Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bayfield Court

71 Hatch Lane, Chingford, London, E4 6LP

Date of Inspection: 28 April 2014

Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Oaklands Care Centre Limited
Registered Manager	Mrs Diane Cherie Collins
Overview of the service	Bayfield Court is a residential care home located in Chingford which caters for up to 46 people. It also provides respite care and care for older adults who may be living with Dementia. At the time of this visit there were no vacancies.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 April 2014, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We considered our inspection findings to answer questions we always ask:
- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

Is the service safe?

Staff personnel files showed that appropriate pre-employment checks were carried out before staff began working with people. We saw evidence that staff had a valid Disclosure and Barring service (DBS) check which was up to date. This showed that people were protected from the risks of receiving support from unsuitable staff. We saw evidence that staff had received induction training which included shadowing experienced staff and that they completed a six month probationary period. Training records showed that staff had received training for moving and handling, first aid and safeguarding of vulnerable adults and this was up to date.

The provider had a medication policy and procedure in place and the responsibility for administering medication to people was assigned to designated members of staff. We saw evidence from training records that staff completed medication training with a pharmacist. Staff we spoke with described the training regime they had completed before becoming a designated medication administrator. We saw evidence that medicines were stored safely and records showed that medicines were administered correctly.

Arrangements were in place to deal with foreseeable emergencies and staff were aware of what to do in an emergency. Training records showed that staff had received training in fire safety, health and safety and moving and handling. People's files contained care plans that were reviewed regularly and there were risk assessments in place. Care plans

contained information about medical history, allergies, mobility needs and emergency contacts.

Is the service effective?

People's needs were assessed and care was planned and delivered in line with their care plan. The provider involved relatives in the assessment and care planning process. We saw evidence that people had signed to consent to the care they received. People's files showed that their capacity had been considered under the Mental Capacity Act 2005.

People we spoke with expressed satisfaction with the care and support given and that their needs were met. One person told us "it's good here." A relative told us that her parent was bedbound and could not speak, but "staff are friendly, always talk to her." It was clear from speaking to staff that they had a good understanding of people's care and support needs.

We saw evidence from staff files that there were effective recruitment procedures in place and that staff had received appropriate induction and training which was regularly updated. Staff received regular supervision and annual appraisals. Training records showed that staff had received training in Dementia and care planning. This showed that people could be confident that they receive effective care from staff who have the knowledge and skills necessary to carry out their roles and responsibilities.

Is the service caring?

People's relatives and friends were able to visit without undue restriction. One relative told us that they "like to be able to give Mum one of her meals" and that she visits every day. The manager told us that the door is open to relatives at any time and that relatives are invited to attend the frequent events that they hold.

During our observations, we saw staff responding to people's needs at the time they needed it. Staff responded to call bells in a timely manner and asked people if they could help them. We observed activities being carried out in the garden and staff were seen to encourage people to join in and checking that they were comfortable and shaded from the sun. For example, one person was looking for a cushion in the dining area to sit on in the garden and a member of staff offered her a garden seat cushion and placed it onto the chair for her. This meant that staff showed concern for people's well-being.

Is the service responsive?

People's needs had been assessed before they started to use the service. We saw evidence that plans were put into place before people moved into the home. People's preferences, likes, dislikes and interests had been recorded on support plans. Care and support was provided in accordance with people's wishes. We saw evidence that people had chosen to continue to administer their own medication independently. Care plans were reviewed regularly and were up to date.

We saw evidence that complaints had been responded to and acted upon promptly and in each case the complainant had been satisfied with the action taken. People we spoke with knew how to make a complaint if they needed to. On the day of the inspection the relatives we spoke with told us that they had no complaints or concerns.

People's files contained a removable information section which could be taken to appointments with other professionals. This information included a summary of the care

plan, medication and medical needs. This meant that people's needs could be assessed more accurately and that they received the support they needed from other services.

Is the service well-led?

