told us, "Cleaners go around cleaning all the time."
- Staff were aware of their responsibility for good infection control standards. We saw staff using personal protective equipment when supporting people, for example at meal times.
- The home had been awarded a five-star food hygiene rating by the Food Standards Agency at their last inspection. This meant that people were receiving a high standard of food, from premises that had taken the necessary precautions

Learning lessons when things go wrong

- There were systems in place to investigate any incidents and accidents that occurred at the home. These were investigated individually to determine if anything could be done to prevent a similar recurrence.
- The registered manager had systems in place to analyse incidents in order to identify trends to reduce the chance of a similar incident occurring again. Findings and any lessons learnt were shared with the staff team.

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 has 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 needs were assessed before they moved into the home. This was completed to ensure the service had the necessary facilities and resources to meet people's needs.
- These assessments were used to develop care plans which supported staff to provide care in line with people's needs and personal routines.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff could tell us about people's individual characteristics and knew how to best support them. This included, people's religious beliefs, cultures and personal preferences.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were suitably skilled and experienced to meet people's specific needs. One person told us, "Staff have the right skills to do their job, the girls [staff] are very good they always know what they are doing." A relative said, "Care has been great, very competent nursing team."
- Staff informed us that they had received an induction and had received sufficient training to give them the skills needed for their roles.
- On-going training was completed by staff in a variety of core subjects such as safeguarding and moving and handling people.
- Nurses received clinical supervision and informed us they had been supported to complete revalidation as and when required.
- Staff received supervisions with their line manager and felt confident that any identified training needs would be addressed. They reported feeling well supported.

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

- People had access to a varied and balanced diet. People and their relatives spoke positively about the food they received. Comments included, "The meal is freshly cooked" and "There is always a choice like a fish dish and a meat dish."
- Another person told us there was always food and drink available to them. They said, "There are snacks in between meals such as packet of crisps, bars of chocolate, packet of biscuits. I have a jug of blackcurrant juice in the bedroom. There is also water every morning. If we want juice and we say, we get it."
- Staff were knowledgeable about people's specific diets and personal preferences, and ensured suitable options were always available for people.
- Care plans contained appropriate guidance for staff on people's preferences and needs to ensure they maintained a balanced diet.

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

- Staff worked alongside GPs and other associated healthcare professionals to meet people's needs and respond to any changes in these.
- Referrals to speech and language therapists, dieticians and tissue viability nurses (TVN) were made when needed. Care plans were updated after these appointments, so staff knew what changes may need to be made in how they provided care.
- A relative told us, "They [staff] seek advice from the TVN because this is a specialist [area]". One person said, "I have been referred to see the optician." Another person told us, "When I wanted my ears [hearing] re-tested, I spoke with them and they acted on it very, very quickly."

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

- People's bedrooms were personalised and individually decorated to their preferences.
- All the communal areas of the home were accessible and spacious.
- The home comprised of two distinguished units. Bayford House where most people lived required nursing support and Newdale Court, where people required support with their daily living activities but did not require nursing care. Newdale Court had recently been refurbished. It had been decorated in a homely manner, with reading and relaxation areas, as well as areas with armchairs arranged in such a way to promote socialisation.
- Bayford House unit was notably worn and tired in décor. People, staff and professionals told us the main living room was barely used by the people living there. The unit was not adapted to meet the needs of people with cognitive impairments such as dementia. There were no dementia friendly areas in place to provide stimulation to those who were living with the disease, or adaptations to help them recognise their own bedroom. We were informed there was a planned refurbishment programme for Bayford House. The regional director told us this refurbishment would be completed this year and this would support in updating the décor of this unit and would also consider how to make the environment more dementia friendly.
- We saw people could move freely throughout both units and make use of the communal facilities.

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.

- Staff were able to tell us how they ensured they sought consent and offered choices to people.
- Where it was thought that a person may lack capacity to make a specific decision, MCA assessments and best interest meetings had taken place and evidenced.
- People were asked for their consent by staff and were involved in day to day choices and decisions. Staff interaction with people demonstrated people's consent was always sought.
- The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

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 the same. 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

- People told us they were well treated by staff. One person said, "Staff are very caring, they are very good - they really are. I can't say anything bad about them. They show care when I see them."
- Interaction between people and staff was warm and positive, which evidenced the presence of positive relationships between staff and the people they cared for.
- The atmosphere in the service was calm, compassionate and inclusive. We saw warm and meaningful interactions throughout the day between staff and people which was gentle, respectful and kind. People's body language and facial expressions showed that they were fond of the staff members as they interacted, smiled and communicated with them.
- Staff respected people's diverse needs and preferences, and they provided care in a way that supported people in a non-discriminatory way.
- People were asked if they had a gender preference of the staff who supported them. This was recorded in their care plans, and the appropriate staff supported.

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

- People told us they made decisions and choices about their care. Individual care plans detailed how people liked to be supported with getting up, how they liked to spend their day, their likes and dislikes in relation to their food preferences.
- One person told us, "I like in the morning to have a nice wash, staff go to my wardrobe and they ask me what I want [to wear]." Another person said, "Staff will come and talk to me and tell me about any changes in my care, I can't grumble here I have no problems at all. They [staff] will discuss if they are changing anything, they will talk it through with me."
- People were at the centre of their care and where possible were supported to make decisions. One staff member told us, "Through conversations I will know how people would like things done for them." Where people were unable to verbally communicate their needs, care staff looked for changes in their body language to identify if they were in pain or any discomfort and would refer to people's care plans. One member of staff told us, "If [people] are not able to communicate I can check the care plans for the wishes and preferences."

