

## Baytree Community Care (London) Limited

# Baytree Lodge

### Inspection report

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07 December 2022

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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

Baytree Lodge is a care home registered for a maximum of 12 adults who have mental health needs. At the time of our inspection there were 12 people living at the service. The service is located in 2 adjoining houses with access to a back garden.

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

The service continues to provide a good level of care and support to people. People were treated with dignity and respect.

People told us they felt safe living at the service. Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern.

Risk assessments were in place to manage potential risks to people, whilst also promoting their independence.

People were supported with their medicines in a safe way and as prescribed.

Adequate staffing levels were in place. We observed that staff were responsive to the needs of people living in the home. Appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

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.

The registered manager was open and transparent throughout the inspection process and demonstrated a commitment to the ongoing development of the service.

There were systems in place to monitor the quality and safety of the service being provided.

The provider worked in partnership with healthcare services and professionals to plan and deliver an effective service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 12 December 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Baytree Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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?**

**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.

# Baytree Lodge

## 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 team consisted of 1 inspector and 1 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.

#### Service and service type

Baytree Lodge 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. Baytree Lodge 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection visit, we spoke with 3 people living at the service and 2 relatives. We spent time in the communal areas observing the care and support people received. In addition, we spoke with the registered manager, deputy manager, a supported living area manager and 2 care staff.

We reviewed 3 people's care records which included care plans, risk assessments and medicines records. We reviewed 2 staff recruitment records and other documents related to the running of the service which included staff rotas, audits, surveys, meetings and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to protect people from abuse and avoidable harm.
- Policies and procedures were in place for whistleblowing and safeguarding adults from abuse.
- People told us they felt safe and knew who to report concerns to. Comments included, "Very nice place to live, it's safe and clean" and "Safe place to live and staff are helpful."
- A relative said, "I feel it is a safe place for [person]."
- Safeguarding concerns had been escalated appropriately and action taken to keep people safe when required.
- Staff undertook training in how to recognise and report abuse. Staff told us they would have no hesitation in reporting any concerns to the registered manager or appropriate authorities and were confident that action would be taken to protect people.

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed.
- Actions needed to minimise risks were recorded. There were risk assessments in place for health conditions, nutrition, skin care and infection prevention.
- Staff told us the assessments provided them with the information they required to keep people safe, reduce the impact of risk, and provide appropriate support to people.
- Risk assessments had been reviewed regularly and updated when people's needs changed.
- Regular safety checks had been carried out on the environment and on the equipment used in caring and supporting people.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

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 found the service was working within the principles of the MCA.

- The registered manager and care staff we spoke with demonstrated an understanding of the principles of the Act and how to work in people's best interests.
- Consent forms were included within people's care records.
- The service was currently not supporting anyone who was subject to a Court of Protection application in relation to the deprivation of their liberty. Nobody using the service was deprived of their liberty.

#### Staffing and recruitment

- The recruitment processes in place ensured the service employed staff of suitable character and experience to work with people living at the service.
- Recruitment files included an application form with employment history, references, right to work in the UK documentation and evidence of criminal record checks.
- There were enough staff available to ensure the safety of people.
- Staff and people we spoke with confirmed that staffing level was good. 1 person said, "Nothing is too much trouble, there is always someone here to help."

#### Using medicines safely

- People were supported safely with their medicines. People told us they were happy with the support they received. 1 person said, "Staff give me my medicines on time and when I need it."
- Staff had completed medicines training and been assessed as competent to administer medicines.
- We checked medicines administration records (MARs) and found these were completed in full with no evident errors or inaccuracies.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- Processes were in place to facilitate safe visiting at the service. Relatives we spoke with confirmed they were able to visit their loved ones whenever they wanted.

#### Learning lessons when things go wrong

- There were systems in place to ensure lessons were learned when things went wrong.
- The registered manager was committed to driving improvement and learning from accidents and incidents and feedback given. Information was analysed and investigated. Action was taken to identify suitable solutions to address any risks identified.
- The registered manager and provider were quick to respond to any concerns raised and feedback given. For example, the carpet on the stairs was immediately replaced following the inspection.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and the staff understood their roles and responsibilities.
- The registered manager told us they had good support from the provider.
- Audits were carried out at service and provider level and actions were identified to drive improvement within the service.
- There were contingency plans in place which were detailed and included information about how to ensure provision of people's care in emergency situations.
- Statutory notifications about accidents, incidents and safeguarding concerns were sent to the CQC as required.

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

- The management team demonstrated an open and transparent leadership style. They provided visible direction and a person-centred approach to their staff team.
- The registered manager and their team provided a high-quality service, in order to meet people's needs in a holistic manner. The team was led in a way which consistently focused on ensuring people had the opportunity to live the life they chose, with the support they required.
- The registered manager promoted a positive, open culture, where staff upheld the same values.
- People and relatives spoke positively about the service and the care and support their loved ones received. Everyone told us that they could contact the service if there were any concerns and would receive a response. Feedback received included, "We can always contact the manager", "I know who the manager is. He is very friendly and helpful" and "I have lived here for a long time and I am very happy."

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; Continuous learning and improving care

- The provider and registered manager understood the duty of candour and their legal responsibilities to inform people and agencies when concerns are raised or when something has gone wrong.
- The registered manager was open and honest with the inspection team and took immediate action when minor issues were highlighted during the inspection.
- The registered manager and the provider used the quality assurance arrangements in place to identify areas for improvement.

- The registered manager shared good practice guidance with their staff team to ensure continuous improvement and achieve good outcome for people using the service.

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

- There were systems in place to ensure the service sought the views of people through regular reviews, meetings and surveys.
- People told us they had regular reviews of their care in which they were fully involved. People's protected characteristics were considered and addressed.
- Relatives told us that people were well cared for and they were involved in decisions to do with people's care. We saw evidence of regular communication with people and their relatives .
- People told us care staff were respectful of their religious beliefs and cultural backgrounds. Staff we spoke with demonstrated an understanding of people's religions and cultural preferences.
- Staff told us there were regular meetings and they could openly discuss any issues and make suggestions.