



**EAST SUSSEX COUNTY COUNCIL
ADULT SOCIAL CARE**

**CONTRACTS & PURCHASING UNIT
QUALITY MONITORING TEAM**

**Bay House
2-3 Middlesex Road
Bexhill-on-Sea
East Sussex
TN40 1LP**

QUALITY MONITORING VISIT REPORT

4th February 2009

Background: A monitoring visit was carried out at Bay House care home by Gill Burns, Quality Monitoring Officer and Alan Truett, Quality Monitoring Officer in response to Quality Monitoring (residential) programme of scheduled review visits

This report sets the evidence found during the visit against key elements of the East Sussex County Council Contract for the Provision of a Care Home Service under the following headings:

1. Care Planning
2. Risk and Health Management
3. Quality Assurance
4. Partnership Working
5. Service User Outcomes

A level of compliance from the range below has then been applied to each of these areas:

- Fully compliant
- Compliant in most areas
- Moderate compliance
- Non compliant in several areas
- Not compliant

The aims of the service as outlined in the Service Specification for the Provision of Care Home Services - Residential are as follows:

...the primary aim is to provide assistance for Service Users that:

- Maximises their independence irrespective of their level of needs, now or in the future;
- Is of a high quality, integrated and co-ordinated;
- Is effective and efficient
- Enables individuals wherever possible to exercise choice and control
- Is sensitive and appropriate to the needs of the individual
- Is underpinned by a set of core values
- Enables a Service User to live free from fear and abuse

The Aim of the visit was to determine whether the level of care provided meets the aims of the service and other contractual requirements and to develop, where appropriate, an action plan to address areas in need of improvement.

The objectives of the visit were as follows:

1. To scrutinize a sample of care plans in detail focusing on risk assessments, personal care procedures, evidence of adherence to care plans, evidence of stakeholder involvement and referral, and person centred planning.
2. To look at staff files, in particular training (completed and planned), evidence of supervision and qualifications.
3. To interview staff to determine levels of understanding regarding processes, especially safeguarding, whistleblowing, complaints, and confidence in undertaking tasks assigned.
4. To observe staff interactions with service users
5. To observe the environment and evidence of service user choice and involvement in planning their care
6. To look at quality assurance systems to identify their effectiveness in identifying improvements, action plans and actions implemented

1.

Care Planning

Bay House utilises the "Standex" recording system for care and nursing plans. Two service user care plans were reviewed, FT and PC.

Both files had a clear and dated colour photograph of the relevant service user. The files also recorded service user personal history, next of kin details and preference for contact i.e. mobile or land line and times they wished to be contacted.

Medical history was recorded in detail. No record was found of service user possessions inventory, no contract and a copy of the social care plan was not found.

Person centred statements were reviewed in the following areas of both care plans; dietary, personal hygiene, communication and for PC clothing choice, make up and hair style however there was no indication of a due review date for FT on dietary plan.

General health records were accurate and up to date. Statements were made such as "cheery" FT and "can appear anxious at times" PC. However it was not clear if there was a formal facility for assessing service users mental health needs.

Menu's were reviewed and were clearly presented with some picture indicators. The menus indicated a variety of options and when read in conjunction with a large wipe board in the kitchen evidenced that service user choice was highly prioritised and accommodated.

Special diets were catered for as were preferences, likes, dislikes and portion size.

The mid day meal was observed and sampled during the visit. Staff were observed to be very calm and assisted service users appropriately at all times. Examples of good practice were noted such as one member of staff asking a service user "are you comfortable" "would you like to be closer to the table" and "would you like a clothes protector"

Service users visitors were also observed in the dining room throughout the mid day meal and appeared to be offered a meal and refreshments.

Staff were also observed to ask service users if they would like assistance and offered a choice of drinks and main meal at the point of service.

The food was served in matching crockery, appropriate cutlery and the tables were attractively laid with fresh flowers and condiments were available.

The food was served hot and attractively displayed upon the plate, pureed diet was observed to be separated into different food items.

Correlation was found between dietary assessments and food planning, PC "eats a reduced sugar diet due to her diabetes"

On discussion with the manager and provider, awareness of dietary needs was evident, both were able to describe approaches to different needs such as weight loss, loss of appetite and health related dietary needs i.e. different foods, textures and colours, different times to eat, a choice of where to eat, high fat, high starch and supplements. Both also showed insight into the possible causes of these problems.