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was continually promoted. One person said, "Staff always knock before coming into my room, I am very satisfied... When staff are washing they put the towel around you, they shut the curtains."

- People were encouraged to do as much as they were able to independently. We observed staff prompting people throughout our inspection. Staff worked at people's pace and encouraged them to take as much control of their care as possible. One person told us, "Staff put my tights on my feet and I pull it up, they encourage you to do things." A relative told us, "Staff encourage [person receiving care] to be independent."
- Care records contained guidance for staff on people's ability to undertake tasks for themselves and the level of support they needed from staff.
- We saw information about people was kept securely and only accessed by those with authority to do so.

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 has remained the same. 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

- People and their relatives spoke positively about the care they or their relatives received and felt it was personalised to their needs. One person told us, "Staff know how I like things." A staff member told us, "Residents [people] tell staff how they want things done and what they prefer."
- Each person's care plans contained information about their life, including their relationships, hobbies and preferences. One staff member told us, "People's needs are reviewed... If there are any changes, care staff are informed of these changes."
- People and their relatives were involved in creating their care plans and reviewing them. One relative told us, "I am involved in [Name's] care plan." Another relative told us that staff, "...treat everybody as an individual person."
- Staff demonstrated their in-depth knowledge of people's histories, their likes and dislikes and how they wished to be supported, through effective care and communication. This knowledge was used to support people in a way they felt valued as unique individuals and respected for who they were.

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 were identified, recorded and highlighted in care plans. This information was shared appropriately with those whom it concerned which ensured people's information needs were met. This helped ensure staff communicated with people in ways that they could understand.
- Staff were aware of people's communication needs and, for example, whether people needed spectacles and hearing aids to effectively communicate their needs.
- The registered manager told us they could provide information in alternative formats should it be required.

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

- The service employed two activities coordinators who had sought out people's preferences for activities. We saw activities were planned for the week. Individual activities were also carried out, for those people receiving care in their bedroom.
- During the inspection we observed a number of activities taking place. For example, a local school came into the home for the children to spend time with people living there. One person told us, "Children come in

to play games with the residents [people]." People found this comforting and enabled a positive link with the community.

- We saw that a number of other activities took place for people to take part in. For example, crosswords, films, music, knitting and exercise classes. Another person told us, "I enjoy the activities such as playing cards, scrabble and dominos." A relative said, "When they [staff] are doing activities they do things that mum likes."
- People and staff told us about how the service encouraged people to celebrate special occasions. One person said, "It was nice celebrating Burns night."
- Relatives were welcomed into the home and relatives we spoke with said they could visit when they wished.

Improving care quality in response to complaints or concerns

- People's complaints were responded to in accordance with the provider's policies. The registered manager kept a clear record of concerns, complaints and compliments. The registered manager used complaints as a way to drive improvements within the home.
- People told us they were able to speak with staff or managers and raise any concerns. One person told us, "I know we've always got [registered manager] to go to if anything goes wrong."

End of life care and support

- At the time of the inspection the service was not supporting anyone receiving end of life care. However, this was an area the service had proactively explored with people. This was documented in care plans detailing people's end of life wishes.
- Staff received training in end of life care, to ensure this was as comfortable as possible for people and their relatives.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was led by a motivated registered manager and staff team. They were committed to providing a service that promoted person-centred values and a strong commitment to promoting independence and social inclusion.
- People consistently told us they liked living at Bayford House Care Home. One person told us, "The comforting atmosphere makes us feel the home is managed well."
- Staff demonstrated pride and enjoyment in their roles and valued making a homely atmosphere for people and visitors. A relative told us, "Staff are lovely, very caring and respectful. It feels like home."
- There was an 'open door' management approach. The management team were easily available to staff, relatives and people living in the home.

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

- Staff were well supported by the registered manager and provider. They had clear understanding of their individual roles in supporting people.
- The registered manager had a clear overview of the training needs of all staff working at Bayford House Care Home. The training matrix analysis the registered manager and provider used showed training completion had improved since the registered manager had been in post.
- The service completed a range of quality audits to ensure they provided the best outcomes for people supported. Where shortfalls were identified, these were addressed and discussed with staff at staff meetings and handover meetings.
- The provider ensured they carried out their own quality and regulatory checks of the service. These evidenced continued improvements since our last inspection. When shortfalls had been identified these informed an action plan which was allocated to specific staff to complete, for example the maintenance staff member.
- The registered manager demonstrated they had a good understanding of their legal obligations and the requirements. For example, they had ensured we were notified of events as required by the law. They had ensured the previous CQC inspection rating was displayed visibly at the home.

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 registered manager was clear in their understanding of the duty of candour and knew the action to

take should something go wrong.

- The registered manager assumed responsibility and accountability when concerns had been raised or mistakes had been made.

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

- People and their relatives told us they were asked for their views on the service. One person told us, "There is a friend and relative meeting once a month and people can raise concerns."
- Staff meetings were held regularly where staff could discuss matters affecting people using the service, or recruitment and staffing matters. Staff were encouraged to comment and share ideas about how practice and care might be improved. This demonstrated a focus on ensuring effective communication with staff in all roles. A staff member told us, "Staff can put their input in if they think they can do it in a different way."
- The provider also conducted a survey to assess whether the service provided met people's needs and expectations. The results of the most recent survey showed people were happy with the quality of the care provided.

Working in partnership with others

- The management team worked well with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.
- Records showed that staff liaised with external professionals to support people to achieve good outcomes. External professionals gave positive feedback about how staff worked with them. One professional told us, "They [staff] are very responsive. They [staff] know people well and always call if they need me."