

Tower Bridge Homes Care Limited

Tower Bridge Homes Care Limited - Baytree Court

Inspection report

Normanby Road
Scunthorpe
Lincolnshire
DN15 6AR

Tel: 01724855410

Date of inspection visit:
13 February 2017
16 February 2017

Date of publication:
22 March 2017

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

Baytree Court is a purpose built care home registered to provide accommodation and personal care for up to 34 older people in single occupancy rooms with en-suite facilities located over two floors.

This unannounced inspection took place on 13 and February 2017. The last inspection of the service took place in December 2014. The service was rated as 'Good' overall and 'Outstanding' for the key question 'Is the service Responsive?'

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.

People who used the service were supported by staff who had been recruited safely following the completion of appropriate checks. Assessments of people's care and support needs were undertaken regularly to ensure staff were deployed in suitable numbers. Staff had been trained to protect people from abuse and avoidable harm and knew what action to take if the suspected abuse had occurred. The registered provider had developed plans to deal with foreseeable emergencies which included guidance to enable staff to evacuate people safely in an emergency. People received their medicines as prescribed and suitable arrangements were in place to manage medicines safely.

People who used the service received care and support from staff who had completed a range of training to ensure they had skills and abilities to support them effectively. Staff received effective levels of supervision, appraisal and professional development. The principles of the Mental Capacity Act 2005 were followed within the service and staff were aware of how to gain consent from people. People ate a healthy and balanced diet of their choosing. When concerns with people's health and welfare were identified relevant professionals were contacted for their advice and guidance.

People's needs were met by caring, attentive and considerate staff. Staff and the registered manager took practical action to achieve meaningful outcomes in people's lives. The staff team had worked within the service for a number of years which meant they knew people well and had built a trusting and supportive relationship with them. People were treated with dignity and respect by staff and encouraged to express their views. People, relatives and healthcare professionals were complimentary about the service and the support people received.

Pre-admission assessments were completed before people moved into the service and the information was used to develop person centred care plans. As people's needs changed or developed their care plans were updated to reflect their needs and provide up to date guidance for staff. People were encouraged to take part in activities and follow their hobbies and interests. The registered provider had a complaints policy in place that was displayed within the service; records showed very few complaints had been received.

The registered provider's quality assurance system included audits, checks, observations and service user feedback. During the inspection it was apparent the system did not review monitoring records which had not always been completed appropriately. We discussed this with the registered manager who was receptive and took immediate action to rectify the shortfall. The manager understood and fulfilled their responsibilities to report accidents, incidents and other notifiable incidents to the CQC as required. Meetings were held with staff and people who used the service to ensure their views were known and could be acted upon. People, their relatives, staff and healthcare professionals spoke positively about the registered manager.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service was responsive.

People or their appointed representatives were involved with the planning of their care and subsequent reviews when possible.

People were encouraged to participate in a range of different activities and were supported to follow their hobbies and interests.

A complaints policy was displayed with the service. No complaints had been received since our last inspection.

Is the service well-led?

Good ●

The service remains Good.

Tower Bridge Homes Care Limited - Baytree Court

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 checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 16 February 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

The service was previously inspected on 11 and 16 December 2014 when it was found to be fully compliant with the regulations and rated as 'Good' overall. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we received from the service and reviewed all the intelligence held by the CQC.

During the inspection we spoke with four people who used the service, five visiting relatives, five members of care staff, the registered manager, deputy manager, the cook, maintenance person and four healthcare professionals who regularly visited the service. In addition we observed staff supporting people throughout the home and during mealtimes.

We completed a tour of the premises to check general maintenance as well as cleanliness and infection control practices. We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, dependency staff rotas, staff training records, complaints, recruitment information, policies and procedures and records of maintenance and checks

carried out on equipment.

We looked at five people's care plans along with the associated risk assessments, monitoring charts and their Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest

We used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

Is the service safe?

Our findings

The service's rating for the key question 'Safe' remains 'Good'. At this inspection we found people continued to be safe from abuse and avoidable harm. Risks continued to be mitigated. People continued to be supported by suitable numbers of staff and medicines continues to be managed safely.

People told us they felt safe living at Baytree Court. One person said, "I do feel safe, the staff make me feel safe, there is always someone here to help me." A second person commented, "I am safe."

Relatives we spoke with told us, "[Name of the person who used the service] is settled here and it's changed our lives, we can go on holiday and don't have to worry because we know she is safe here" and "Everyone here is kept safe by the amazing staff."

People who used the service were protected from abuse and avoidable harm by staff who been trained to recognise the signs that indicate abuse had occurred. During discussions it was clear staff were aware of their responsibilities to report any abuse of poor practice they became aware of. We saw that accident and incidents were reviewed regularly to ensure patterns and trends could be identified and action could be taken to prevent their reoccurrence.

