

Woodleigh Christian Care Home Limited

Baily House

Inspection report

Botany Avenue
Mansfield
Nottinghamshire
NG18 5QN

Tel: 01623620719
Website: www.bailyhouse.co.uk

Date of inspection visit:
23 July 2019

Date of publication:
23 September 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Baily House is a care home providing personal care to 62 older people at the time of the inspection. The service was a specially adapted building over three floors. The service can support up to 66 people.

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

The provider's vision and values were person-centred to make sure people were at the heart of the service.

A creative activities programme was in place. People and relatives told us that staff had gone the extra mile to find out about people's previous hobbies and interests to enable these to be continued at Baily House.

The registered manager and senior staff had embraced opportunities to undertake new and innovative practices with external professionals. This had led to a positive impact on people who used the service, and shared practice and learning for other social care providers in the area.

There were consistently high levels of constructive engagement with people, family members and staff. A commitment to equality and diversity was evidenced in the home by working with local LGBT network groups and sensitively developed resources were in place. People, relatives and the local community told us they were well supported with their religious or spiritual needs by the in-house chaplain.

The provider had invested in developing an experienced and motivated management structure. The registered manager was extremely knowledgeable, proactive and driven in striving for people to receive better care.

The service had sourced opportunities to make links in its local area and was now an embedded part of community life. By identifying a local need for a resource, sessions such as mother and toddler groups and inviting owners and their pets to a "Bark and Biscuit" session had enhanced the lives of the people who used the service as well as local community members.

The provider had systems in place to make sure people lived in a safe environment. Staff had a good understanding of how to keep people safe from abuse. Staff were trained in the safe use of medicines. Safeguarding concerns and incidents and accidents were checked for patterns and trends.

The service was caring. Everyone had praise for the staff and the management team.

Care plans were now in a new electronic format and information regarding people's care needs and health were not always easily located. Following our inspection the provider confirmed to us that they had addressed this issue and improved their systems.

People were supported to engage in activities they enjoyed. People and their relatives told us they knew

how to make a complaint.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 March 2016)).

Why we inspected

This was a planned inspection based on the previous rating.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Baily House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the 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.

Inspection team

One inspector and an Expert by Experience carried out this inspection. 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

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from commissioners and professionals who work with the service.

During the inspection

We spoke with the provider, registered manager, chaplain, two care quality managers and six staff members. We also spoke with seven people and two visiting relatives and spent time observing other people completing their daily activities.

We looked at five people's care records including medication administration records (MARs). We looked at two staff members records. We looked at records relating to the management of the service. These included accident and incident records, meeting minutes and quality assurance records.

After our inspection

We also received feedback from three visiting healthcare professionals. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Safeguarding systems and processes, including recruitment

- People we spoke with said they felt safe. Our observations for people who could not communicate with us were that they were comfortable with the staff members supporting them.
- All relatives we spoke with said they were kept informed in relation to any concerns regarding safety.
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training and records we viewed confirmed this.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people. These included environmental and individual risk assessments and provided staff guidance on actions to take to reduce the risk.
- The service assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- The environment and equipment were safe and well maintained.

Staffing and recruitment

- There were enough staff to meet people's needs. One relative we spoke with said, "The carers give attention to the detail needed. People are never alone. They check my relation every two hours nightly in her room. She hasn't fallen and I've seen them prevent others from falling."
- Our observations during the inspection indicated that staff were prompt to respond to people's needs.
- People told us there was enough staff.
- Staff recruitment was safe.

Using medicines safely

- Arrangements were in place for the safe receipt, storage, administration and disposal of people's medicines.
- Records showed, and staff confirmed they had received training in medicines management and they had been assessed as competent in this area.

Preventing and controlling infection

- Staff had received infection control training and said they had plenty of gloves and aprons available to them.
- The service was clean and tidy. Staff followed safe laundry procedures to help prevent the spread of infection.

Learning lessons when things go wrong

- The service was committed to driving improvement and learning from accidents and incidents.

