

Mrs V Rattan

Bali Hai Care Home

Inspection report

14-16 Southbourne Grove
Westcliff On Sea
Essex
SS0 9UR

Tel: 01702479867

Date of inspection visit:
10 October 2017

Date of publication:
06 November 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

The Inspection took place on the 10 October 2017.

Bali Hai Care Home provides accommodation and personal care without nursing for up to 12 persons who may have mental health needs. At the time of our inspection 10 people were living at the service.

At our last inspection the service was rated as Good. At this inspection we found the service remained Good.

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. People's medicines were dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Bali Hai Care Home

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 was planned to check whether the 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 the 10 October 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 also reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with nine people, the deputy manager, three care staff and a visiting healthcare professional. We reviewed four care files, three staff recruitment files and their support records, medication records, audits and policies held at the service.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "I feel safe here, everyone is always around, before I lived on my own." Another person said, "It's safe here, it's lovely and all the staff are good."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. In addition staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. One member of staff said, "I would blow the 'whistle' immediately if I thought anyone was being abused and keep escalating it up and up until I was satisfied it was dealt with." The deputy manager was fully aware how to raise safeguarding concerns and worked with the local authority to investigate a recent concern raised by a member of public to ensure people were safe.

The registered manager made sure they recruited staff of good character and ensured all staff completed enhanced disclosure and barring checks (DBS). New staff also provided full working histories and references and attended for an interview at the service to meet with people. There were sufficient staff available or on shift to meet people's needs. People were very independent at the service but staff were available to support them if required. One person said, "There is always enough staff here and they go out with me as well at the moment while I am finding my way around the area."

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments were aimed at enabling people to maintain their independence, for example their ability to access the community independently. The service had emergency plans in place and these included guidance to staff on hot weather and fire evacuation procedures. Each person had a personal evacuation plan and staff undertook regular fire evacuation training. Staff knew how to raise the alarm if somebody suddenly became unwell and they needed immediate assistance from medical services.

People were cared for in a safe environment. The deputy manager ensured there were regular risk assessments completed of the premises and equipment used. There was an onsite maintenance person who undertook day to day repairs and monitoring of the service's environment and equipment. In addition the provider was making arrangements for on-going improvements, redecoration and upgrading of equipment at the service. The maintenance person said, "I deal with day to day issues and the staff write in the maintenance book any work for me to complete. For any specialist work we get contactors in."

Medicines were managed and administered safely. People told us that they got their medicine on time and when they needed it. Only trained and competent staff administered people's medicines. Medicines were stored safely in accordance with the manufacturer's guidance. Regular audits were completed and policies and procedures were up to date.

Is the service effective?

Our findings

Staff told us that they were supported to achieve nationally recognised qualifications to support them with their roles. One member of staff said, "I am doing a level 5 in leadership and management, this has made me more confident with my work." They went on to tell us that they are currently doing a module on staffing and recruitment and how they had been using their skills to help the deputy manager redesign an information booklet.

The deputy manager told us that staff were well supported with training and that training for staff was up to date. Records and staff confirmed this. One member of staff said, "I have just completed my updates in booklet format and they have gone to be marked." Staff told us that they were supported during working hours to complete training. New staff had a full induction when they started to work at the service. Staff told us that they had regular meetings and supervision with the registered manager or deputy manager to discuss the running of the service and their performance. We found this was a two way process for staff to receive support and updates on best practice.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People living at the service had capacity and were mostly independent. Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Nobody at the service was detained under DoLS. One person told us, "We can come and go as we please." Appropriate applications had been made to protect people's rights under the court of protection by the registered manager. We also saw assessments of people's capacity in care records had been made. This told us people's rights were being safeguarded.

People were very complimentary of the food and said that they had enough food and choice about what they liked to eat. One person said, "We have two options but if we don't like either we can have something else anyway." People told us that they liked to help with the cooking and preparation of food. Staff told us that people cooked for enjoyment and would make cakes for everyone.

People's weight was monitored for signs of loss or gains and referrals were made where appropriate to the GP for dietician input. One person told us, "I am a diabetic and have to watch what I eat as my sugar can be high. The staff are helping me with this."

People were supported to access healthcare as required and the service had good links with other healthcare professionals, such as the community mental health team, psychiatrists, and GPs. People told us that they had regular check-ups including health checks and blood tests. One person said, "I have just had

my flu and pneumonia jabs."

Is the service caring?

Our findings

People told us that they got on well with the staff and that they found them to be supportive. One person said, "I get on with all the staff they are all lovely." Another person said, "The staff are brilliant."

We saw that the staff encouraged a sense of community at the service, people told us that they all got along together and supported each other. For example, when they went out together. There was a very relaxed and homely atmosphere at the service with staff and we saw people interacting and socialising together freely. We saw that people cared for each other. For example, checking that they had everything they required before they went out on a trip, such as their bus pass.