GP and multi disciplinary records were evident in both of the files viewed and included GP, Dietician, foot clinic, audiology, optician and tissue viability nurse.

The care plans reviewed did not evidence involvement from family members or service user representatives. However it should be noted that Bay house holds regular meetings to inform service user's and family members, at these times feedback is actively sought from service user's representatives and this is fed into action plans for improvements.

Daily log notes were also contained within these files. These appeared to lack some detail and were based on nursing need "all care given" was a common entry for PC and FT. This does not give an accurate picture of the experiences of that service user on that day or any detail about what care was given. These statements would benefit from more detail and less assumption "appears to have had a good sleep" PC could be easily replaced with a statement from the service user if they were asked how they had slept.

Daily notes did however evidence action after an occurrence of self mobilisation for FT which was noted and then used to review the relevant risk assessment appropriately.

LEVEL OF COMPLIANCE



Compliant in
most areas

2.

Risk and Health Management

In both files reviewed appropriate and scored risk assessment tools were viewed for the following areas: Moving and handling, continence, tissue viability, nutrition and falls.

However observational monitoring and evaluation of PC weight had been regularly reviewed at various dates and it was not clear what had indicated or triggered that monitoring i.e. 04/10/08, 04/11/08, 19/11/08, 26/11/08, 28/11/08, 29/11/08, 03/12/08, 10/12/08, 11/12/08, 01/01/09, 06/01/09 and 07/01/09.

Evidence of risk reduction methodology was found relating to FT self mobilizing at night (as mentioned in the **Care Planning** section of this report). Risk reduction methodology was not clear from records for PC as there did not appear to be any changes noted from the initial risk assessment.

The complaints policy and records were reviewed during the visit.

The policy was appropriately worded and had stated timescales for action, facility to utilise the ESCC complaints policy should be included within this document.

Only one formal complaint was present and this related to a safeguarding vulnerable adults investigation in May-June of 2008. Within the complaints form the section for completion by the management of Bay House had not been completed.

No log of complaints was present in the complaints file.

On discussion with the manager/matron quality monitoring officers were informed that often low level complaints that were received verbally were dealt with outside of the complaints policy and on the spot where possible.

Recording of these low level complaints or gripes would be a useful quality assurance tool.

Three weeks rota's were examined and from these the following conclusions were made;

Bay House operates dedicated staff teams in the following areas Nursing, Catering, Housekeeping and Facilities. Each of these departments is lead by a manager and these are overseen by the registered manager and provider. During any twenty four hour period viewed it was apparent that there is at least one registered nurse on duty (not including the registered manager).

Of the week commencing Wednesday 4th February each morning shift 8am-2pm there were six carers on six of the days, five carers on one of the days and each afternoon shift 2pm-8pm there were four carers on six of the days, three carers on one of the days. It was recognised that some of these shifts varied from the 8-2 and 2-8 pattern to allow for a handover from each shift.

Each night shift, 8pm-8am consisted of one registered nurse and two carers.

In addition to this were ancillary staff and MD whose role is activities coordinator during the day and supper cook in the evening.

It was also apparent from a recent Quality Assessment (Dec 08) and the action plan that followed, managers and the registered provider are now working weekends on a rota basis to ensure support and supervision of staff during these periods.

All staff interviewed felt that there were sufficient staff to meet the needs of service users and all agreed that they did not use agency staff at this time because current and bank staff could cover shifts.

Although staff work long shifts, these appear to balance out over the three week period and staff files evidence a completed working time directive opt out where appropriate.

Staff rotas could be further improved by developing an easy to understand format and by including the registered provider on this. This would allow service users and representatives to access the registered provider more easily.

An easy to understand rota will also allow this information to be more available to service users, family members and other professionals.

Infection control measures were observed and included the use of different coloured aprons for different tasks, appropriate but discreet waste bins, paper towels and liquid soap.

All staff interviewed were able to give examples of matters that should be reported as safeguarding alerts and demonstrated knowledge of how to go about this.

