

Baytree Community Care (London) Limited

Baytree Lodge

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

We inspected this service on 27 September 2016. The inspection was unannounced. Baytree Lodge is a care home registered for a maximum of twelve adults who have mental health needs. At the time of our inspection there were twelve people living at the service. The provider is also registered to provide personal care at a supported living unit next door. This inspection relates to the care home service only.

The service is located in two large adjoining houses, on two floors with access to a back garden.

We previously inspected the service on 25 November 2015, where a breach of the legal requirements was found. This was because we found that staff had not received sufficient training to support them in their role.

At the time of the inspection there was no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since the last inspection there had been an acting manager in place at the service who was responsible for the day to day running of the service for the majority of the time. A new manager had been recruited since the last inspection but had not remained at the service, and had not applied to be the registered manager. As of September 2016 a new manager had been recruited to the service and had started work the day before the inspection visit. The new manager planned to apply to be the registered manager.

At the last inspection on 25 November 2015, we asked the provider to take action to make improvements in relation to staff training. We found this action had been partially completed. At this inspection we found whilst most staff had received training in the required topics, the acting manager had not undertaken required training. This was of concern as he was supervising and guiding staff in relation to safeguarding adults and working with people with mental health needs without the necessary skills or knowledge. This meant there was a further breach of the regulations in relation to training.

We found that medicines were not all stored safely. There were discrepancies when we checked stocks against records, and the medicine system was not easy for staff to use for two of the people living at the service. This was of concern as the provider could not satisfy themselves that all medicines were safely accounted for. Also the system did not support staff to easily administer medicines safely and so was a breach of the regulations.

Staff had been carefully recruited and we could see that regular supervision took place with the majority of staff. Staff told us they felt supported and there was always management support available.

The service was clean throughout and we noted that food was stored and labelled safely in fridges in both

the main kitchen and the kitchen used by people who lived at the service.

On the day of the inspection there was no hot water in one of the bathrooms. The provider reported to us that this has since been resolved. The provider had drawn up a maintenance action plan to make improvements to the scheme over the coming three years which they were working through.

During this inspection we observed good interactions between staff and people using the service. People using the service informed us they were mostly satisfied with the care and services provided.

We reviewed risk assessments and care plans for people using the service. The quality of these varied. Elements of these provided good detailed information on the needs of people, but identified goals were always followed through with people living at the service.

The systems for managing people's money were safely managed.

Many people living at the service went out to social activities and hobbies independently. A small number of people preferred to remain the majority of the time at the service. The service had a limited activities programme for those people.

There were quality monitoring systems in place, although audits of medicines had not found the discrepancies in stocks or poor practice in relation to storage. There were hygiene and infection controls in place and audits were carried out in relation to the management of people's money.

There was a record of essential inspections and maintenance carried out.

We have made recommendations in relation to supervision and quality assurance audits.

We identified a breach of regulations in relation to medicines management and training.

CQC is considering the appropriate regulatory response to resolve the problems we found and will report on this when completed.

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. Medicines were not all stored safely and the system for dispensing medicines for two people was complicated for staff to use which meant there was a risk of errors.

Risk assessments were in place on files, although not all risk assessments covered risks identified elsewhere in care records.

Staff were safely recruited.

People living at the service told us they felt safe living there.

Requires Improvement ●

Is the service effective?

The service was not always effective. Some staff had not undertaken required training.

Staff told us they felt supported and records showed the majority of staff were receiving supervision on a regular basis.

People using the service were supported to attend health appointments.

Requires Improvement ●

Is the service caring?

The service was caring. People living at the service told us staff were caring and we observed good interactions between staff and people using the service.

People told us they could give their views as to how the service ran.

Good ●

Is the service responsive?

The service was not always responsive. Care plans did give detailed information on people's needs, but goals identified were not always carried through with people at key worker sessions.

There was some evidence of person centred care.

People told us they knew how to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not always well led. There had been no registered manager working at the service for 12 months and this had impacted on the service provided.

Audits were undertaken in relation to hygiene control and managing people's money which was positive and improved safety for people.

Requires Improvement 

Baytree Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 September 2016 and was unannounced. The inspection team comprised of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service including notifications they had sent us and information from the local authority. We also spoke with two health and social care professionals.

During the visit, we spoke with four members of staff including the acting manager and the Quality and Systems (QS) Director.

We checked medicines storage and records related to medicines. We looked at care records for four people using the service. We talked with four people living at the service and a person who lived in the supported living unit next door who ate some of their meals at the service.

We looked around the premises including looking at three bedrooms occupied by people living at the service. We looked at records relating to food hygiene, infection control and maintenance of the service. We looked at training records for five people and supervision records for staff. We also looked at the recruitment process for three of the staff.