Relatives we spoke with told us that "management will always find time" if they wanted to raise concerns and that concerns "are always acted on". A member of staff we spoke with told us that they enjoyed working at Bayfield Court because "staff get on well and management are supportive". Another member of staff told us that they liked working at the home because there were "higher standards of care than other places I've worked". The provider had a quality monitoring system in place which showed that opportunities to improve the service were identified and followed up promptly. People who used the service and their relatives were asked to complete feedback surveys on a six monthly basis. Records showed that the provider analysed the outcome of these surveys, identified actions needed and shared this with staff at team meetings. This showed that management used information from concerns to make improvements and from compliments to extend best practice across the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We looked at ten people's care plans which had been signed by people or their relatives to say they agreed with the plans. The care plans showed that people expressed their view and were involved in making decisions about their care. Activities that people were engaged in were recorded daily and included individual and group activities. During our observations we saw that some people chose to sit in a room, "the Bistro Cafe," with their visitors and enjoyed a variety of refreshments. There was also a "fine dining" room which people could use to entertain their family and friends on special occasions. One member of staff responsible for organising activities told us that there was a day trip planned to the seaside in two weeks time. One person told us "I'm waiting for the next party." We saw another group of people who chose to sit in the garden and take part in a quiz.

People's needs were assessed before they started to use the service and they were asked about what is important to them. There was documentation on people's files stating what their likes, dislikes and preferences were. People had either signed giving consent for staff to manage and administer their medication or had signed a statement expressing that they wished to administer their own medication.

The provider had a system in place where staff asked people on a daily basis whether they would like to have a bath or a shower and when they would like this. Staff we spoke with described how they respected people's privacy, dignity and independence. One member of staff explained how they did not assume that people needed assistance but would always ask first. Another member of staff described how they made sure the door was shut and the curtains closed before assisting people with personal care. One person we spoke with told us that they were "very happy here and the staff are caring."

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at ten people's files and found that people's needs were assessed before they started to use the service. Managers told us they would visit people beforehand to assess their needs and to inform the care plan. Relatives we spoke to told us that people visited the service as many times as they needed before making a decision to move in. One relative told us that the family's "mind is at rest now that Mum is here." Relatives we spoke with told us they felt people were safe at Bayfield Court.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. All the files we looked at contained up to date risk assessments and these were reflected in the care plans. We saw that care plans had been regularly reviewed and were updated to reflect any changes to the risk assessments. Senior care staff were responsible for arranging appointments for people with other services and writing them into the diary. Care plans contained information about other services involved with each person. All the files we looked at contained a removable section which contained basic information including notes on changes in health or behaviour and a care plan summary. Staff told us that a member of staff would take a copy of this basic information when they accompanied people to appointments.

There were arrangements in place to deal with foreseeable emergencies. People's files contained information about their medical history, allergies, emergency contacts and medication. Staff we spoke to were able to tell us what they would do in an emergency. For example one member of staff told us that during the weekend a person who used the service had to be taken to hospital by ambulance. The member of staff was able to tell us how they took control of the situation and supported the member of staff working with that person by making appropriate phone calls and contacting the manager. The provider told us that they do not use agency staff as they have their own system of bank staff who they can call upon in an emergency. Staff personnel files showed evidence of training in fire safety and emergency first aid.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw evidence that there was a medication policy in place. This included guidance on booking in new medication and the return and disposal of unused medicines. The medication policy file also included information about all the medicines used by people and the side-effects to be aware of. We were told that all care staff were shown this file during their induction and were aware of where it is kept in case they needed to refer to it.

Medicines were kept safely and were safely administered. We found that medications were stored securely in a locked trolley in a locked room on each floor. Medication administration records (MAR) charts were clear, did not contain gaps and were kept inside the locked trolley. The majority of medications were stored in blister packs, where each day's dosage was pre-packaged in its own separate container. We examined several blister packs and found that medication had been administered and signed for appropriately. Where people had declined to take medication or had been admitted to hospital, this had been recorded.

