

M & J Care Homes Limited

Lyme Bay View Residential Home

Inspection report

Old Beer Road
Seaton
Devon
EX12 2PZ

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lyme Bay View Residential Home is a large detached period property on the outskirts of Seaton overlooking the sea. The house has a large landscaped garden which people can access with support. They are registered to provide accommodation with personal care for up to 30 older people with long term medical conditions or memory loss. At the time of our inspection there were 24 people using the service. Four of these people were receiving respite care.

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

People told us they were happy living at the service and felt safe.

Medicines were managed safely. There were safe systems of recruitment in place. Staffing levels had been increased to make sure people's needs were met at all times.

Staff received safeguarding training and knew what to do if they thought someone was at risk.

Risks to people and the environment were identified and well managed.

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

People and staff said the service was well led and they felt their opinions were sought and listened to. The registered manager worked alongside the staff and was very visible, they knew people well and focused on delivering person centred care.

The provider had systems in place to monitor the service and improve outcomes for people. The registered manager monitored accidents and incidents and identified any actions that needed to be taken to prevent future occurrences.

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 3 October 2019).

Why we inspected

The inspection was prompted in part due to the length of time since we last undertook an inspection and a new registered manager was in post. As a result, we undertook a focused inspection to review the key questions of safe and well led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

The overall rating for the service has remained good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lyme Bay View Residential 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We sought feedback from health and social care professionals at a weekly meeting to discuss Adult Social Care Services in East Devon. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and one relative about their experience of the care provided. We spoke with 9 members of staff including the registered manager, team leaders, care staff, housekeeping, maintenance and catering staff. We also spoke with an agency carer working at the home.

We also spoke with the provider's nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider).

We used the Short Observational Framework 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 reviewed a range of records. This included 2 people's care records and multiple medicine records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including maintenance records, residents and staff meetings, quality assurance records and quality monitoring audits.

We contacted 4 healthcare professionals and received a response from 3 of them.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt safe. People's comments included, "I do feel safe" and "They are alright, you don't even know they are staff. I don't think about being not safe."
- Staff had completed safeguarding training and understood their role in recognising and reporting concerns of abuse or poor practice.

Assessing risk, safety monitoring and management

- People had their individual risks assessed and monitored. This included risks associated with mobility, skin integrity and swallowing. We discussed with the registered manager the need to ensure these were reviewed more promptly when some people's needs changed.
- Staff understood the risks to people and took actions needed to mitigate avoidable harm whilst respecting people's rights and freedoms. This included the use of specialist pressure relieving mattresses and pressure alarm mats to alert staff.
- Environmental risks had been assessed and included water safety, the safety of window restrictors and building security.
- People were protected because of effective fire safety measures at the home. The provider had recently had an external company undertake a fire risk assessment where no high-risk areas were identified. Where moderate areas had been identified, actions were being taken to address these, for example an external contractor was at the home during our visits attending to fire doors.
- There was a weekly fire drill completed and an external company undertaking fire safety equipment checks. We discussed with the provider whether a fire door which had a thumb lock and a keypad was safe in the event of an emergency. The provider said they would ask their fire risk assessment team about this.
- People had personal emergency evacuation plans in place that provided key information should they need evacuating from the building.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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

Staffing and recruitment

- Staffing levels met the needs of people and was responsive to people's changing needs. The provider and registered manager increased the staffing levels during the inspection. An additional staff member was added to the rota between 10 and 4 each day to ensure a staff member was always present in the communal areas to minimise the risks to people. This was because the activity person who had recently left had supported the lunchtime meal and based themselves in the communal areas as part of their role.
- Records showed us that staff had been recruited safely. The recruitment process included obtaining references and a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider used agency staff to undertake shifts when needed. The registered manager had a profile for each agency worker who came to the home. We spoke with an agency staff member working on the second day. They told us, staff had checked their ID, did a walkaround with them, told them about fire procedures and given them details of people at the home. They told us everyone had been very kind and supportive. We discussed with the registered manager the benefit of formally recording this induction with the agency staff.

Using medicines safely

- Medicines were safely managed. Processes were in place for the ordering and supply of medicines. Medicines administration records (MAR) indicated people received their medicines at the right time.
- People were happy with how their medicines were managed. Comments included, "I have my medication, no problems" and "No issues, I get them every morning before breakfast."
- Some people had medicines that had been prescribed for 'as required'. Most of these medicines had protocols in place providing staff with information to ensure they were administered appropriately. The registered manager confirmed they would ensure all people's as required medicines would have a protocol put in place.
- There were suitable arrangements for storing and disposal of medicines, including medicines requiring extra security and refrigerated medicines.
- Regular medicine audits were completed. Where errors or concerns were identified, action was taken.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- In line with current government guidance the home was open to visitors. There were no restrictions to movement around the home.
- People and a visitor confirmed visitors had been able to visit. Comments included, "No restrictions" and "I gave 15 minutes notice today and they said I could come in, no problem."

Learning lessons when things go wrong

- The registered manager had oversight of accidents and incidents. Information was reviewed to ensure actions needed had been taken after each incident. The registered manager looked at information to analyse trends, review risk and identify learning. Learning was shared with staff at daily handovers and at staff meetings.
- The provider and registered manager responded very promptly to areas we discussed at the inspection.
- A recent visit by the Food Standards Agency had identified some areas for improvement and given the service a rating of 3 out of 5. The provider and registered manager had acted promptly to address these areas and were awaiting a return visit to improve their rating.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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

- People and a visitor spoke positively about the registered manager. Comments included, "Name no, but by sight. I recognise them, they are very much approachable. I'm not shy, I will ask " and "From what I see she is very friendly. She seems very efficient. She seems to know the people well. She pops in and out, she mingles. She knows the people; you do see her."
- The registered manager worked alongside the staff and was very visible, they knew people well and focused on delivering person centred care. Staff team spoke positively about the registered manager and the support they received.

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 understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. We observed that they were regularly in contact with families and people and were very open and transparent.

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

- The registered manager was developing the team as there had been some new staff join. They had identified staff strengths and were delegating roles and responsibilities. This included supporting a member of staff to undertake additional managerial responsibilities.
- The provider worked at the home alongside the registered manager and was very involved in the home's maintenance and redecoration needs. There was a positive working relationship between them and the registered manager.
- The registered manager had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- Quality assurance systems were effective. The registered manager had numerous audits which they completed to assure themselves about the quality of the service. We discussed going forward having a service improvement plan/action plan, so they were clear about the areas they were looking to improve.

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

characteristics; Working in partnership with others

- The registered manager had engaged with people and relatives. We heard and were told about numerous informal conversations which had taken place but were not always recorded.
- The registered manager held 6 monthly residents' meetings and undertook surveys to ask people and relatives their views. We reviewed these and they were positive. We discussed collating the survey responses and sharing the responses with people.
- Quality assurance surveys were used to gather feedback from staff. The feedback forms had been reviewed by the registered manager and discussed with the staff team.
- Staff felt supported by the registered manager, they had regular supervisions and staff meetings. The registered manager recognised the importance of good communication and was working with staff regarding this.
- The registered manager and senior staff worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. Feedback from health care professionals included, "My impression was that (person) was offered close monitoring and that the registered manager was completely aware of the signs of recovery and improvement in his cognition and mobility...I felt confident that this person's needs were wholly understood, that his independence was promoted..." and "I always found information surrounding care and support needs comprehensive, staff in tune to resident's needs, when visiting, residents were always happy and a really upbeat atmosphere within the home."