

Bayview Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
22 February 2024

Service provided by:
Bayview Care Home Limited

Service provider number:
SP2017012997

Service no:
CS2017360828

About the service

Bayview Care Home is registered to provide a care service to a maximum of 30 people, including two people who are under 65 years. The service is provided by Bayview Care Home Limited which is part of the Meallmore group. At the time of our inspection there were 29 people living in the home.

The service is located in a quiet residential area of Cruden Bay. There are landscaped, easy to access gardens and a summer house. Two shared lounges and two dining areas are located on the ground floor. All bedrooms are single rooms with toilet facilities. One shared bath is located on the first floor with shared shower rooms available on both floors.

About the inspection

This was an unannounced inspection which took place over two days on the 18 and 20 of January 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 10 people using the service and 14 of their family
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff had positive relationships with people.
- People enjoyed the food.
- The home had recently been redecorated.
- Most rooms were personalised and homely.
- The service should improve signage around the home to help orientate people.
- Improvements should be made to continence support and personal care.
- Activities celebrated special times of year but need improved at weekends.
- Care and support was planned to a good standard.
- Quality assurance in relation to staffing and falls needs to improve.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Many people had been supported to look their best. People appeared clean, well dressed and had their hair done how they like. Some families told us that people were not always shaved and they had concerns with people's oral care. Some people's nails required more care. Staff should take more care to ensure all people can look and feel their best. **(See Area for improvement 1)**

People told us their rooms were decorated how they wanted. One person took pride in showing their artwork in their room and this really expressed their individuality. Some rooms could have been more personalised. Some rooms lacked a homely feel and storage of food in rooms that could cause health issues. We discussed this with the provider and we are confident that this will be considered as part of the overall service improvement plan.

We found written records of resident feedback about their care. Senior care staff carried out 'in the moment' surveys. We saw that some of the comments from these were reflected in the service improvement plan. This meant people could make positive contributions in their home.

We observed interactions that were warm and friendly. Staff took time to speak to people and were respectful when providing direct care. We observed interactions that showed staff knew people well and had compassion. When these interactions occurred, these had a visible positive impact on people's experiences. However, we heard staff refer to people in ways that were not respectful. One example was a staff member saying, "I am with an assist," when referring to a person who required assistance with eating. We also found documents that referred to people by their room number. Recordings were not always respectful. We saw daily notes refer to people as, "moody". The service should ensure people are always referred to with dignity and respect. **(See Area for improvement 2)**

The service had taken steps to enhance people's independence. Some people were able to move about their home freely. People could independently use the lift to come downstairs and choose where they sat in both lounges. We saw some availability of snacks and cold drinks where people could help themselves. However, there were no glasses for people to use. The service responded and improved this quickly. Staff served buttered bread to people with their lunch. This was a missed opportunity for people to make choices and help themselves. We discussed this with the service and are confident that people's independence will be considered as part of the service's overall improvement plan.

The activities available were important to people and had a significant positive impact on people. The service made efforts to arrange events that people could enjoy. Important times of year such as, Christmas, Valentines and more recently Burn's Night were celebrated. Recent surveys told us that one person said how they were happy with the decorations, music and, "a dram". A local nursery visited the service. People really enjoyed this and were still talking about "the bairns" later in the day. People could participate in a variety of group activities within the service.

Activities that encouraged people's skills such as, baking and making "tattie soup" appeared well attended and enhanced people's day. The service should continue to explore meaningful activities for people to fill their day.

The service encouraged group activities for people with an activity planner. The level of activity offered depended on staff availability. At weekends, staff did not have sufficient time to provide activities for people. Activity stations were available, should people choose to access these. Staff did not offer these during inspection and these were not readily available to residents on the upper floor. Some people told us that they were bored and did not participate in group activities. We were not confident that these people had sufficient levels of meaningful activity. The service should improve its activity offering, considering people's individual needs. **(See Area for improvement 3)**

The service was well supported by allied health professionals. When people's health needs changed, referrals for additional input were completed appropriately. This meant that people received the right care and treatment to help keep them well. However, relatives felt that improvements could be made to help people access dental and chiropody services. Managers should assess the need for these services and ensure that people are supported to access these two essential services.

Wound care plans were clear and reflected the advice and recommendations of the tissue viability nurse. This helped ensure that there was a consistency to the treatment of wounds and this helped support wound healing. The ongoing wound assessment recordings needed to improve. This will ensure that there is an ongoing picture of the condition of wounds. This was discussed with the provider and we will assess improvements at future inspections.