After the visit we spoke with three relatives of people who use the service and another health and social care professional.

Is the service safe?

Our findings

People told us, "I do feel very safe here" and "Yes I feel safe always." Two people identified that another person living at the service sometimes said things they found rude, and one of these people told us "He says scary things sometimes." But people told us "I talk to the staff here and they deal with it [him]." People told us they felt their belongings were safe.

Staff were able to tell us about safeguarding and what they would do if there was an allegation of abuse. We viewed safeguarding records for the last year. There was evidence the service had acted appropriately and had liaised with the local authority and made notifications about safeguarding concerns to the Care Quality Commission as required. Staff understood whistleblowing which is how to raise concerns about poor practice to the employer..

We checked records related to medicines and medicine stocks. We noted that for two people the dates of the medicine administration record (MAR) did not tally with the blister pack. For example, whilst the MAR showed people were on week one of the four week cycle, week four of the blister pack was in use for both people. This was of concern as it meant it was not easy to tell if people had had their tablets, and it assumed all staff knew that they were to give tablets from week four of the blister pack.

We noted for one of these people, they routinely refused medicines once they had been taken out of the blister pack. These tablets were not stored in the locked cupboard, but were stored in a drawer which was in a locked room. The tablets were in small plastic bags for each day but of the eleven bags, four did not have a date on. Since the last date of medicines returns to the pharmacist, we found this person had refused medicines on sixteen occasions not eleven. This was of concern as the provider could not account for these other five bags of tablets. We checked stocks against the MAR for a third person and found there was an error and two tablets were missing.

We discussed these concerns with the acting manager and the QS Director who acknowledged there should be a protocol in place to advise staff how to store and label refused medicines. This has since been drawn up by the service. The acting manager and QS Director also undertook to align the dates of the MAR sheets with the blister packs to minimise confusion going forward. We could see that medicines audits had been taking place weekly, but stocks were not checked against records so the audit process was not effective.

The above concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The QS Director told us that the service had designated specific staff to manage medicines to minimise the risk of poor practice in future.

Risk assessments were in place for people and had been updated recently. Of the four files, two risk assessments did not cover all the risks identified elsewhere in care records. We discussed this with the QS Director and the acting manager. We were told that the records were in the process of being updated and

that supervision was now going to be aligned to follow audits so care records could form part of the supervision discussion.

At this inspection we found people were adequately protected from the risks of infection. The service looked clean and the residents' fridge and the main fridge were clean and food was dated and sealed. We could see that there was documentation to confirm night staff had completed cleaning tasks. This was positive as the service was clean throughout.

We looked at the accident and incident book. We saw that of the three most recent incidents, two were reviewed by the acting manager within 24 hours, the third was not reviewed by a member of the management team until six weeks after the incident. We discussed an incident with staff who told us that the acting manager had responded very quickly at night when an incident had taken place, by coming into the service, to support the staff member.

The provider had safe recruitment practices in place. We saw references and recruitment checks, including Disclosure and Barring Service certificates, and permission to work in the UK, where necessary, were carried out before staff started working with people. This meant the provider had satisfied themselves staff were considered safe to work with people who used the service.

Essential services such as gas and electricity had been inspected and found to be safe and the environment was odour free. New fire extinguishers bought last year had not required servicing in the last 12 months, but we discussed the need to include a visual check each month by staff to ensure they were in working order. The QS director said they would be starting this after the inspection.

Is the service effective?

Our findings

People spoke highly of the staff. We were told "They know me very well, they do a good job." "They are looking after me. They know their job" and "I get so much support here they give me everything I need."

Staff told us they received support from the management team to do their job. The majority of staff had been supervised regularly in 2016 but two people had not been supervised regularly. We discussed this with the acting manager who told us a senior member of staff who had recently left had not provided access to the supervision records they had completed, which were stored on the computer. We could see there were detailed induction records for staff in their files.

We recommend that the provider ensures that supervision takes place and is recorded.

At the last inspection in November 2015 there had been a breach of the regulations in relation to training. Since the last inspection the majority of training was now face to face as opposed to on line training. This was positive as staff would have an opportunity to ask questions and clarify understanding whilst undertaking the training. Staff told us they had undergone training and felt they had the skills to do their role properly. On the day of the inspection there was not an up to date team training matrix available. However, we checked individual certificates of training. We found that whilst most people had undergone the required training, the acting manager had not undertaken training in safeguarding, mental health or Mental Capacity Act 2005 training. This was of concern as he had been operating as the deputy manager since January 2016 and at times had been the acting manager. In this capacity he would be guiding and supervising staff without having undergone the relevant training.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. All the people living at the service had the capacity to make their own decisions, so nobody was subject to their liberty being deprived.