Risks to people's health and welfare were recorded and mitigated when possible. Risk assessments had been created to ensure staff understood how to keep people safe without impinging on their freedom and choices. A business continuity/disaster recovery plan was in place that covered a range of foreseeable emergencies such as fire, flood, adverse weather conditions, loss of essential utilities and infectious outbreaks. Personal emergency evacuation plans had been created for each person who used the service which included the level of support they would require in an emergency situation.

People who used the service were supported by suitable numbers of staff. People's care needs and levels of independence were assessed and reviewed on a monthly basis to calculate the number of staff required. People who used the service told us they were not made to wait for care and we observed call bells being answered promptly throughout the inspection. The registered manager told us, "People's needs are increasing and they need more support so I have put a business case to the registered provider which has been accepted so we are going to have an extra senior on each shift."

We saw that staff were recruited safely. The five staff files we saw included application forms, interview questions and scores, two references and a DBS check. We saw that when concerns about staff practice or attitude were reported the registered manager investigated and took action to ensure people remained safe.

We observed a medication round and saw that people received their medication as prescribed. We reviewed a number of medication administration records and saw that they were completed accurately without omission. Medication was stored in a dedicated medicines room and in accordance with the manufactures guidance. Audits were completed regularly by the registered manager to ensure any errors were identified

and rectified. We saw that the supplying pharmacy had completed an audit of the service's practice and only made one minor recommendation which was actioned promptly.

Is the service effective?

Our findings

The service's rating for the key question 'Effective' remains 'Good'. At this inspection we found staff continued to receive effective levels of training, supervision and professional development. Staff continued to gain consent from people before care and support was provided and current legislation continued to be adhered to. People continued to eat and drink sufficiently to meet their needs and relevant professionals continued to be involved in the care and treatment of the people who used the service.

Staff had completed training in a number of subjects training to ensure they had the skills and abilities to meet people's needs effectively. Staff received supervision regularly and an appraisal annually to ensure their professional development was supported. A member of staff commented, "We do lots of training, I think we all have at least a NVQ [a nationally recognised qualification in care] at level two and we have supervisions every couple of months" and they went on to say, "We get a lot of support, the manager and deputy are very good and are always available."

The staff and registered manager worked in line with the principles of the Mental Capacity Act 2005. We heard and witnessed staff gaining people's consent before care and treatment was provided. We saw evidence in people's care plans that they, or their appointed representative had consented to a number of things including sharing relevant information with healthcare professionals when required.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The deputy manager told us they had completed DoLS applications for 26 people who used the service. At the time of this inspection the applications were awaiting approval from the relevant authority. There was evidence to show that the registered and deputy manager had checked on their status. This helped to ensure people were supported in the least restrictive way and in line with current legislation.

People were supported to eat a healthy and nutritious diet of their choosing. We saw that people's dietary requirements such as textured or purred diets were catered for and choices were available at each meal. Pictorial menus were displayed to support people to make choices. A person who used the service told us, "The food is very good. I used to be a chef and think the standard here is impressive."

Records indicated several people had been assessed as being at risk of dehydration. To prevent this fluid balance charts were introduced that stated people must drink a minimum of 1500mls a day. We saw that people regularly did not drink and were not offered this amount. We discussed this with the registered manager who told us, "I have spoken with my regional manager and we are going to get some advice from a GP because that is a huge amount for some people [to drink daily]." They also said, "People have large jugs or juice or water in their rooms and are offered drinks throughout the day. I will make sure staff always record when they have offered people a drink." A visiting district nurse told us, "I don't have any concerns about how much people are eating or drinking, I come here regularly and no one is ever dehydrated and

they don't develop pressure sores, which indicates the risks are managed well."

We saw that a range of healthcare professionals were involved in the care and treatment of the people who used the service. Advice and guidance was recorded and used to develop people's care plans. A physiotherapist told us, "It's a really good home; staff always support people with the exercises I leave and let me know if people can't manage."

Is the service caring?

Our findings

The service's rating for the key question 'Caring' remains 'Good'. At this inspection we found staff continued to develop and maintain caring relationships with the people who used the service. People continued to express their views about their care. People's privacy and dignity continued to be promoted and respected.

People who used the service told us the staff were caring, considerate and attentive to their needs. One person said, "All the staff are lovely, they are absolutely marvellous." Other comments included, "We only have the very best staff here you know" and "Nothing is too much for them, they really do care for me."