Two relatives said that the support people received with their continence needs, could be better. We observed two incidents where the necessary support with their continence needs, had not been given. This resulted in those people being wet and requiring assistance to change clothing. This was not dignified or respectful. People were supported to the dining rooms for their lunch and were not offered or supported to access toilets before or after the meal. This meant that people were not being supported to maintain their bladder and bowel function. The service should ensure that people get the right care and support to meet their continence needs. **(See Area for improvement 1)**

People said that the meals were good and there was plenty of variety. When a risk to someone's weight was identified, there was increased monitoring of their weight and additional calories added to their meals. Staff were knowledgeable about the nutritional needs of people, this helped people to get the care and support they needed to eat well.

When enhanced support was needed to keep people safe, we found that the person was not included in home life. Staff said there was no handover on any change to person's presentation and need. Information was not available for staff to read on what the person enjoyed doing to remain occupied. This contributed to a person remaining in their room for long periods of time without meaningful engagement. We discussed with managers the need to revisit how people who received enhanced support get their needs met. We will review this at future inspections to ensure that people receive safe, effective and outcome focused care and support.

People in care should be safe and be assured that staff will respond and take the necessary actions to keep them safe and well. Two people had unexplained injuries and there was a failure to investigate and find a cause of these injuries. This meant that there was a risk of re-occurrence of the injury. Daily monitoring and recordings did not show that staff were monitoring the injuries and the impact these were having on the two people. This meant that an impact on health and wellbeing could go undetected. **(See Requirement 1)**

Improvements must be made to falls management in the home. It was difficult to establish an accurate overview of the numbers of falls that had occurred. This was because different systems and documents used to record falls had differing information. However, it was clear that the number of falls in the home was excessive, with a few people suffering repeated falls. This increased the risk of injury. Managers were in the process of reviewing their analysis to help them identify any common causes. However, we found this should have been completed much earlier because people had continued to fall. We found that the number of falls at night should have caused managers to review staff availability overnight. **(See Requirement 2)**

Requirements

1.

By 1 May 2024, the provider must ensure that people experience safe and effective care and support when an unexplained injury, including bruising, is identified.

In order to do this the provider must:

- a) Ensure that relevant agencies are notified to ensure that the right support is available to the person.
- b) Ensure that incident records and body maps are completed in full.
- c) There must be clear evidence of follow up or investigation, with clear outcome of the investigation recorded.
- d) Daily records must show that staff have checked and observed for any change or deterioration in the persons injury or wellbeing as a result of the unexplained injury.

This is to comply with Regulations 4(1)(a) (welfare of service users) and 4(1)(b) (privacy and dignity of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

‘My care and support meets my needs and is right for me’ (HSCS 1.19); and

‘My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event’ (HSCS 4.14).

2. By 1 May 2024, the provider must ensure that there is effective management of falls.

In order to do this the provider must:

- a) Ensure that the number of falls is accurately and consistently recorded.
- b) Managers should complete an analysis of falls to ensure that any common cause or circumstance is identified.
- c) Managers should ensure that they take the necessary actions when risks, trends or causes of falls are identified.

d) Review staffing levels and allocation to ensure there are sufficient staff in place to meet needs and manage risk.

This is to comply with Regulations 4(1)(a) (welfare of service users) and 4(1)(b) (privacy and dignity of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

Areas for improvement

1. To support people's wellbeing and comfort, the service should ensure that people receive the right care and support to ensure that their personal care and continence needs are met.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To support people's wellbeing and to ensure people feel valued, the provider should ensure people are treated with dignity and respect.

This should include but is not limited to:

When speaking with people, discussing people within the staff team and when making written recordings about the persons presentation and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1).

3. To support people's wellbeing, the provider should ensure that everyone benefits from meaningful activity, including people who choose not to participate in group activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25); and

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Managers and senior staff conducted a range of quality assurance audits and maintenance checks. They informed the leadership team about the service's performance and safety. Audits covered specific aspects of the service's day to day management. For example, environment and medication. We sampled resident surveys and daily audits conducted by care staff, which evaluated resident experiences. Audits and safety checks were completed on time and to a good standard.