People were supported to attend health appointments as required. People told us, "I have a GP, oh yes, they remind you about your appointments. They take you to the dentist and that, I've nearly lost all my teeth from my health before" and, "I have my own GP and for my eyes as well." Oral hygiene was included in care records.

A health and social care professional told us that staff did not always tell them when people stopped taking their medicines to maintain their mental health. This was of concern as some people's medicines relied on regularity of use to minimise agitation or behaviours that challenge. We discussed this with the QS Director

who acknowledged that the protocol was not always being complied with. The new manager was aware of these issues and told us he was keen to improve multidisciplinary working as this would help to maximise people's health and well-being. We saw evidence of communication from the manager to the CPN service regarding non compliance of medicines by one person following the inspection.

The service had two kitchens, one for the people who lived there to prepare drinks and snacks as they wished and another from which the main meals were cooked by staff. We noted on arrival at the service that the fridge in the kitchen for people to use only had milk, margarine and bread available. The tea and coffee containers were empty. Four people had eaten breakfast by this time. We talked with the acting manager and the QS Director regarding this. They said the fridge was replenished regularly but some people ate until the food was gone so people knew to ask staff for more food to be prepared for them.

During the day the food supplies were replenished but later in the day we noted the fridge again only had bread and margarine in it and the coffee had run out again. The QS Director told us they would start to check the fridge at least three times a day and restock it. They told us this will be documented on a sheet of paper that will be kept on the fridge.

We asked people their views on the food available at the service. People told us "The food is very nice. It's all fresh. They give you different things for breakfast, lunch, and supper. Bacon, eggs, waffles, jacket potatoes, lamb, vegetables. We choose the menu in the meeting" and, "The food is very nice. I enjoy it. If I am hungry after I can make a sandwich or some toast." Another person told us, "If I go out I can tell them and they keep some food for me." People confirmed they had access to tea and coffee. People appreciated being able to influence the menu and all commented on the benefit of being able to discuss food at regular meetings. We saw that healthy eating and exercise were included on people's care plans.

The building was not suitable for anybody with significant mobility problems due to the number of stairs. This was not an issue for the people who used the service at this point in time as nobody had any mobility problems.

Is the service caring?

Our findings

People told us the staff "are very caring. They don't rush me and they are nice to me." Another person said they were "able to discuss anything and felt there was always someone to listen" and that the staff really cared about them. A third person told us "They encourage me to be the best." Relatives confirmed that in their view staff were kind.

People told us their family and friends "can come any time." Some people were in relationships with partners, others not but told us they could discuss personal matters with staff "I'm sure I can, I go to places to make friends."

Staff supported people with their individual needs. People told us staff supported them to attend church weekly, one person was supported to see her granddaughter on a regular basis and one person attended a mosque regularly.

People told us they were involved in developing their care records. We were told, "They talk about what help I need and appointments and exercise. They always ask how I feel before I sign it." Other people told us, "My family help me to understand them [care plans]. I do sign them" and "We talk about things together and I say how I feel. I like it here I don't want to move. They do listen to me."

People's rooms were personalised with their own belongings. The décor at the service was dated but there had been some improvements to the environment in the last year including new flooring in a number of the downstairs rooms which made the service more homely. One person told us, "I am comfortable here. Its like a big family. Some people have different problems and they help us work through it here. It's clean, it's warm. I have a roof over my head, I get fed. What more can I ask for?" Another person agreed "it's nice here, it's home." One person felt less enthusiastic and told us "It's okay."

In order to maintain privacy people told us, "We talk in the office, sometimes in my room. They knock on your door. It's okay" and "We have meetings there only with me, other people aren't there to listen." Another person said "They always treat me with respect and understand me. I have nothing to complain about."

Staff told us they fitted in with the timing people chose for support and that it was important that the people living at the service did not feel judged by the staff.

In terms of speaking up, people told us they often had help from their family, but if they needed an advocate they would know how to get one as the service had provided this information.

Residents' meetings took place approximately every two months and people used the opportunity to discuss issues that mattered to them. This often meant food was discussed. People told us they found the meeting useful for giving their views to the management team, and they told us their views were taken into account.

Is the service responsive?

Our findings

Care plans were detailed, covered a wide range of areas and were up to date. They had a useful summary on the front page to give a 'pen picture' of the person and their needs. This was particularly helpful for people with more complex needs who may not be able to articulate themselves clearly.