LEVEL OF COMPLIANCE



Compliant in most areas

Quality Assurance

Three staff files were reviewed during the visit (CA, LM and MD)

Applications were found in each of these files although for one of these an application was completed under the previous owners systems.

Completed CRB checks were found in both CA and MD files, but was not present in LM file, this was explained by the provider as advice they had received from RCHA. RCHA have been advised by the Commission for Social Care Inspection that all checks should be destroyed after information received had been appropriately addressed. Letters from the RCHA were included in all files that stated the result of CRB checks and the reference number.

Recent guidance from the Commission for Social Care Inspection directly to the quality monitoring officer is that it would be good practice to photocopy the header of the CRB check and include this in the staff members file.

All three files had references completed by tick box answers to questions and terms and conditions documents relating to confidentiality, supervision and a training agreement.

Health checks had been completed by all three staff however it was not apparent what action had been taken to address an issue in LM file regarding an injury.

Induction records were found in LM and MD files that were in line with skills for care and the homes own principles of five star care. CA file had no record of a formal induction. Given the seniority of this post a record of induction would be beneficial. On discussion CA confirmed that she had an ongoing and comprehensive induction with the provider that lasted for a considerable period of time but was not recorded.

All files had evidence of supervision however staff seemed to differ on the regularity of this supervision. When interviewed one member of staff said that they had formal supervision every six months and another said they had supervision every three months.

The service is reminded that it is a requirement that staff receive six formal supervision sessions each year.

It is recognised that the service does offer alternatives in that it has a variety of staff meetings and ad-hoc supervision when required. This should not be seen as an alternative to the required number of supervision sessions which should be scheduled and formal.

Evidence of training was found in the following areas; Moving and handling, Safeguarding vulnerable adults, infection control, first aid, dementia, continence management (except MD), food safety and handling, fire safety / awareness and care practices.

A list of training completed and the date of its review would be good practice if recorded in each staff members file.

Staff files although apparently complete were found to be disorganised and difficult to read.

The master training matrix was reviewed during the visit and although when explained this appeared to be up to date this again needs to be reorganised to enable ease of access to this information.

Three members of staff were interviewed during the visit. All were approachable, informative and were able to confirm they had a good knowledge of the systems operated within Bay House. All were able to demonstrate appropriate knowledge of safeguarding vulnerable adults, supervision and its purposes, the service's complaints policy and handling, appropriate reporting lines for concerns and their relevant roles and responsibilities.

During the interview process it became apparent that there is currently no key worker system in place. It is proposed that each of the four lead carers, key works with 8 service users.

It is recommended that a key worker system is implemented expediently as this is a contractual obligation for ESCC funded service users.

Three methods of quality assurance systems were reviewed.

A Quality Assessment (service evaluation) was examined; this was undertaken on the 3rd December 2008.

This is a comprehensive document that follows the national minimum standards, each standard has key items that are checked and graded either 1* or 3*. There is then facility for notes and action points to be made.

It was not clear what actually graded each of the points as 3* or 1* and who had made this assessment.

Notes/actions although comprehensive need to be prioritised and timescales for action need to be put in place.

A relatives/residents survey from January 09 was reviewed and consisted of a questionnaire that asked yes/no or sometimes questions and had facility for a score at the bottom of each section. Section

headings were management, premises, daily living and staff and food.

These questionnaires would offer more valuable information if the questions were graded in a 1-5 style and then a score could be calculated from the answers giving a quantitative answer rather than interpretational. The questions also need to be examined to ensure that they are of equal value to all service users or representatives i.e. a question regarding disruption from building works is relevant to all not just service users with new rooms.

A free text section should be added to each heading to allow for further information.

Summaries and action plans were drawn up appropriately from the results of these questionnaires, but again the action plan needs to be prioritised and time scaled.

An employee satisfaction survey was also examined and the points relating to the relatives / residents survey above are also relevant to this.

The "residents guide to their home" was reviewed and it was found that certain clauses within terms and conditions of residence contradict the specification of service for care homes as per the ESCC contract for provision of a care home service. In addition section 17 regarding complaints should offer the facility for complaints to be escalated to ESCC complaints department.

These terms and conditions need to be reviewed to ensure they do not contradict the ESCC contract.

As a point of good practice the person centred statements entitled "Our 5 star values" provide an excellent foundation on which to build a person centred service.