The service improvement plan was detailed and updated regularly. However, the lack of formal resident meetings meant people's views may not be clearly reflected within the improvement plan. The leadership team did not always follow up on areas identified for improvement, resulting in poor outcomes for people. For example, the service had identified the staff allocation for resident activities needed to improve. This had not been done. This meant that people did not always benefit from the improvement plan. Leaders in the service should continue to identify areas for improvement and ensure that these are made and sustained. **(See Requirement 1)**

Complaints and concerns were managed well by the service. We found records of thorough investigations. People could be confident that complaints were taken seriously.

People's finances were managed well. Finances were audited regularly to ensure people were not at risk of financial harm. However, people could not access their money outwith office hours. This was discussed with the provider and they have implemented a plan that should improve people's access to their finances.

We saw some examples of effective leadership. Senior staff were directing care effectively at key times in the day. Staff told us they found leaders in the home to be, "good" and spoke of how they feel the leadership has, "gotten better." We observed the senior staff daily meeting. It was positive to see leaders in the home plan for the day ahead. For example, they discussed that people should have lunch in time for a visit from a local nursery. This did not go to plan and some people missed part of this activity. Leaders directing care should improve communication with the staff team to ensure a whole team approach.

Management oversight in relation to staffing was not always effective. Leaders were not consistently conducting staff support sessions. Staff training records showed that some staff had not completed training. The management team should improve its oversight of this to ensure staff are supported and sufficiently trained for their role. **(See Requirement 1)**

Communication between managers and the wider staff team was not always effective. Various staff meetings had taken place. We saw records of discussion about clinical needs, adverse events and good practice guidelines. An increase in falls was discussed at senior staff meetings. There was a missed opportunity to discuss this at wider workforce meetings. Staff felt strongly that they were not consulted on issues that affected them and that this had an impact on resident experience. For example, staff told us there was no consultation on staffing allocation and break times. The leaders should ensure that staff can contribute to and benefit from, discussions that will support improvements in the service. **(See Requirement 1)**

Requirements

1. By 1 May 2024, the provider must ensure people benefit from a service that is well led with effective quality assurance systems in place.

To do this the provider must at a minimum:

- a) Ensure staff training is compliant for all staff in line with the provider's own policies and procedures.
- b) Ensure staff support sessions are conducted in line with the provider's own policies and procedures.
- c) Ensure systems are in place to ensure effective communication and consultation between staff and management.
- d) Develop shift leaders' skills and oversight of people's experiences and standards of care, to ensure people's experiences are included in the service improvement plan and used to drive change.

This is to comply with Regulation 15(b)(i) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People told us that the staff were, "good" and "kind". Families spoke highly of members of staff who knew the residents well. We observed many positive interactions between staff and people. We were confident that there were good relationships between people and staff in the service.

The service had a consistent staff team and was actively recruiting to further improve this. During periods of short staffing the service used the provider's wider staff pool. This offered more stability for the people at the service. Where agency staff were required, the service endeavoured to use agency staff that were familiar with the service. Where possible, people were supported by staff who were familiar to them. This meant that people were comfortable with staff who knew them well.

Rotas were developed with a good mix of care staff to cater to people's needs. Managers took responsibility for creating staffing plans each day to direct care staff to where they needed to be. During the week, we witnessed many positive interactions between staff and residents. Activity staff were on duty and care staff had time to focus on people's wellbeing. In contrast, at the weekend, we saw that staff had less time. Activities did not take place and the day appeared to be more task focussed. People told us that the, "staff are very busy" and that they, "have to wait." The management team had recently conducted a review of staffing levels at night. This concluded that additional staffing may be a benefit to people. However, these recommendations had not yet been actioned. This could result in unnecessary risk to people, particularly in relation to falls and people being unsupported for periods of time at night. The service should revisit their staffing allocation to ensure that sufficient staff are on duty to meet people's needs. **(See Requirement 2 in Key Question 1)**

Some people received care from external care providers within their home. The external care provider told us they were not aware of the care plans available and had not attended a handover. We were not confident that the staff from both providers were communicating effectively. This could result in inconsistencies in people's care. We discussed this with the provider who assured us that they will review communication to benefit people who receive care from more than one provider.

Staff told us that they take breaks at set times during the shift and that this can have a negative impact on people's routines. We reviewed the written policy for this and found this to be inflexible. The management team told us that this was not the intention of the policy. The management team should consult with the staff team, to ensure policies that direct staff, benefit the people who live at the service. **(See Requirement 1 in Key Question 2)**

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The care home was clean and free from odours. Relatives said that this was important to them and they had no concerns with the home's cleanliness.

