

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

## Bybuckle Court

Marine Parade, Seaford, BN25 2PZ

Tel: 01323898094

Date of Inspection: 10 April 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Safety, availability and suitability of equipment</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Hillersdon Court
Registered Managers	Mrs. Sharon Jeavons Miss Katey Welsh
Overview of the service	<p>Bybuckle Court is an established home providing residential care for up to seventeen older people. It is a large detached property, overlooking the seafront in Seaford and within easy walking distance of the town centre shops, amenities and railway station.</p> <p>Accommodation comprises fifteen single rooms and one double room with en-suite facilities, situated on two floors. A passenger lift provides access between floors. On the ground floor there is a large lounge and dining area.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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During our inspection of Bybuckle Court we found that care workers had formed close professional relationships with people living in the home. The premises were clean and reasonably well maintained. The atmosphere was found to be generally relaxed and homely.

Concerns identified during the last inspection, relating to inadequate staffing levels in the home after 8pm in the evening and the faulty call bell system had been satisfactorily addressed.

As far as practicable and in accordance with their individual care plans, people were enabled and supported to make choices about their daily lives.

Comments received from people living in the home indicated a high level of satisfaction with the home and the care provided.

"It's alright living here, the food's good and the staff are always around and very helpful. I've got no complaints".

"I'm very happy here, everyone is so kind, they can't do enough for you".

Appropriate arrangements were in place in relation to storing, administering handling and recording medicines.

We found that systems for consultation, interaction and communication were effective and people were treated with respect and dignity. Care workers had developed awareness and a sound understanding of each individual's care and support needs. This was evident from direct observation of individuals being supported in a sensitive and professional manner.

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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The manager told us that an individual's care and support needs were thoroughly assessed prior to their admission to the home and continued to be monitored subsequently during regular care plan reviews. Such reviews would also include personal and environmental risk assessments regarding their welfare and safety. We were shown care plans, including pre-admission assessments, relating to people who had moved into the home within the last year. They also included a section entitled 'My life history' which included the individual's family and friends, their likes, dislikes and interests.

Two care workers we spoke with told us that people using the service were encouraged, where possible, to make choices about their daily lives. This was reflected in the personalising of individual rooms, the meals that were provided and the activities that they had the opportunity to take part in.

People using the service told us that they were regularly asked about the food they liked and how they wished to spend their days. We saw that all plans including reviews and risk assessments had been signed by the individual to confirm that they had read, understood and agreed with the contents of the plan and any changes made. This meant that the registered person ensured that people using the service had their views and experiences taken into account in the way the service was provided and delivered.

The manager told us that, as far as practicable, independence and individuality were promoted within the home. People using the service were supported, enabled and encouraged to express their views and make or participate in making decisions relating to their care and treatment. We found that systems for consultation, interaction and communication, including residents' meetings, were effective.

During our visit people were observed being spoken with and supported in a sensitive, respectful and professional manner. We saw care workers knocking before entering bedrooms, speaking clearly and respectfully with people who used the service and giving

consideration to their personal needs and wishes. Care workers showed a clear interest in people's individual needs, asking after their welfare and reassuring them when needed. This meant that the registered person ensured the dignity, privacy and independence of people using the service.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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People were provided with a choice of suitable and nutritious food and drink.

During our inspection we found that people were clearly consulted regarding their food preferences. Care workers spoken with during our visit confirmed that menus and people's individual nutritional requirements were regularly discussed at staff and residents' meetings.

The experienced cook confirmed that all meals were freshly prepared and cooked on the premises and reflected people's individual choices. She said that people using the service were regularly asked about their likes and dislikes and their individual food preferences were recorded. She also told us that people were always offered a choice of main meal. After they had eaten she would often ask people if they had enjoyed their meal, although the empty plates were 'usually a good indication'. The manager told us that the weekly menu was currently being reviewed and would be displayed both in the dining room and in individual bedrooms.

People who lived in the home were very complimentary about the food and told us there were choices of food to suit most tastes. They confirmed that they were asked for their preferences and told us that they found the choice and quality of the meals to be a good standard. One person described the food as "delicious".

This meant that, in accordance with regulations, the provider ensured that people using the service were protected from the risk of inadequate nutrition and dehydration by means of the provision of sufficient drink and a choice of suitable and nutritious food.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Appropriate arrangements were in place in relation to obtaining, storing, administering handling and recording medicines. Three people we spoke with that lived at the home told us that they were happy with the way their medicines were administered to them.

During our inspection we found that up to date and detailed policies and procedures relating to the control, storage, administration and recording of medication were in place. We were told by the manager that staff with responsibility for handling medication had received appropriate training and records were in place to support this. This meant that people using the service received their medicines safely and at the time they needed them.

Medicines were prescribed and given to people appropriately. We were shown information relating to what specific medication was for, how and when it was to be taken, the correct dosage and any possible side effects.

The manager told us that regular assessments took place to monitor skills, knowledge and competencies relating to the control of medication. This was confirmed by care workers who we spoke with and also evident from training records that we were shown. The manager informed us that she had recently attended a medication assessor workshop and had found it very useful

Medicines were kept safely. We saw that medication was stored securely and accurate records were maintained. Separate arrangements were in place for any controlled drugs held in the home.

The medication policies and procedures seen at this inspection confirmed that they had been reviewed to accurately reflect the current medication practices within the home. The medication administration records that we were shown were also found to be well maintained. On the day of our inspection an audit of the medicines and associated records had been completed by a local pharmacist.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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People were protected from unsafe or unsuitable equipment because the provider had maintained such equipment to a satisfactory standard.