Staff knew people well, including their preferences for care and their personal histories. Staff told us that they supported people to maintain their independence as much as possible. We saw care plans were very detailed and contained biographies of people's life so far with important dates to them and anniversaries recorded. Each person had an allocated member of staff as a key worker, and they were able to tell us the name of their key worker. One person said, "My keyworker is [staff name], they go through my care plan with me." We saw that care plans were reviewed and updated with people and their comments were written down. As part of reviews people's social workers checked with them if they were happy with their placement at the service and wanted to remain living there. Where some people did not have family they had an independent advocate (IMCA) in place to support them to ensure the care and support they were receiving was of their choice. An independent advocate is a person who can liaise on someone's behalf to ensure that their wishes are being met.

People told us that staff respected their privacy and promoted their dignity. Some people shared rooms at the service, this was done with their agreement and should they require privacy curtains were in place to separate the rooms. The service had a policy which they followed to ensure sharing a room was the person's choice. Where one person had taken a decision that they did not want to share a room, the registered manager had respected their choice and as a consequence the person had a double room on their own. People were supported to access faith support as often as they wished with many local places of worship available. The deputy manager had also arranged for a local church to collect one person should they wish to attend a weekly service. People were encouraged to maintain contact with friends and relatives and they could visit people at any time. Some people told us that they had mobile phones whilst others used the service telephone which they had access to whenever they wished. The service also had a computer and access to the internet should people wish to stay in contact using this facility.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People told us that they had an opportunity to look around the service before they decided if they wished to live there.

People and their relatives were actively involved in their care planning. We saw evidence that people had taken part in reviewing their care plans to ensure the support that they received still matched their needs. Each care plan was written in a person centred way and explained how people wanted their needs to be met and how to support their independence. We saw that care plans were regularly reviewed and updated each month, with detailed information of any changes to people's care. This meant staff had the most up to date information they needed to support people.

The service was responsive to people's needs. For example, making sure people's changing care needs were met, such as, involving the falls team when one person had issues with becoming unsteady when walking. The aim being to help them maintain their independence but being supported to do this safely. People had their requests met and their rooms had been decorated in a style of their choosing. People had been supported to choose new curtains and bedding to match their rooms.

People enjoyed varied pastimes and engaged in meaningful activities. There was a sense of community at the service with people taking pride in carrying out domestic activities which they called 'home skills'. One person said, "I like peeling the vegetables." Another person said, "I am just going to do my job, cleaning the mirrors." The registered manager was very keen that people took part in activities at the service and we saw that most people chose to go out everyday for a few hours. One person told us, "I have a bus pass and I like going to different clubs and day hospitals." Another person told us, "I like going for coffee morning's and sometimes to the local café for a cooked breakfast." People also chose to go away on holiday together and told us how much they enjoyed going away last Christmas to stay at a hotel in Bournemouth. One person said, "It was really good, there was lots of entertainment and so much food you couldn't eat it all." The deputy manager told us that they had chosen to return again this Christmas. The deputy manager told us that the staff often did fund raising for the service and people helped with this as well at times to raise money to support activities and holidays.

The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the registered manager. However people told us they generally did not have any complaints. The service also received compliments one read, 'Thanks for everything you do, keep up the good work'.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff shared the registered manager's vision for the service. One member of staff said, "We want people to be independent, to have choice and to have a voice and build their confidence." Another member of staff said, "I want people to keep their independence and be able to talk to us about anything."

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "We have a brilliant team, we all work together well and communicate with each other." Staff felt the registered manager and deputy manager was very supportive to their roles and listened to their opinions. Staff had a handover meeting between each shift, to discuss any care needs or concerns that had happened and used a communication book to share information. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager and deputy manager gathered people's views on the service on a daily basis through their interactions with people. People told us that they also had regular meetings with the staff and deputy manager where they discussed any issues they had. We saw from minutes that these meetings had been used as an opportunity to introduce a new member of staff to people. They also discussed such issues as the Grenfell Tower fire and how important it was to practice fire drills at the service. The complaints procedure was discussed at all meetings and people were encouraged to bring up any issues, the deputy manager also frequently reminded people there was a suggestion box should anyone wish to use this. The registered manager sent a yearly questionnaire to people, relatives, visitors, staff and other stakeholders. From reviewing responses these tended to be positive about the service and staff. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, accident and incidents, health and safety, and the environment. All information from audits was used in a meaningful way to ensure the quality of the service was maintained and to assist them to continually drive further improvements. For example where the clinical commissioning group had made suggestions to the deputy manager as to the best way to conduct medication audits we saw they had implemented their suggestion.