

Baytrees Homes Limited

Baytrees Nursing Home

Inspection report

Baytrees
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Baytrees Nursing Home is a care home providing personal and nursing care for people living with a variety of mental health and complex physical health needs. The home supported one person living with a learning disability. There were 28 people living at the service at the time of inspection, the ages of people varied from younger adults to older people. The service can support up to 30 people.

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

People had a wide range of needs and diverse backgrounds, they received individualised support from staff. People were relaxed in the company of staff and we observed friendly interactions. One person told us, "I like to have people around who knows about my condition and how to help me."

People's needs were met by trained and confident staff. Staff described training opportunities provided to ensure appropriate support for people. Due to people's complex needs, adaptations and equipment were available for individual's use. The service sought professional input to improve outcomes for people. A visiting professional told us, "Residents are cared for well and I see the same staff which is good."

People were supported to make their own choices which were respected. For example, staff offered drinks and people requested a large variety of drinks. One person told us, "The food is the best ever, they supply a menu and you just tick the boxes of what you want."

People confirmed they felt comfortable to speak with staff. One person told us, "The staff are very discrete here, if I ever want to ask for something or talk in private, they will come to my room or we will go somewhere private." People and their relatives were confident in the registered manager and knew them by name. A relative told us, "I have had no cause to complain, if I did, I would speak to staff or [registered manager's name], we know them all we have such a laugh when we are there."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of Safe and Well led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and Independence. People had access to professional advice and equipment to maximise their independence.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. Staff demonstrated how individualised support was offered to people.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. People's consent and views were valued by staff and management, improvements had been made to the environment with people's input.

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

Rating at last inspection

The last rating for this service was good (published 2 May 2019).

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. This enabled us to look at the concerns raised and review the previous ratings.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Baytrees Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Baytrees Nursing Home

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 Care Act 2014.

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 team consisted of one inspector and one inspection manager.

Service and service type

Baytrees Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with 11 members of staff including, care staff, housekeeping staff, registered nurses, the nominated individual and registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a range of documentation including audits, risk assessments, policies and procedures. We spoke with one professional who regularly visits the service and four relatives of people who use the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from harm or abuse; Staff received safeguarding training and were aware of policies and procedures.
- The registered manager demonstrated their understanding of reporting safeguarding issues to external bodies where appropriate. Records showed this had been completed appropriately.
- Staff were aware of their responsibilities under safeguarding. Staff understood the different types of abuse and how to recognise these. Staff were aware of who to report to externally should this be required. One staff member told us, "If nothing is done, I know we can report to the CQC or local authority. I don't think that would ever happen though."
- People confirmed they could speak openly with staff and management should they have any concerns and were confident they would be listened to. One person told us, "I do feel safe, there is someone here 24/7 and I need that kind of help, they come to see me all the time, I appreciate them."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed and managed safely.
- Risks in relation to health needs were assessed and care plans were drawn up to guide staff on how to support people safely. For example, a person was at risk of deteriorating skin integrity, an appropriate risk assessment had identified intervention and a care plan was in place to guide staff. Professional input had been sought and reviews of the care plans showed an improvement to skin integrity for this person.
- People were supported to manage risks associated with choking. Specialist support was sought from the Speech and Language Therapy (SaLT) team. Staff followed their guidance to ensure the person received food and fluids at the correct consistency. Staff were aware of the SaLT guidelines in the persons care plan. We observed drinks being offered to the correct consistency.
- People were consulted with decisions relating to their care and support. People had been assessed to access the community and attend outings. One person told us, "They're all so nice here, they do special things for us, we only have to ask and the staff will do what they can within reason. I said to [staff member] this morning I want to go to ASDA and then the garden centre for lunch, we will be doing that next week."
- The service used an electronic care management system (ECM) where people's records could be accessed and updated by staff. The provider was in the process of introducing a new ECM system that allowed a more comprehensive recording of risks.
- A range of environmental risks assessments and checks were completed. For example, the fire risk assessment and relevant safety checks were up to date.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels were reviewed by the management using a dependency tool kit. This took people's needs and the occupancy of the service into consideration, and staffing levels were determined by the outcome.
- Staff said there were enough staff to safely meet the needs of people and our observations confirmed this. One staff member told us, "I think there are enough staff, as a whole. Everyone gets what they need when they need it."
- We observed people being supported on a one to one basis by staff where this had been assessed. Staff promptly answered call bells and assisted people as needed. One person told us, "The carers pop in all the time to check I'm ok, they help me when I press my bell too."
- Staff were recruited safely. Staff recruitment files included completed application forms, employment histories and qualifications, checks on people's suitability to work in a care setting were undertaken, such as references and Disclosure and Barring Service. Staff confirmed they undertook an induction and training before they commenced employment.