We noted that monthly reviews had taken place in more recent months and key worker sessions were taking place for some people. The standard of information on care records including key worker sessions varied significantly. For example, there were two people who were considering making a significant life change. For one person this had been discussed at key worker sessions, and was reflected with appropriate actions, and included in the risk assessment. At future key working sessions this goal was reviewed and discussed with the person who finally said they had changed their mind regarding this goal, so the goal had been revised in response to their wishes.

For the other person this goal was stated on the care plan but then not followed through as a discussion point at key worker sessions over the next four months. Nor were actions suggested to promote this life change followed through on a regular basis. We discussed this lack of consistency with the QS Director and the acting manager who reported this person had also now changed their mind and did not want to make the change. However, they acknowledged this was not reflected in the care record over the four months.

There were elements of a person centred approach. For example we noted where a person was acknowledged to be in a consensual sexual relationship the action was for staff to respect their right to be in that relationship and to provide information on sexual health. However, we noted one person did not want to engage in meeting with their keyworker but there was no plan recorded about how this person might be encouraged to work with staff so they could understand how best to support him. The last key work session recorded with person in attendance was in 2015.

The majority of people living at the service went out independently participating in hobbies, meeting friends and family members. One person told us "I have never asked them [staff] to come any place with me but I'm sure they would come. I like to go out by myself."

Since the last inspection one person had been supported to start volunteering recently and was now attending the gym on a regular basis which was very positive. There were two people who chose not to go out much and for these people there were a limited range of activities at the service including a DVD night, coffee mornings, drawing, puzzles and some games. People told us, "They do art sometimes. I like drawing. Sometimes I go out but I like the TV."

There was a kitchen for people at the service to prepare food should they choose and make hot drinks. Different people utilised this facility to varying degrees, and staff offered support to cook if people wanted it.

In relation to making complaints if people were not happy with the service, we were told "I can speak to the manager in charge." Another person told us there was always a manager in the office but he had "never had

to complain about anyone" so wasn't able to offer a specific example. Another person told us she knew how to raise a complaint by telling someone or writing it down but had never had to. We could see there was information on the wall in relation to making a complaint, and people seemed confident they could make a complaint if they were not happy. We checked the complaints folder and could see there had not been any in the last 12 months. On the day of the inspection we were made aware a family member had made a complaint that day

Is the service well-led?

Our findings

There had been no registered manager in place for over 12 months. The deputy manager had been acting as manager for some of the time and a new manager had been recruited within this 12 month period but had not remained at the service, and had not applied to be the registered manager. A new manager had been recruited to the service and had started work the day before the inspection visit. The new manager told us he planned to apply to be the registered manager.

Lack of a registered manager is of concern as services require leadership to steer and support staff in their role and have an overview of the quality of the service. Whilst the QS Director supported the deputy manager in that role, her work commitments were spread across the whole organisation. One relative told us the "management is always different." Health and social care professionals also noted the challenge of working with differing managers. This affected continuity of care and the quality of the service provided to people living there.

People told us they knew how to make contact with the manager. One person told us the manager sometimes attended the coffee mornings and talked with people. "Otherwise they will be in the office. Overall it's a very nice place. I'm happy to have this roof over my head." Another person told us, "We don't have to go to the meeting, I can talk to him by myself."

We could see that there were some elements in which the service was well managed. For example, audits were taking place in some areas. The service was clean and documentation in the kitchen to evidence cleaning had taken place had been effective. We could see that the QS Director and acting manager checked people's money to ensure it was safely managed. Also, building work had been undertaken in the last 12 months to improve the environment although there was still work outstanding from the provider's action plan. We could see that staff meetings took place regularly every two months up until May 2016, although no reason was provided for the lack of staff meetings since May 2016.

An example of the way in which the service was not well led was the medicines audit had been undertaken but was not effective. There was no checks to ensure the amount of medicines in stock was correct. Also there was lack of clarity regarding how medicines that were refused but had been taken out of the blister-pack should be managed. We saw from documentation that the standard of care records, including care plans and notes of key worker sessions varied significantly highlighting a lack of quality assurance processes.

We recommend quality audits are improved to effectively audit medicines and care plans are audited for quality and recording on a regular basis.

It was also of concern that despite a breach of the regulations in relation to training identified at the inspection in November 2015, the deputy manager had not undertaken training in key areas to support staff in their role and to ensure the service was operating according to best practice. At the time of the inspection there was not a system for monitoring the overall team training requirements to enable the deputy manager

to monitor who had received training and who required refresher training. Since the inspection the service has updated a training matrix to record the team training requirements.

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
Personal care	The provider did not ensure the proper and safe management of medicines. Regulation 12 (1) (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Personal care	The provider had not ensured that all staff are provided with suitable training to enable them to carry out the duties they are employed to perform. Regulation 18(1)(2)(a)