

The Hanley Care Group Limited

Bay Tree House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bay Tree House is a residential care home providing personal care and accommodation to up to 16 people. The service provides support to older people living with dementia. At the time of our inspection there were 15 people using the service. The home is an adapted period building with accommodation over two floors serviced by a lift.

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

We could not be assured that medicines management was consistently safe and followed good practice. This meant the arrangements currently in place risked error. The quality monitoring governance system in place had failed to identify these concerns.

People were practically 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. However, records did not evidence this approach as required by the MCA. We have therefore made a recommendation regarding adherence to the Mental Capacity Act 2005 (MCA).

Whilst people received dedicated and person-centred care that they had control over, the associated care plans did not reflect formal involvement either by those people that used the service or those people who held legal authority to make decisions on their behalf. The relatives we spoke with told us they wanted this.

The service communicated well with people and their relatives however there were no formal systems in place to seek their feedback such as via meetings or surveys for example. However, relatives told us they were happy with the service provided and had no concerns.

Staff were dedicated, committed and caring however there were concerns there were not always enough staff to manage an emergency event, such as a fire, should it occur. Staff and relatives told us staff were pressured but that it did not impact on the level of service provided. Staff were mostly safely recruited however the provider needs to ensure processes are consistent in seeking assurances about suitability of staff.

People's nutritional and healthcare needs were met, and we found robust infection and prevention measures in place. For example, the home was consistently clean throughout and the risk of COVID-19 had been assessed and well managed.

Management were supportive and people told us they had confidence in them. Staff worked well together, and the culture was positive, open and nurturing. The provider placed emphasis on training, and this had resulted in staff that demonstrated the right values and skills to care and support the people who lived at Bay Tree House. All the relatives we spoke with told us they would recommend the home.

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

Rating at last inspection and update

This service was registered with us on 06 November 2020 and this is the first inspection.

Why we inspected

We inspected this service due to it being a newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to medicines management and governance at this inspection.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bay Tree 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection site visit was carried out by one inspector and a medicines inspector. An Expert by Experience spoke with relatives remotely. 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

Bay Tree House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bay Tree House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also the nominated individual for the provider meaning they were legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post however they were not present during the inspection site visit. This was because they had come into contact with a person confirmed as having COVID-19 and was therefore refraining from entering the service as per infection prevention and control

procedures.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 04 August 2022 and ended on 16 August 2022. We visited the home on 04 August 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

The people who used the service were unable to tell us about their experience of living in the home, so observations of care and support were made. We spoke with six relatives, received written feedback from a seventh relative and spoke with eight staff members. These included the registered manager who was also the nominated individual for the provider, the operations manager, the newly appointed deputy manager, two senior care assistants and three care assistants. We received written feedback from a further four staff members.

A selection of records was also viewed, and these included the care plans and associated records for eight people who used the service. The medicines records for 11 people were also assessed. The governance records viewed included policies and procedures, staff recruitment records, training information, quality monitoring audits and maintenance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines management did not consistently meet best practice. For example, medicines were being prepared in a busy thoroughfare of the home which could lead to distraction and error. We also found medicines stored in an unsecured office meaning they could be accessed by unauthorised persons
- External medicines, such as topical creams, were unsecured and accessible in people's bedrooms which could lead to accidental harm. The cabinet in which controlled drugs (medicines requiring additional security arrangements) were located did not meet national regulations.
- We found numerical discrepancies and gaps in people's Medicine Administration Record (MAR) charts meaning we could not be assured they had been administered as prescribed. For some people, we saw that records did not fully explain why medicines had not been administered as prescribed.
- For one person we found a medicine had not been given as prescribed risking its effectiveness. In addition, we found the MAR chart for another person had not been promptly amended to record a change in its dosage schedule which could have led to error.
- Protocols were in place for medicines prescribed on a 'when required' (PRN) basis to guide staff on how to administer these safely. However, some protocols were in place for medicines that were given regularly and not on this basis risking error. In addition, we noted records showing medicines given regularly that were prescribed on a PRN basis. Overall, we noted that protocols had not recently been reviewed.
- Written guidance was available for staff in relation to preparing and administering medicines covertly (concealed in food or drink) where people lacked capacity to consent otherwise. However, this differed from the advice given by health professionals and could have led to the medicines being inappropriately administered. For one person who had a best interest decision in place to have their medicines given in this way, written guidance did not refer to this decision and staff told us they were unaware that they could have their medicines covertly.