Information was analysed and investigated. Action was taken to identify suitable solutions to address any risks identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed fully before they began using the service.
- People and their relatives told us staff provided them with choices and respected their wishes.
- People were supported by staff who had the skills and knowledge to effectively and safely support them.
- The service worked with other professionals to provide very good coordinated care. The service had piloted a scheme with the community nursing service regarding skin damage. We saw this had led to increased staff knowledge and a reduction in pressure ulcers at the service.

Staff support: induction, training, skills and experience

- New staff were supported through a period of induction and training.
- We discussed that staff may be faced with people who were distressed and may become aggressive. The registered manager confirmed that the provider had booked accredited training for staff.
- The management team ensured staff were trained to meet people's individual needs and had completed training in areas as diverse as mental health first aid, sign language and the science of happiness. One relative said, "I watch them (staff) handling people skilfully."
- Staff received regular supervision and the service had regular meetings to ensure staff were kept informed about developments at the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed their meals and relatives were complimentary about what was on offer. One person said, "The food and drink is very good. I don't like to eat a lot. You get a choice."
- When required, staff assisted people to eat and drink. Staff had included dietary information from other professionals into people's care plans. This included information on when people needed soft or pureed diets.
- We observed on all three floors on an exceptionally hot and humid day, that staff constantly ensured people had juice or fluid to drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with a care home liaison nurse to develop a falls analysis programme using the home's floor plan. The liaison nurse told us this achieved a reduction in falls and injuries as well as reduced hospital admissions.
- Records showed people had regular health and wellbeing check-ups. When required, investigations were sought in a timely manner for any concerns.

- All people regularly attended a dentist and opticians. We spoke with one professional who told us, "The staff are always helpful and knowledgeable during the assessment of people's' needs about their dental care."

Ensuring consent to care and treatment in line with law and guidance.

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 Act 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- An assessment of capacity took place prior to a DoLS application being made. The registered manager had submitted DoLS applications to the local authority for authorisation in line with legal requirements.
- The service obtained copies of lasting power of attorney (LPA) when people moved to the service. Where relatives or others were already designated as attorneys, the service ensured they saw the legal document that recorded this. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves.
- We observed staff supporting people with day to day decisions and respected their choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff treated people with kindness and respect. One person told us, "I've always found them very helpful."
- The registered manager regularly observed staff practices and interactions with people, including unannounced visits at night to ensure care standards remained at the appropriate level.
- The service had their own chaplain who visited two days a week and provided support to people, relatives and the staff team. They told us, "On Thursday morning we have a choir that residents sing in."
- We observed staff treating people with warmth, compassion and kindness. One staff member said, "We are like a family here."
- Staff had created a relaxed and friendly home. People's body language indicated they were at ease. When people became anxious, staff offered reassurances.

Supporting people to express their views and be involved in making decisions about their care.

- Staff supported people to be involved as much as possible with making decisions about their care. Relatives told us they took part in discussions about the person's care and support needs. One relative said, "It was a good two way conversation with us. We discussed what she likes to do. Things like knitting. The care plan is reviewed with me."
- The provider regularly consulted with people and their relatives to capture their views about the service.
- Staff supported people to be involved in tasks and activities they liked and had chosen. We saw staff supported one person to dry the dishes after lunch, an activity they enjoyed doing. A staff member told us, "We ask people if they would like to help. We ask them 'Can you help clean with me'."
- Information was available for people in accessible formats. For example, easy read documents had been produced for people who could not understand written words.

Respecting and promoting people's privacy, dignity and independence.

- People were promoted to be as independent as they were able and wished to be. One person told us, "I don't like to stop in bed usually but I can lie in if I want to. I can have tea later if I want."
- Staff treated people with dignity and respect, we saw they knocked on doors and sought permission before entering.
- People's confidential information was held securely on an electronic system which was password protected and only accessible to staff who needed the information to carry out their role.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding.

Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider had several initiatives to encourage people to be a part of the community and to invite the community into the service. We saw a cuddle and cake group had been set up where mothers and babies visited Baily House each week. One parent told us, "The staff make us feel like we are family. I've told a lot of friends and family about these sessions as it's the best feeling seeing the residents faces light up when they see the babies and children." There was also a weekly community choir and an intergenerational art class, supported by volunteers.
- A relative told us, "The activities are just amazing, there is always something going on, it's always buzzing." The home had a community choir and one volunteer told us, "The chaplain, leads the sessions with enthusiasm and sensitivity and is particularly good at engaging those with memory deficit by using visual cues and aids.
- We were given many examples of outstanding activities that included bringing in a mini zoo for a person who loved animals, providing a piano for a person who had previously been a music teacher which improved their mood, and supporting a person to visit a Chinese restaurant after they told staff of a lifelong ambition to return to Hong Kong. We also received moving feedback from a relative whose family member was supported to play pool at a local club regularly and the impact this made on their emotional well-being.
- Care plans were detailed and contained comprehensive levels of information regarding people's preferences and wishes. These plans were informed by people's medical history, conversations with people, relatives and input from external professionals. Staff demonstrated a sound knowledge of people's individual needs and preferences. One external professional said, "They are very professional and give us really good handovers."
- People were encouraged to provide feedback on an ongoing basis. This was through individual meetings with the activity staff, at resident/relative meetings or via annual surveys. Results from this had been unanimously positive for several years.
- Care plans were regularly reviewed and people who were able told us they knew about their plan. Relatives said they were involved in their loved ones care as much as they wished. One relative told us "I can visit anytime. I was told by the manager I could come 24/7."

Meeting people's communication needs

- Where people had specific communication needs, such as not being able to verbally communicate, care plans were detailed. Staff had developed a communication book for a person with expressive dysphagia who became agitated and distressed when they could not make themselves understood. The book enabled

them to make choices, and strengthened their relationship with the staff team.

- For one person whose dementia has caused them to revert to their childhood native language, we saw in their care plan and from staff that they had sought to learn their language. The staff were able to use key phrases to support the person and their relative fed back, "It means the world to us they are doing this for [Name]."
- The service had developed a dementia guide which offered support and guidance to families. This was a publicly available document and was included with any enquiry to the home. The booklet had been developed with the Alzheimer's Society to enable people to understand the condition and to give strategies to relatives to improve the communication and relationship with their loved one with dementia.
- One family had been struggling to adjust to their loved one's behaviours often leaving the service distressed. The service supported them by inviting them on their Virtual Dementia training and creating a visual memory book so they could start conversations using this with their relative. This had led to the family spending more quality time with their loved one.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

Improving care quality in response to complaints or concerns

- There had been no recent complaints. Everyone we spoke with told us they knew how to make a complaint or said they would simply speak to the staff if they were unhappy. The provider had a robust complaints policy in place and this was made clear in the service user guide and in communal areas (along with other pertinent information, such as safeguarding information).
- The registered manager demonstrated how they exceeded in meeting the Accessible Information Standard (AIS) by providing materials in braille, symbols and audio format.

End of life care and support

- The registered manager recognised that people at the end of their life and their relatives may experience difficulties absorbing information. Two end of life champions had developed easy read information for people to read so people and families could increase their knowledge and understanding as well as make any wishes and preferences known.
- The champions had also developed training resources to develop confidence and competence including a role play for staff regarding carrying out the last offices. One staff had said, "The training was fantastic and will enable me to deliver outstanding end of life care at such as upsetting time."
- Staff understood people's end of life wishes which were well recorded, and accessed healthcare services out of hours when required.
- Staff spoke with us about how they engaged relatives and felt they had a role to support the whole family at such a difficult time. We spoke with the service's chaplain who told us, "We do funerals here and have an annual memory celebration. I keep in touch with people's families after death and send them bereavement cards to offer support. I'm involved in end of life care and will keep popping in and have to know when you are needed more or less."

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 the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others