Fixtures and fittings were in a good state of repair. Some shared areas had recently been upgraded and this had been positively received. People said, "much better" and "The lounge looks lovely". Managers said that additional items would be added to the lounges to create a homely feel. When considering additional items the provider should ensure that people are included and asked what they want in their lounge.

There are plans to swap the small lounge and dining room. It is positive that managers are involving people in this plan. This will help ensure that there is agreement about the change and that people will be aware of when the change will happen.

People had been supported to decorate their bedroom with items brought from home. This meant that many bedrooms were homely, cosy and very comfortable spaces. However, some of the views from people's windows were poor. We appreciate that there are plans to eventually remove an old generator etc. however, some easy fixes meantime would improve the outlook, whilst people wait for the major works to be completed.

Improvements are needed to signage in the home. Some shared facilities, for example, toilets, shower / bathrooms did not have signs on the doors. This made it difficult for people to find these rooms. There was limited directional signage to help direct people towards facilities and areas. For example, the hairdresser and the lift. It is important for people to be able to find their way around the home and be able to make informed decisions about where to spend their time. **(See Area for improvement 1)**

The hairdressing area was in a shared shower room. We found that due to the limited availability of a suitable room, the service had been creative in its attempts in providing a hairdressing service. However, staff should look at revisiting the size of bins and if a clinical bin is needed in this area. A visit to the hairdresser should be a comfortable and pleasurable experience.

Noise levels in some shared spaces were too loud. Radios were on in both dining rooms and we found the volume of music was intrusive. This could impact on people's ability to socialise and chat during the meal. People with hearing impairment would find it difficult to hear if background noise was too loud. The provider should ensure that staff are aware that the volume of radios/music can impact on people's comfort.

Areas for improvement

1. To support people to recognise rooms and find their way around, the service should improve signage in the home. This includes signs on doors to help inform people of the purpose of the room and also directional signage to help people find rooms and areas of the home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

The care home had electronic care and support plans. These were updated when there was any change to people's care and support needs. Staff appeared to be experts at using the electronic system. This meant that staff could access the information that they needed to help inform the care and support they delivered.

Risk assessments were generally updated when the risks to a person's health, safety or wellbeing had been identified or had increased. This would help inform decision making and allocation of staff on the floor.

The service would benefit from using a record to list or log, to record when a person has had a fall. When staff had updated the falls documentation, the history of that person's falls was then archived. It is important for staff and visiting health professionals to have access to people's falls histories. **(See Requirement 2 in Key Question 1)**

Staff completed pre-assessment discussion documents. We found these were a good resource because it supported a team approach to information sharing that could be used to inform a care review. However, some actual review documents had not been completed. It is important for review documentation to be fully completed because this is where people identify what is working and what needs changed.

The quality of daily update recordings was inconsistent. Many entries were basic and not outcome focused. We found a gap of three days where there were no entries for one person. When people had a need that required additional oversight and support, for example; enhanced nutritional support and monitoring, there was limited information recorded in the daily notes. This meant that decision making was not informed by what was recorded. **(See Area for improvement 1)**

Some entries in the daily recordings were not reflective of respectful terminology. Further support should be provided to staff to help develop their skills in daily recordings. **(See Area for improvement 2 in Key Question 1)**

Areas for improvement

1. To ensure that people's care and support is informed by accurate information, the provider should ensure that daily recordings are regular, outcome focussed and sufficiently detailed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The manager should continue to monitor, audit and evaluate residents' dependency levels, ensuring staffing levels continue to support meeting residents' specific care and well-being needs, ensuring present systems are embedded and appropriately actioned where issues need addressed.

This is to ensure that staffing is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs are met by the right number of people' (HSCS 3.15); and

'People have time to support and care for me and to speak with me' (HSCS 3.16).

This area for improvement was made on 2 December 2021.

Action taken since then

The provider completes staffing dependency tools and reviews these weekly. The provider has recently completed a time and motion observation to assess staffing requirements at key times. These tools should inform staffing to benefit people's lives positively.

We found that these have not yet informed staffing, particularly where this may benefit people's risk of falls. We also found that activity staff provision needs to be revisited to ensure that people can benefit from meaningful activities, that is right for them, every day.

This area for improvement has not been fully met and will be restated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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