There was a separate locked cabinet in the locked room on each floor where controlled drugs were stored. At the time of this visit only one floor was using controlled drugs. A separate book was used to record the administration of controlled drugs with each dose signed by both the member of staff administering the drug and a witness. Stock records of the controlled drugs were also kept up to date. The service also had a designated locked medication fridge in the locked room on each floor. We saw evidence that the temperatures of these fridges were monitored on a daily basis and records of these checks were signed and dated appropriately.

Medicines were disposed of appropriately by being collected by the pharmacy on the same day that the new medication was delivered. A senior member of staff explained the process of returning unused medicines and we saw evidence that this was recorded appropriately in a book which was signed off by the pharmacist when the medicine was collected.

The provider had a medicine administration policy and only staff who had been trained were able to administer medicines. We saw evidence from staff files that they had

received medication training from the pharmacy. A member of staff told us that all staff completed medication training with the pharmacy but that only designated members of staff were able to administer medication. It was explained that when a member of staff takes up the position of designated medication administrator, that they shadowed a senior member of staff to observe the correct procedure and were then supervised by a deputy member of staff when they started administering. The provider had appropriate systems in place to ensure that medicines were administered and managed safely.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We looked at ten staff files and saw that an application form and a health questionnaire had been completed and that they had been selected through an interview process. This information confirmed that they had relevant experience and were mentally and physically fit for work. Appropriate checks were undertaken before staff began work. We saw that evidence of the required proof of the applicant's identity and a valid Disclosure and Barring Service (criminal records) check had been obtained. We also saw that two references had been obtained from previous employers. Staff did not start work until the provider had obtained all the necessary evidence that staff were of good character. People were protected from the risks of receiving support from unsuitable staff.

We saw evidence that staff had completed a probationary period of six months. We also saw evidence that staff had completed a three week period of induction which included shadowing experienced staff and completing training days, for example, moving and handling, health and safety, food hygiene and safeguarding of vulnerable adults. People were protected from the risks of receiving support from unsuitable staff.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their relatives and staff were asked for their views about their care and they were acted on. We saw that feedback forms were completed by people who used the service and relatives every six months. An example of a positive comment made from one person was "I am comfortably satisfied," and another person had said "there is always somebody there, they don't nag me. I am never afraid of staff." We saw evidence that the provider had put into place solutions to concerns raised. For example one person had said that the chairs needed to be washed because they were starting to smell so the provider had purchased a steam cleaner for the domestic staff to use on a weekly basis. Another example was one person had commented that the time for bathing or showering "was variable, not reliable." The provider had put in place a chart where people could choose their preferred day and time for a bath or shower and had instructed senior staff to complete this on a daily basis. The person who had made the comment about this said "it is much better now."

One relative had made a comment about staff not always wearing their name badges and the provider had responded by immediately placing an order to replace misplaced badges. We saw that the provider had introduced new laundry procedures last year as a response to a relative expressing concern about clothing being mixed up in the laundry. The provider checks of this showed that the laundry was now not getting mixed up. Monitoring of the new procedure had shown there was an improvement. The provider took account of complaints and comments to improve the service. For example the complaints file showed evidence that complaints had been responded to, dealt with appropriately and in a timely manner. Feedback from people making the complaints showed that they were satisfied with the resolution and improvements made.

We saw evidence that the provider obtained the views of staff during team, supervisions, appraisals and the staff survey. For example, one member of staff made a suggestion in a staff survey to introduce a communication book on each floor for managers to pass on information. The provider had responded by incorporating this suggestion into existing methods of communication and by reminding staff to enter appointments into the home's diary. We saw evidence that the provider held regular team meetings to discuss good and

bad practice, policy changes and training opportunities. We also saw that staff had the opportunity to raise areas of concern during the team meetings.

We saw records of the provider carrying out regular checks of the service. For example the provider monitored people's records for weight loss, medication reviews, mobility changes, accidents and incidents. There were risk assessments in place for the communal areas of the building and maintenance staff were employed to check the building daily and carry out repair work. These checks included tests of the fire alarm, security system and call system. Staff were aware of how to report repairs to the maintenance staff. We saw evidence that the provider had in place an annual medication audit which was carried out by the pharmacist and this was up to date.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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