The above concerns constitute a continued breach to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been assessed as competent to give people their medicines and we observed that staff followed safe procedures when giving people their medicines.

Staffing and recruitment

- We were not fully assured that there were enough staff to consistently keep people safe in the event of an emergency. There were times when only two staff were on shift causing concern that there would not be enough staff to assist people in the event of a fire for example. Several people would require two staff to

assist them to remain safe in this situation.

- Relatives had mixed views on whether there were enough staff however they were unanimous in their view that although staff appeared pressured at times, this never impacted on the quality of service provided. Relatives told us staff always had time for them and their family members.
- Staff agreed that they were sometimes pressured but that people's needs were prioritised; our observations confirmed this, and we saw staff consistently interacting with people in a patient, kind and caring manner.
- Recruitment practices were mostly safe although we did find, for one staff member, that a full employment history had not been sought by the provider. This is important to help ensure staff are safe and appropriate to work with vulnerable people. Staff had, however, had Disclosure and Barring Service (DBS) checks completed which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- The individual risks to people had been identified, recorded, mitigated and regularly reviewed.
- All the relatives we spoke with felt their family member was safe living at Bay Tree House. One relative said, "I believe [family member] is safe and secure there." Another told us, "I think the care is diligent."
- Our observations confirmed staff provided safe care. For example, we saw equipment was in place to manage people's safety and that people received the textured diet they required to mitigate the risk of choking.
- Records confirmed the individual risks to people, such as from falls, pressure care and malnutrition, had been identified and that actions were in place to help reduce the risk. We saw that these had been reviewed regularly.
- Environmental and equipment risks had been identified and mitigated. For example, radiators were covered to protect from scalds and there were window restrictors in place to mitigate against falls from height. Regular maintenance checks had been completed on equipment.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse.
- Relatives we spoke with had no concerns in relation to the safety of their family members and told us staff had the skills and values to care for people. One relative said of the staff, "They are very patient and caring with [family member]."
- Staff had received training in safeguarding and those we spoke with understood their responsibility to report any information of concern. Staff were able to tell us how they would report safeguarding concerns both inside their organisation and externally.
- Safeguarding concerns had been reported to the local authority as required in order to protect people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions in place for visits into, or out of, the home however the service had risk assessed visits into the home and had requested relatives follow certain reasonable criteria. This included the continuation of lateral flow tests for relatives prior to visiting, although not mandatory, and a need for visits to take place either in the person's bedroom or in the garden; visits in communal areas were restricted due to the need for social distancing.
- Relatives we spoke with confirmed the home had always followed guidance in relation to visiting and were happy with the arrangements currently in place.

Learning lessons when things go wrong

- The home had an open culture and staff told us incidents and events were discussed to ascertain what happened and what lessons could be learnt. One staff member said, "We reflect on the incident and we talk about how we can make sure it doesn't happen again."
- Accidents and incidents were recorded and analysed to ascertain any trends or patterns in order to prevent reoccurrences.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

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 MCA 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 Mental Capacity Act (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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was not consistently working within the principles of the MCA. DoLS applications had been made however none had been processed at the time of the inspection.
- Whilst we identified that the service was working in people's best interests in practice, records did not demonstrate this as required by the MCA.
- For example, for people who required staff to administer their medicines without their knowledge (covertly), the service had failed to assess their capacity in relation to this decision and, where this had been completed by the GP, ensure regular reviews had taken place. The MCA states that it is the responsibility of the person completing the action who is required to complete an assessment of capacity which needs to be regularly reviewed; neither of which had been completed.
- For another person, the service had assessed their capacity to make four separate decisions on the same day and within the same short timeframe. This did not give the person the best opportunity to contribute to the decision-making process. The MCA states that one decision should be made at a time to avoid the person becoming tired or confused.

