

Mr T P Hanley and Mrs S E Hanley

# Bay Tree House

## Inspection report

423 Unthank Road  
Norwich  
Norfolk  
NR4 7QB

Tel: 01603503528  
Website: [www.feltwelllodge.com](http://www.feltwelllodge.com)

Date of inspection visit:  
05 April 2016

Date of publication:  
11 May 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

Bay Tree House provides accommodation and personal care for up to 16 older people including those living with dementia. Accommodation is located over two floors. There were 15 people living in the home at this time of this inspection.

This inspection was unannounced and took place on 6 April 2016.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff had received training in this subject and those spoken with during this inspection were able to demonstrate that they were aware of the principles of the MCA or DoLS and their obligations under this legislation.

Medicines were not always safely managed. This was because of incorrect recording of staff signatures for topical creams and the way which the separation of people's medicines was stored.

Care plans contained all of the relevant information that staff required so that they knew how to meet people's current needs. We were confident that people always received the care and support that they needed.

The provider had a recruitment process in place and staff were only employed within the home after all essential pre-employment checks had been satisfactorily completed.

People's privacy was respected during our inspection. Staff were seen to knock on the person's bedroom door and wait for a response before entering. People's dignity was protected because staff ensured that people were involved in agreeing what care and support they required

People were provided with a varied and balanced diet. Staff referred people appropriately to healthcare professionals when needed.

The provider had a complaints process in place and people were confident that all complaints would be addressed.

The provider had an effective quality assurance system in place to identify areas for improvement. They were able to demonstrate how improvements were identified and acted upon.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not always safe.

Medicines were not always safely managed.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

### Is the service effective?

Good 

The service was effective.

Staff had been supported and trained to care for people in the way they preferred.

People were helped to eat and drink enough to stay well.

People could see, when required, health and social care professionals to make sure they received appropriate care and treatment.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

### Is the service caring?

Good 

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People could choose where they spent their time.

People were supported to see their relatives and friends.

### Is the service responsive?

Good 

The service was responsive.

People were encouraged to maintain their hobbies and interests.

People's care records were detailed and provided staff with sufficient guidance to provide consistent, individualised care to each person.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

**Is the service well-led?**

**Good** ●

The service was well- led

There were various opportunities for people and staff to express their views about the service.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

The registered manager supported staff in their roles.

# Bay Tree House

## **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 unannounced inspection took place on 6 April 2016. The inspection was completed by one inspector 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.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service. We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

We spoke with eight people, three relatives, and four staff who work at the home. These included the registered manager, senior care workers, care workers and kitchen staff. Throughout the inspection we observed how the staff interacted with people who lived in the home.

We looked at two people's care records. We looked at the systems for monitoring staff training, supervisions and recruitment checks. We looked at other documentation such as quality monitoring records, accidents and incidents records. We saw compliments and complaints records and medication administration records (MAR).

# Is the service safe?

## Our findings

When we asked people if they felt safe, One person said, "I feel very safe here. I have never had a problem with any of the staff. I never feel threatened here." A relative told us, "[Family member] is very safe here. We have every confidence in the staff and know that she is well looked after." Another relative said, "[Family member is very safe here and is well cared for." Another person told us, "I am safe here and I am very happy here. The staff are always there to help me when I need it."

People we spoke with told us they received their medicines as prescribed. One person said, "I am always asked if I would like any pain relief." Another person said, "The girls [staff] get all my medicines for me that the doctor prescribes." A third person said, "They [staff] always make sure I get my tablets at the right time and make sure I take them." Medicines were stored safely and within the recommended safe temperature levels. We saw several examples of the recording of medicines that did not follow Royal Pharmaceutical Society guidance. These included hand written information on people's MAR sheets, incorrect recording of staff signatures for topical creams and the way which the separation of people's medicines was stored. This put people at risk of unsafe medicines administration and did not demonstrate an accurate record of the quantities of medicines held.

We spoke with the registered manager who told us that they would arrange for an additional recording sheet to be placed in people's rooms so that the member of staff applying the prescribed cream would then sign the record. This would provide a full and accurate record of when people receive their prescribed creams. Medicines that were received that were in there original packaging were signed in and an accurate record was held. Any medicines that were given as required (PRN) were appropriately signed for. Staff told us they had received training in medicines administration and records showed that their competency was checked to ensure they were safely able to administer medicines. Medicines taken by mouth and those medicines that used on the skin had not been separated. This put people at risk of cross contamination.

Staff demonstrated to us their knowledge on how to identify and report any suspicions of harm or poor care practice. They gave examples of the types of harm and what action they would take in protecting people and reporting such incidents. This included contacting external agencies to report poor care practice. Training records we looked at confirmed that staff received training in respect of safeguarding adults. This showed us that there were processes in place to reduce the risk of harm to people living in the home.