During our previous inspection of Bybuckle Court on 24 January 2013, we found that the numerous fire doors and automatic door closers were being activated by the internal call bell system. When a call bell was operated, as well as sounding a high pitched alarm tone throughout the building, all the fire doors slammed shut, as did all bedroom doors fitted with automatic closers. This clearly presented a potential risk for anyone passing through the doorway at the time, particularly people living in the service who were frail or unsteady on their feet.

On this inspection the manager told us that since our previous visit, the problem had been resolved and confirmed that the area manager had been directly involved. They told us that work had been carried out by professional contractors to install magnetic door closers to all bedroom doors and fire doors. We were shown where this had taken place and saw that the doors were no longer affected by call bells being operated.

Care workers and people who used the service also told us that doors no longer slammed shut 'like they used to'.

This meant that, in accordance with regulations, the provider had made suitable arrangements to protect people using the service by ensuring that equipment was properly maintained and was suitable for its purpose.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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The manager stated that there were currently 15 people living at Bybuckle Court, with various dependency levels. However they told us that two people were currently in hospital and, following recent assessments, were unlikely to return to the home. They also confirmed that at present there was no-one who required 2:1 support with their personal care. The manager told us that an assessment was routinely undertaken of the care and support needs of people who before they moved into the home. This was to establish whether those identified needs could be met.

We found that there was sufficient staffing levels during the day, with an appropriate skill mix. This included cover arrangements for planned and sudden staff absences. This was also reflected in the skills, qualifications and experience that were needed for staff to provide care that was safe and effective.

Care workers spoken with stated that there were sufficient staff in place, during the day, to be able to give the care that people needed, to a good standard. We observed that call bells were being answered efficiently and that staff were able to spend time with and interact with people in a positive manner.

During our previous inspection on 24 January 2013, we identified concerns about inadequate staffing levels in the home from 8.00pm. until 07.30am. We were told by the manager and three care workers, who have had experience of working nights, that there was only one waking night staff on duty after 8.00pm. The manager confirmed that they had raised these concerns, regarding inadequate staffing levels at night, with the area manager on several occasions but nothing had been done to improve the situation.

During this inspection the manager and Head of Care told us that, since our last visit, the issue had been addressed and the situation was now much improved. They explained that following our inspection report the provider and area manager had visited the service, discussed the issues and listened to people's concerns. As a result of this consultation a 'twilight shift' was introduced, with a second care worker appointed to cover the hours between 8.00pm and 10.30pm.

This had clearly had a very positive effect on people using the service and care workers, who told us how the situation had significantly improved:

"It has made such a difference and things are so much calmer now".

"It's much better. Call bells are being answered straight away in the evening now, even during the medicine round – which wasn't possible before".

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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### Reasons for our judgement

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People who use the service and their representatives were asked for their views about the care and treatment provided and they were acted on. Decisions about care and treatment were made by the appropriate care workers at the appropriate level.

We were told by the manager that the service had good systems in place to monitor its own standards of service delivery. They told us that the home was proactive in the way it engaged with people and used their ideas and comments to further develop the service.

During the previous inspection we found that people's concerns were not being listened to or acted upon. For example the manager told us that they had informed the area manager about the faulty alarm call system on several occasions, The manager also confirmed that they had raised concerns with the area manager regarding inadequate staffing levels within the service at night. They told us that at that time nothing had been done to address these concerns or improve the situation.

In addition we were told that, although there was a system in place to record and monitor incidents, they were not being used as a mechanism to improve service provision. This was because identified risks, relating to the safety and welfare of people using the service that had been recorded and reported to the registered person had not been addressed.

However on this inspection we were reassured that the identified shortfalls had since been addressed and the situation had significantly improved. The manger told us that their level of support from the area manager had increased and any issues or concerns raised were now being listened to and dealt with. As previously documented, we found that issues regarding inadequate staffing levels in the evening and unsatisfactory door closers had now been resolved. This was supported through discussions with care workers and people who used the service. We also saw newly fitted magnetic door closers and were shown staff rotas which confirmed an additional care worker on duty after 8.00 pm.

The manager confirmed that the quality assurance systems included various audits,

undertaken on a regular basis and satisfaction questionnaires for people using the service. As well as medication audits, we saw that equipment including hoists and wheelchairs were regularly serviced. Infection control assessments and guidelines were in place. Regular fire drills were undertaken and recorded. Temperature regulators were fitted to all hot water outlets, accessible to people using the service. This meant that the provider was identifying, assessing and managing risks relating to the health, welfare and safety of people using the service.

The manager told us that annual satisfaction questionnaires were sent out to relatives of people who lived at the service to establish people's views about the home and the services provided. Records confirmed that this had taken place in the past and that the feedback from the people who had participated in the survey had been generally positive. Following our discussion the manager told us that this survey would be extended, as appropriate, to include feedback from relatives and other stakeholders. This meant that the provider was regularly seeking the views, including their experiences of care and treatment, of people using the service or persons acting on their behalf.

The manager told us that all accidents, incidents and injuries were recorded and reported, as required. They confirmed that the health, safety and welfare of people using the service staff working there remained of paramount importance.

We found that staff training was provided in many aspects of safe working practices, including moving and handling; food hygiene; fire safety and first aid. The manager confirmed that all staff had received fire safety training on 22 April. This was confirmed by care workers who we spoke with and through training records that we saw.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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