We recommend the provider refers to current guidance in relation to the MCA.

- Following the completion of assessments of capacity for people, the service had made appropriate DoLS applications although at the time of the inspection none had been processed.

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

- Assessments had been completed prior to people moving into the service to ensure the home could meet

people's needs and that the home was suitable.

- People's needs had been assessed in a holistic way and the associated care plans recorded people's choices and preferences to help ensure staff met these.
- Nationally recognised tools were used to assess people's needs.

Staff support: induction, training, skills and experience

- Staff told us they were well supported, received regular supervisions and that the training they received helped them to perform better in their roles. One staff member explained how the service had met their individual needs in relation to training and support. They said, "They have guided me all the way through my training and I have been taught in a very sensitive way."
- Relatives agreed that staff possessed the appropriate skills, experience, abilities and values needed to care for their family members. One relative told us, "The manager places a lot of importance on staff training and it shows."
- Our observations showed that staff supported people in an appropriate manner and had the required skills. Records confirmed training was comprehensive and varied in its delivery.

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

- People's nutritional and hydration needs had been assessed and met.
- Relatives we spoke with had no concerns in relation to the food and drink provision within the home. One relative said, "My [family member], before they went in (to the home), didn't want to eat. Now staff help them to eat and they look better than me!"
- Relatives agreed that their family members always had drinks available and our observations confirmed this.
- People received a choice in the food and drink they had, and we saw there was plentiful supply. We saw people received the textured food they had been assessed as needing to keep them safe and healthy. Where people's weight had dropped, the service had requested the assistance of health professionals.
- For one person, staff had understood the barriers to them not eating and adapted their approach to ensure the person had the best chance of eating a healthy and sustained diet.

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

- People's healthcare needs were met, and the home worked closely with the GP surgery and other health professionals to ensure people remained healthy and well.
- We saw that timely interventions from healthcare professionals were requested as required and recommendations followed.

Adapting service, design, decoration to meet people's needs

- Whilst the home was a converted period building that did not necessarily lend itself for independent mobilising, we saw that it nevertheless met the needs of those people who lived there.
- People had choice in where they spent their day as there were several communal areas, attractive gardens and private areas for people. Signage was in place for people living with dementia to help them navigate around the home.
- Relatives described the home as friendly and welcoming and told us the home was consistently clean which was confirmed by our findings. One relative told us, "When I go to see [family member] the home is spotlessly clean and made up. All the personal stuff is all nicely laid out."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were treated with kindness and compassion and staff demonstrated they respected people's preferences, personal histories and individual identities.
- Relatives we spoke with talked positively about the caring nature of the service and its staff. One relative told us, "I cannot fault the staff; they have been brilliant."
- Through discussion and observation, staff demonstrated a compassionate approach to the people they supported. We saw kindly and patient interactions and staff spoke respectfully about the people they cared for.
- Staff talked kindly about each other and all those that worked at Bay Tree House demonstrating a respectful and empathetic culture was promoted. One staff member said, "Staff are lovely to work with and management are kind."

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

- Whilst formal involvement with people and their relatives was not always evidenced, we consistently saw staff involve people and offer choice at the point care was delivered .
- We saw from care plans that whilst it wasn't necessarily recorded that people had been involved in the plan, their views, preferences, likes and dislikes had been sought and used to base care and support around.
- Most staff told us they had time to spend with people and through discussion they demonstrated people were involved in their care and that they took time to offer choice and assist with decision making.