A visiting relative told us, "I hope our actions tell you what we think about the care here. My mother in law is here now; my father in law was here for 11 months. My mother and father both lived here. If that doesn't say what we think about the service I don't know what will." A visiting district nurse commented, "This is a special home, two of the nurses in my team have a family member living here which says a lot."

It was clear that staff had developed caring relationships with the people who used the service. Staff showed genuine affection for people and concern for their welfare. People's preferences for how care and support should be delivered were known and respected. A member of staff said, "I have worked here for seven years and I'm still quite new compared to the other staff; some of them have been here for 15 years. We all really care about the people who live here and do everything we can to make them as happy and comfortable as possible."

Throughout the inspection we observed people being supported in a respectful and dignified way. During discussions staff explained the ways they would protect people's dignity and it was clear they understood the importance of this. A member of staff explained, "My mum lives here and I trust all the staff to treat her the way I would treat her. Everyone here gets the respect they deserve because we all care so much about them."

Practical action was taken to achieve meaningful outcomes for people. The registered manager told us about a person who used the service not being able to travel to their grandsons wedding due to their general health and condition. They said they had liaised with the family and arranged to video call them during the after wedding reception. The person who used the service was able to join in the toasts wishing the couple a happy life together. We saw a response from the family stating how meaningful this had been to them.

A person who had always been very active within the church could no longer attend services due to their age and frailty. The registered manager had arranged for the local vicar to visit the service and give communion to them and the activities co-ordinator acquired audio versions of the New and Old Testament so the person's spiritual needs could be fulfilled.

Another person had their room decorated to look like their bedroom at home. This helped to make the environment more familiar and eased the person's trepidation enabling them to be relaxed and comfortable

in their new surroundings. The registered manager told us, "They also have brought their own furniture as we encourage this."

Creative ways of supporting people were utilised effectively to achieve positive results. A person's health had declined and they were not eating sufficiently to meet their needs. A relative told us, "She wasn't eating and I was really starting to worry. The manager asked if I would come at lunch time because I visited every day. She got a table set aside for me and my wife and we ate together like we used to, just the two of us. It worked really well and my wife ate more and more every day. It was a wonderful idea for her but it meant a lot to me too."

A person who used the service told us, "I can't tell you how much the activities co-ordinator has affected my life. I was always so busy before I moved in here and then that all stopped. There is an activities board which shows what activities we can do each day and we have meetings to discuss what we would like to do. Being able to get up and see that in a morning has really cheered me up and changed my outlook. I always go straight to it each morning; I can't wait to see what I can do." We heard people laughing and sharing stories with staff who clearly knew their interests and life histories.

People were supported to express their views and make decisions about their care and support. We observed staff speaking to people in friendly and relaxed manner, taking the time to listen to their responses and offer simplified explanations when required. We overheard a member of staff describing the role of the Care Quality Commission and the reason for our presence in the service; we also heard a member of staff explaining to a person why a district nurse had come to see them and the possible outcomes from this.

We saw advocacy services were displayed within the service which helped to ensure people were made aware that this type of support was available. The registered manager confirmed that advocates had been used in the past but at the time of this inspection no one using the service required this support.

We asked the registered manager if relatives and friends were restricted to specific visiting times, they told us, "No, we don't have visiting times; this is their [the people who used the service] home. Their families and friends can come at any time." Visiting relatives we spoke with confirmed they could visit at any time.

Private and sensitive information was stored securely and the registered provider had a confidentiality policy for staff to refer to as required. Staff understood their responsibility to not divulge private details about people who used the service and had signed a data protection and confidentiality agreement to confirm this.

A member of staff told us, "In the community lots of people know who lives in the home and might ask about them; we can say they are ok but can't tell them anything specific we have to respect their rights." Another member of staff said, "I make sure I discuss things in private, I would take people to their room to ask certain questions or say certain things" and "We have a dignity screen, if someone needs support in a public area we can use it to maintain their dignity and give them privacy."

Is the service responsive?

Our findings

People who used the service received responsive care that met their needs. People and their relatives confirmed they were involved in the initial planning and on-going delivery of their care. One person said, "I have a meeting every now and then, I'm asked if I am happy and if my needs are being met." A relative told us, "We come to meetings and are always kept updated about anything that happens. We visit regularly but get a call if anything happens."

A healthcare professional we spoke with said, "The staff are very good at recognising when people have deteriorated, they recognise small changes in people and contact us quickly. This stops things from escalating and becoming a problem."

People confirmed they knew how to raise concerns or make complaints. One person commented, "If I had a problem I could speak to any of the staff or the manager. I know they would want to sort things out and wouldn't make a fuss about it. I must tell you that I have never had problems what so ever." A relative said, "I would speak to [Name of the registered manager] if I had an issue but I can't ever see a time when that would happen. My wife has received the best care I could wish for."