Using medicines safely

- People were administered their medicines safely by trained staff who were assessed as competent by the management. There were systems in place for safe storing, ordering, administration and disposal of medicines.
- People told us they received their medicines on time. One person recalled the timings of their medicines and advised staff were never late as administration times were important for them.
- The service had started to operate an electronic medication administration record (eMAR) system, staff had been trained to use the system.
- Staff were able to recognise and respond to people should they need their 'as required' (PRN) medicines. Staff were guided by individual PRN protocols to administer these medicines to people.
- People received reviews of their medicines to promote good health outcomes. One visiting professional described how a person's medicine was adjusted due to staff feedback and the person had improved due to this.

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 meeting shielding and social distancing rules.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found significant improvements had been implemented in relation to medicines management, the management of care records, staff training and audits, although these had not been fully embedded. The service was planning further improvement to ensure people received a consistent, good standard of care.

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

- Previous concerns relating to assessing and monitoring the quality of services had been addressed by training and increased monitoring by the management team. Systems had been embedded and the registered manager had a clear oversight of these processes. We saw evidence of competency checks being completed for staff practices.
- There was a clear leadership in the service. The registered manager was supported by the nominated individual and the team leader. People and their relatives knew who the nominated individual and registered manager was and confirmed they had a strong presence in the service. One person told us, "I'd see the director (nominated individual) if I had any complaints." All other people spoken with, named the registered manager and said they would talk to them if staff were unable to answer their queries or if something serious needed to be discussed.
- All staff gave positive feedback regarding the registered manager. Comments included, "[Registered Manager's name] is approachable. I can always go to them. Usually I would go to [team leader] but if they are off I would not hesitate to directly speak to [registered manager]. They are fair in their judgements and always looks at both sides of the argument." Further comments included, "They (management team) have been fab, so supportive, we couldn't ask for better."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service promoted a positive and inclusive culture for people. People told us they were given choices and could comfortably approach staff with comments and suggestions. When talking about meal choices, one person told us, "We have more or less what we want, if they don't have something we fancy they will get it in for us."
- The service met the wide range of diverse needs of the people living there. People received personalised care with consideration to their wishes, culture and abilities. We observed people's bedrooms to be homely and decorated to their preference. Specialist equipment was in place and maintained appropriately for

people where needed. A relative told us, "They have been unbelievably good with [person], they have very complex needs and have many issues, the care they receive I cannot fault, the staff are amazing."

- People were involved in the planning of their care and had the opportunity to plan their days and activities. One person told us, "Living here has given me a new lease of life."
- A staff member described working with the diverse needs of people living in the service, "I don't treat people any differently, some people can't talk, I would never treat them differently because they can't talk. Everyone should be treated as special."
- The registered manager spoke of how staff worked hard to meet people's individual needs, "People need to understand we are a totally different from any other home. It's absolutely diverse and we have achieved a lot."

Continuous learning and improving care; 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

- Management understood their responsibilities under the duty of candour. They described their obligation to be open and honest with people if something were to go wrong.
- Audits of incidents and accidents had been completed and there were few complaints. The registered manager advised, should a trend be found upon analysing, they would address the matter. They gave an example of falls; they would establish a pattern and if people were falling in one area of the service, they would look for hazards in the environment, discuss with people and staff and make changes accordingly.
- The registered manager described recent changes to their day to day role, this was to undertake observations of how staff support and interact with people. They advised that should they find areas for improvement they would discuss with individual staff or if general findings, they would attend the handover to discuss with all staff.

Working in partnership with others

- The service worked with other agencies to provide good outcomes for people. A variety of professionals including SaLT, Tissue Viability Nurses (TVN) and the Living Well with Dementia team, had been involved to provide advice and enable the staff to support people's physical and mental health needs.
- Staff had followed professional's input and this had a positive impact this had on people's support. For example, a person's medicine had been reviewed in line of changes to their condition, this had a positive impact on the person. A visiting professional confirmed the staff responded well to their advice, they described how staff adapted their approach to different people and would make quick contact should further advice be needed.
- The management team ensured regular contact was kept with people's relatives. One relative commented, "Very good communication, they are responsive, polite and nice. I'm kept up to date and in the loop. All in all, I'm very impressed."
- The registered manager told us how staff had been working closely with the local hospice, they told us, "The great thing is you can achieve so much here. Good achievement with good outcomes for our residents."