LEVEL OF COMPLIANCE



Compliant in
most areas

3.

Partnership Working

Evidence of appropriate outside professional input was observed from service user files during the visit.

Feedback has been received from two quality monitoring review forms, 18/01/08 stating service user needed more 1-1 time and 28/08/08 raising no concerns.

Two safeguarding vulnerable adults alerts have been raised, 10/12/08 unsubstantiated and May 2008 relating to the changing of a dressing which was substantiated and resulted in a change of practice within Bay House.

Feedback was actively sought from all operational teams prior to this review visit, as a result a concern was raised relating to the ongoing refurbishment of Bay House and an enquiry as to whether this was having a negative impact on service users living there.

No evidence was found that service users were experiencing a negative impact due to the refurbishment however all three of the staff interviewed stated that they looked forward to the point where the refurbishment was completed.

One service user representative made a point of discussing the provider and manager with a quality monitoring officer, all feedback received indicated that he felt that all staff at Bay House went out of their way to help and he was very complimentary about the help he had received personally regarding a problem. He stated that "they go above and beyond what anyone could expect of them"

Bay House is currently rated Adequate/1 Star by The Commission for Social Care Inspection and six statutory requirements were made in the last published inspection report dated 14th September 2007.

LEVEL OF COMPLIANCE

Not assessed on this occasion.

4.

Service User Outcomes

As noted in the **Care Planning** section Bay House utilises the “Standex” recording system for care and nursing plans. This system appears to be thoroughly effective at meeting the needs of nursing care staff but appears to be difficult to adapt to a person centred approach. During this review visit Bay House have demonstrated a philosophy and drive towards person centred care that appears to be at the heart of all they do.

All observed interaction with service users was calm friendly and patient and appeared to prioritise service user choice and control.

On looking around the home the environment was found to be light and airy, the building has been undergoing extensive refurbishment and this work is still under way.

Areas that had been refurbished appeared to have had a great deal of time and effort spent on making sure they were welcoming and the work appeared to have been done to a very high standard.

Evidence was seen of attempts to reduce the impact of these works on the day to day life of service users by the use of cladding and sound deadening materials where work was taking place.

A purpose built lift had been installed to allow service users in a wheelchair to be accompanied by a member of staff.

All areas of the home that were reviewed were clean and free from odour. The refurbished kitchen presented as a professional and very modern space, extensive cold storage was seen in addition to a large amount of fresh produce, in preparation and in storage. As mentioned earlier in the **Care Planning** section of this report, one wall was dominated by a large wipe board that held important information for catering staff regarding service user preferences and dietary requirements.

Wine and beer were also seen within the storage area and the quality monitoring officers were advised that this was made available to service users appropriately on request with meals and in the evenings.

A dedicated hair salon was also observed during the visit as was appropriate equipment for weighing service users in their wheelchairs, various hoists and other mobility equipment, this all appeared to be clean and in good order.

Signage within the home was appropriate and effective, a large menu board was in the lounge showing the menu and choices for the day and on discussion with the provider he informed the quality monitoring officers that the catering manager also discussed meal options with all service users during the morning.

All service users rooms reviewed were clean, furnished in a modern but neutral manner with what appeared to be good quality furnishings. Some were personalised with small personal items and pictures, all had “profile” beds and appropriate call facilities. All had a lockable draw in a bedside unit for storage of valuables.

The garden at bay house is over two levels, one with a large patio area that has a raised planter with a water feature and wheelchair accessible planters on all sides. This area opens from a large open plan living/dining room and conservatory.

There is also a lower area that is accessed via a ramp or stairs, the lower area is mostly grassed with a timber built staff room/ changing facility that has power and water supplied. Currently the grassed section of this area is used for storing various building materials and as such is unsafe for service users. The provider has advised that this area will be re laid with grass once the building work has been completed and plans to have further raised growing areas for service users to take part in gardening.

As a point of good practice it would be beneficial to highlight to visitors the progress to date on the refurbishment and highlight a planned completion date. A before and after type picture board with the relevant information will allow all visitors to see the progress made and look forward to the point when these works are complete.

Activity provision within the home appears to have been prioritised with a dedicated activity coordinator, the coordinator has gathered a great deal of information from each service user about their likes and dislikes for activities. Activity provision appears to be based on service user choice and includes 1-1 time and outings.