Respecting and promoting people's privacy, dignity and independence

- We saw that staff were respectful in their interactions with people and that people's dignity and independence was promoted.
- Relatives we spoke with agreed that staff were consistently kindly and polite to all. One relative said, "The staff are amazing; alert and informative."
- The care plans viewed considered people's dignity, choice and independence. For example, care plans gave staff information on how to encourage people's independence and maintain their dignity.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant that although people's needs were met, improvements were needed in relation to care reviews and activity provision.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs had been assessed and plans written in response; these had been regularly reviewed. However, care plan reviews had not taken place with relatives.
- All the relatives we spoke with confirmed no care plan reviews had taken place with some telling us this was wanted or had been requested but not completed.
- Care plans contained person-centred information to assist staff deliver individualised care and support. These contained people's preferences and provided staff with information on how to meet them. Care plans considered people's independence and dignity and contained insightful information to ensure staff got to know people, and their needs, in a meaningful manner.
- Relatives agreed that people's needs were met in a person-centred manner with one telling us, "I definitely feel my [family member] is seen by staff as a person with their own individuality."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with people important to them however we had mixed feedback on the activities provision.
- The relatives we spoke with had mixed views on whether there were enough person-centred activities going on in the home. Whilst they told us activities were planned and completed, some did not feel there were enough or had reached the level they had been at prior to COVID-19.
- We observed one to one activity being completed at our inspection site visit although records we viewed did not show activities were available every day.
- The provider had acknowledged the activity provision needed reintroducing back to the level previously delivered and had an action plan in place to address this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication plans in place that addressed their needs.
- For example, for one person who had a sensory impairment, the care plan gave staff good information on how this impacted on the person and what staff could do to support communication on an individualised

basis.

Improving care quality in response to complaints or concerns

- The service hadn't received any recent complaints but had a policy in place to address these should they be raised.
- The relatives we spoke with told us they had no reason to raise concerns and were happy with the service provided. One relative said, "I have had no concerns from the time [family member] went in. Staff always keep me updated and explain everything to me."

End of life care and support

- People's end of life care needs were met by staff who provided kind and dedicated care.
- Care plans for end of life care were in place.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant improvements were required in the effectiveness of the governance system to monitor the service and drive improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's quality assurance system had failed to maintain a consistently safe and high-quality service. Although quality monitoring audits were in place, these had not been consistently effective at identifying shortfalls and driving improvement.
- For example, medicines audits had been completed however these had not identified the medicines concerns found at this inspection nor had they been completed on a regular basis.
- There were no systems in place to ensure compliance with the MCA.
- Policies were not consistently reviewed, up to date or being met. In addition, accurate, complete and contemporaneous records were not being consistently kept in relation to MCA.
- The provider had a service improvement plan in place however this was basic and had not identified all the improvements needed.

The above concerns constitute a continued breach to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had an open and reflective culture that discussed incidents, accidents and shortfalls in order to prevent reoccurrence and promote a culture where ensuring a quality service was integral to all staff.
- There was a registered manager in post that worked between two homes. The provider had recognised more management support was required and they had recently introduced, and appointed to, a new management support post.
- The registered manager understood their regulatory responsibilities regarding reporting safety events to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Whilst we saw informal methods of gathering, and sharing, information with people and their families, no formal systems were in place such as meetings or surveys. One relative we spoke with said, "COVID-19 has taken its toll by reducing the home's effectiveness. They used to do surveys but that doesn't happen now."
- Staff demonstrated pride in the service and showed us they felt responsible for contributing to the success of it. This was demonstrated by their willingness to cover shifts to ensure people received a consistent service and telling us they felt able to contribute ideas.
- There was a communicative culture within the service both amongst the staff and with families and other

stakeholders who they had formed strong relationships with. One relative we spoke with said, "I can't fault the staff and they have always been 100% honest with me and I would recommend the home without a doubt."

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

- The people who used the service were unable to tell us about their experiences however their relatives consistently told us they were happy with the service provided and that it met their family member's needs.
- For example, one relative told us, "The best thing about the service is the consistent care and consideration given to my [family member] who I feel is "known" by the staff."
- Staff spoke of a caring and supportive environment where people's needs were paramount. They told us the culture was open, honest and friendly. Relatives agreed with one saying, "I would recommend the home and it is nothing but friendly; I like the feel of it."
- The registered manager understood their responsibilities around the duty of candour requirement and relatives confirmed the service was open and honest.
- Relatives told us the service always made them aware of accidents and incidents in a timely manner and kept them regularly updated.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of medicines was not consistently safe or proper. Regulation 12(1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of the service had been ineffective. Accurate, complete and contemporaneous records in relation to people receiving care and treatment had not been maintained. Regulation 17(1)(2)(a)(b)(c)