Records showed that before people were offered a place within the service a comprehensive pre-admission needs assessment was completed. The assessment covered people's care and support needs in a range of daily tasks including mobility, medication, personal hygiene, eating and drinking, weight, elimination, skin care, orientation and memory. People and their relatives were involved in the assessment whenever possible which enabled them to provide feedback about their levels of independence and personal preferences.

The registered manager told us, "We are very careful when doing the assessments, we have to be able to meet their needs but I have a home full of people who I have to think about as well. We have had to say we can't take some people because their needs would have had an impact on the people we already have here and I wouldn't let that happen."

The information gathered through the pre-admission assessment was used to develop individualised care plans that included guidance to enable staff to meet people's needs in line with their preferences. The care plans were assessed on a monthly basis and updated following periods of ill health, accidents and falls to ensure they remained accurate.

Care reviews were conducted regularly which were attended by people who used the service and their appointed representative. This ensured people had the opportunity to discuss the support they required and could provide feedback about their levels of dependency.

People who used the service were encouraged to take part in a range of activities and follow their hobbies and interests. The activities co-ordinator told us, "We do all sorts; I want things to be as varied as possible

because different people like different things. We invite groups in; we have recently had model railways, a presentation about the steel works and have belly dancers tomorrow." They also said, "I try and get ideas off the internet, we played chair tennis with a balloon and fly swatters not long ago, everyone absolutely loved that." On the first day of our inspection numerous people were being supported to create flower arrangements.

A bar area had been created and the service were in the process of creating a tea room. The deputy manager told us, "We had a reminiscence room but no-one used it so we are making a tea room which can be used for afternoon teas but also somewhere people and families can have some privacy."

The registered provider had a complaints policy that included acknowledgment and response times as well as information regarding the action a complainant could take if they felt the response they received was unsatisfactory. The policy was displayed within the service to ensure it was accessible to people and visitors.

Records showed the service had received very few complaints but when they did they were investigated and responded to appropriately and used to improve the service whenever possible. The registered manager told us, "We try and fix little niggles people have so they don't escalate. I always say to people don't leave here with any concerns come and speak to us before you go and we will fix it there and then. If people go away unhappy that issues grows in their mind and I would rather sort it before it's an issue."

Is the service well-led?

Our findings

The service's rating for the key question 'Well-Led' remains 'Good'. At this inspection we found the service continued to promote an open, inclusive and person centred culture. The registered manager and registered provider continued to support the staff team to deliver high quality care in line with good practice.

The registered provider's governance systems were used to drive the continuous improvement within the service. We saw that checks were completed of moving and handling equipment, bed rails, pressure mattresses and water temperatures on a weekly basis. People were asked to provide feedback on the service through questionnaires and action was taken to improve the service whenever possible.

Audits were carried out on a weekly or monthly basis in areas including health and safety, infection control, accidents, incidents and falls and care planning and medication. An external company audited the health and safety practices within the home and the supplying pharmacy audited their medication management.

On the first day of our inspection we highlighted that positional change and hydration charts were not always completed accurately. On the second day of the inspection the registered manager told us, "I have spoken with my regional manager about what you found and we have already made changes to incorporate the charts into our audits and introduced a new way of monitoring so it won't happen again." This helped to ensure that there was a learning culture within the service and feedback was used to develop internal practices. The deputy manager told us, "Our philosophy is that no criticism is bad, we listen to feedback and create actions plans to improve things. We try and learn from everything."

There was an open culture within the service. The registered manager told us they operated an open door policy and staff confirmed the management team were open to feedback and suggestions. During the inspection it was clear people who used the service and visiting relatives had developed a relationship with the registered manager. A relative we spoke with said, "The manager is brilliant, she is one of the main reasons the home has such a good reputation. She looks after everyone, the residents, the staff and me. She knows how hard it has been for me when I was told my wife couldn't come home and she has done everything she could to make things easy for me."

Resident meetings were held on a quarterly basis which ensured people had the opportunity to make suggestions and provide feedback about the service. We saw that activities meetings had been organised so people were able to discuss the types of things they wanted to do. This provided assurance people were involved in developing the service to meet their individual needs.

Staff meetings were held bi-monthly and used as a forum for staff to discuss any concerns they had as well as changed to ways of working and best practice. We saw that standing agenda items included the care certificate, training, service user needs and staffing levels. Actions plans were created when issues were identified to ensure issues were resolved in a timely way.

At the entrance to the service the Social Care Commitment [The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services.] dignity challenge, whistleblowing and safeguarding information was displayed. This helped to ensure staff were reminded of their responsibilities and reminded them of the need to deliver high quality care in line with best practice at all times.