Activity provision is also recorded in care plans and actively involves service user representatives and family, however this recording needs to be more detailed and include feedback from service users in their own words about how they enjoyed or not the particular activity recorded.

LEVEL OF COMPLIANCE



Compliant in
most areas

Conclusion

Care planning and risk assessments within Bay house demonstrate a positive effort to work towards a person centred planning system. Service user choice is evidenced, was discussed with staff and appears to be at the centre of the philosophy of Bay house. In addition the Care plans provide comprehensive information relating to the health and welfare of service users and their needs.

Complaints and compliments recorded at bay House show a positive attitude to feedback and its recording. Comments made to quality monitoring officers during the visit were very positive about Bay House and its holistic/inclusive approach.

Quality assurance systems are used effectively to improve the quality of the service that is offered.

Dedicated and organised staff teams show commitment to good practice and achieving high levels of service to the service users and their families. The liaison between these teams managers evidences a drive towards a common goal and unity of purpose.

The present extensive refurbishment of Bay House will provide a pleasant environment for its service users and the completion of this work will be welcomed by all involved.

Positive interactions were observed throughout the visit, all staff observed were seen to be respectful, patient and offering choice to service users in their care.

The manager and provider of Bay House appeared very passionate about providing an excellent service. They were very open and helpful throughout this review visit and provided insight into the functioning of Bay House.

All staff interviewed demonstrated a wide knowledge of Bay House, its residents, philosophy and systems. Bay House has a very pleasant, homely, light, modern and professional atmosphere that was relaxed and calm on the day of our visit.

OVERALL LEVEL OF COMPLIANCE

Compliant in most areas

Proposed Recommendations	Priority	Agreed deadline
<p>Care plans need to include a possessions inventory, a copy of the service users contract and a copy of the social care plan or files need to be referenced with their location in another recording system.</p> <p>Care plans should evidence service user's representative or family input to enable a holistic picture of service users needs.</p> <p>Daily log notes need to reflect the experiences of service users rather than the statement "all care given"</p> <p>Where observational monitoring takes place it should be clearly stated why this has been triggered and periods of evaluation should be noted.</p>	<p>Immediate action, continuing development.</p>	<p>This is to be immediately implemented and expected to be significantly embedded in Bay House recording systems by 30th September 2009.</p>
<p>The recording of low level concerns needs to be undertaken and would evidence action taken to meet service user needs and to provide feedback on the service for quality assurance purposes.</p> <p>A log stating name of SU, name and address of complainant, nature of complaint, response to the complaint, levels of satisfaction of the complaint and timescales would be beneficial. A similar tool used for compliments records would also be of benefit for the purposes of quality assurance.</p>	<p>Immediate action</p>	<p>This will be addressed immediately and is expected to be complete by 30th April 2009</p>
<p>Staff files should be reviewed to establish a clear and organised format; a copy of what reviewing officers expect to see in staff files will be supplied.</p> <p>It is recommended that a timetable for supervision be established in line with the expectation that staff will receive six supervision sessions per year. This should be shared with staff to ensure that all are aware of the expectations and that the supervision process is valued by the management team.</p>	<p>Action already underway, medium priority</p>	<p>This has already been identified by Bay House and will be complete by 31st July 2009.</p>
<p>The quality assessment systems used at Bay house should be reviewed in line with recommendations made earlier in this report. This would then provide a very effective tool to demonstrate improvement to all stakeholders.</p>	<p>Medium priority</p>	<p>This will be completed by 30th April 2009.</p>
<p>The terms and conditions of residence need to be reviewed to ensure they do not contradict the ESCC contract and the addition of ESCC complaints department as an escalation route for complaints needs to be addressed.</p>	<p>Immediate action continuing development</p>	<p>This will begin to be addressed immediately and will be complete by 30th June 2009.</p>
<p>Rotas would benefit from a more easily understood format that could be available to service users, friends and family and could provide them with valuable information about contacting any particular member of staff or the provider.</p>	<p>Good practice, no urgency. Low Priority.</p>	<p>This is already being partially addressed with the use of an IN/OUT board for senior staff. The will be developed further by 30th September 2009.</p>