- The service had developed exceptional links in the local area that benefitted people using the service and community members. A 'Dementia Café' had been created and weekly Mother and baby and 'Artventurers' an intergenerational activity class had been established in the home. The manager of the mother and toddler groups told us, "The children and their grownups are beginning to form lovely friendships with the residents over the past months which is so lovely to see and be a part of."
- The service had forged and maintained excellent links with health and social care professionals and national and regional initiatives. For the last four years the service had participated in projects and research with the Academic Health Science Network on areas such as dehydration, pressure care and pain management. We saw how learning from these projects had been embedded into the service and the provider was invited to speak on this work at the national conference in London on improving NHS care in care homes. The service recently volunteered as a pilot to work with the local community pharmacist to reduce medicines waste in care homes. We saw avoidable waste returns had reduce from 43% to 1% representing a saving of nearly £5,000 per annum. The service was congratulated and this scheme is being rolled out at all care homes in the Nottinghamshire area.
- The service was also used as a best practice case study led by Nottingham University and the NHS Improvement Network. A programme about falls prevention led by the falls team, the community nursing service and Baily House created a falls mapping audit. This led to the number of falls in the home and therefore admissions to hospital. The care home liaison nurse told us, "The management team were great to work with."
- Staff worked as committed partners with other external professionals. A healthcare professional told us, "The staff were always very approachable, keen to help and had the patients best interest at the forefront of their work. The relationships between residents and staff is lovely."

Continuous learning and improving care.

- All audits and checks fed into a continuous improvement plan identified through monitoring in line with CQC's regulatory framework and performance standards, the Key Lines of Enquiry [KLOE]. This made sure the service continually moved forward and challenged itself, and staff, to provide the best care and support possible to people.
- The management team attended local learning forum meetings where the registered manager recently spoke about their innovative activities in developing intergenerational relationships. Champions had been identified and supported to develop areas of knowledge around end of life, happiness and dysphagia (swallowing difficulties).

- The service had won many awards at a regional level for the home and staff team, the service also nominated a relative who won a national award for their caring role. This showed the service was committed to rewarding excellence in care.
- The home was awarded Care Home of the Year by the Nottingham Post in 2018 and the provider was awarded an outstanding contribution to social care also in 2018 by The Great East Midlands Care Awards. Staff feedback about the provider included, "He has faith in his entire staff team and empowers his managers to be the best that they possibly can be while giving them the freedom to make changes along the way."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The registered manager had undertaken mental health first aid training and had used this knowledge to promote a wellbeing focus for staff and to support staff confidentially if they were distressed or required support with their mental health.
- People and their relatives were involved in every aspect of the service. People told us from choosing décor to activities that they were asked about their views. When people fed back in a meeting about having a pet, a cat proposal plan was created, including research into the benefits of pets on the elderly, a risk assessment and feedback from other care homes that had pets. This led to "Fred" moving to the service and we saw he had a huge impact on the lives of everyone at the home.
- Staff were proud to work at the home. Their commitment and skills were recognised and rewarded. Morale was very high and staff retention was good. Staff were empowered to strive for excellence. Their ideas were taken on board. Staff were mentored, developed and given the opportunity to move into more senior roles.
- In addition to regular staff meetings, the service also held twice yearly team days which showed how the provider valued the staff team. We saw the kitchen team had recently been bowling and for a meal in the morning then spent the afternoon discussing ways of improving menus and support for people with specialist dietary needs.

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

- Governance was well embedded in the service. The provider and registered manager monitored the quality of the service via a robust auditing system. This ensured they delivered a high standard of care and delivered demonstrable quality improvements to the service.
- The provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was highly visible and hands on throughout the service supporting staff and people. Staff commented on how approachable and supportive the registered manager was.
- People and relatives were very complimentary about the registered manager. One relative told us, "Yes she is (a good leader). She does it in a very quiet fashion. If something needs to be said she will sort it."
- Staff understood their roles and responsibilities and were very knowledgeable about people's needs. One person told us, "The staff all know me so well, my moods and everything."
- The registered manager had submitted the required statutory notifications to CQC following significant events at the home.

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

- The registered manager had gone above and beyond to engage with the local LGBT Network and Age UK to

develop a range of literature. They told us, "This led to a change in practice, we are more sensitive in completing assessments with the questions we use about people's partners, orientation and backgrounds." The discretely displayed rainbow flags in the entrance of the home also showed the accepting and inclusive organisation and staff members commented how impressed they were with the training about the challenges people from the LGBT community may face.

Feedback from people and relatives was collected frequently from surveys, results were analysed and fed into the home's improvement plan.

- Staff told us they had multiple opportunities to discuss issues and make suggestions for improvements and team building. We saw they used social events to support each other outside of the workplace with cocktail parties and music concerts. We were given examples of staff providing each other with emotional and practical support which promoted excellent team working.