People had individual risk assessments which had been reviewed and updated. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks and poor skin integrity. Where people were deemed to be at risk, these risks were monitored. We saw documented 'repositioning charts' for people with poor skin integrity who required regular assistance or prompts from staff to change position. People at risk of malnutrition had documents in place to show that they were weighed on a regular basis. We noted that as a result of this monitoring and where appropriate, staff had made referrals to the relevant healthcare professionals. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

We found sufficient staff on duty to meet people's support and care needs throughout the day. One person told us, "The staff are always there when I need them." Another person said "I have no reason to question their competence. They know exactly what they are doing and when. They don't waste their time and they are all so friendly." The registered manager told us that permanent staff or themselves covered in the event of short notice absences due to staff sickness. This helped to provide consistency for people. Our observations showed that people's needs were met in a timely manner and care call bells responded to promptly. We saw that staff were available in each communal area of the home supporting people. The registered manager told us that they assessed regularly the number of staff required to assist people and ensure that people's needs were met. Records we looked at confirmed this. This showed that the registered manager had enough staff available to deliver safe support and care for people who lived in the home.

Newly recruited members of staff confirmed that they did not start to work at the home until their pre-employment checks had been satisfactorily completed. The registered manager told and showed us that the relevant checks were completed. This was to help ensure that staff were suitable to work with people living in the home before they were employed. A member of staff said that they had 'shadowed' a more experienced member of staff. This was until they were deemed confident and competent by the registered manager to work with people living in the home. One staff member told us, "We work well as a team and support each other, we can always ask for help at any time. Even the (registered) manager helps provide care to the residents."

# Is the service effective?

## Our findings

People told us the staff were able to meet their needs. One relative said, "The staff are all very polite and nothing is too much trouble for them." One person told us, "The girls [staff] are very good." Another person told us that, "Staff are always around if you need them. There is really nice atmosphere here." A third person said, "Yes the staff do understand my needs, They are all very caring."

Staff told us they had received regular supervision. This ensured that staff had some time to discuss their support and identify any training needs with a senior member of staff. Staff felt they were well supported to do their jobs. Training records showed that staff had received training in a number of topics including fire awareness, infection control and food safety, moving and handling; and safeguarding people. Staff stated that they had had all the training and support they required to do their job safely. A member of staff said, "The support I have received has been excellent and they [registered manager] are very approachable and I can speak to them at any time for help."

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.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The deputy manager and most staff we spoke with understood and were able to demonstrate that they knew about the principles of the MCA and DoLS. The staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The registered manager had submitted seven applications to lawfully deprive people of their liberty to the local authority. The outcome of these applications was not yet known.

People said that staff respected their choices. One person said, "We all help one another. I can do whatever I want whenever I want to. It makes my days more interesting." Another person said, "Nothing is too much trouble and we are able to go where we want to. I have all my things I want in my room. It's just like being at home. Our observations throughout the inspection showed that staff asked people their choice and respected the choices made. People told us that they felt listened to by staff. Staff showed they understood the importance of asking about and respecting people's choices. Staff were able to demonstrate to us an understanding that they knew how to ensure people did not have their freedom restricted."

There were two dining areas within the home. People were given a choice of where they would like to eat their meal and staff respected this choice. Those who needed additional support were encouraged to eat in the dining room nearest to the kitchen as there was always a member of staff available to support them. Our observations during the lunchtime meal showed that social interaction was promoted by staff.

One person said, "I like the food here. I sometimes choose the wrong food, but they always make sure I eventually get something I like. We get hot drinks at regular intervals and if I want one at any time I just need to ask. We also get wine with our lunch which is really nice." We observed at lunchtime that wine and sherry was offered. One relative told us, "[Family member] gets really good meals each day and there is always something to drink when she wants it." Another person told us "I like the food here its home cooked and I like it. I can get a drink whenever I want to." A third person said, "The food here is OK and I am happy with it."

Kitchen staff were kept updated by the care staff regarding people's weight gain or loss or any special dietary needs. They also confirmed that if people did not like the food that was on offer they would make them something else to eat. This was confirmed by our observations during the lunch time meal. Snacks, fresh fruit and drinks were available to people throughout the day. We saw staff encouraged people who needed some assistance with their fluid intake to drink throughout our inspection.

People and the relative said and records showed that staff were quick to involve external health care professionals when needed. One person told us, "They [staff] send for a doctor if they're convinced that you need one." One relative said, "They [staff] call a doctor whenever the need arises. They are quick to inform me what is happening."

## Is the service caring?

### Our findings

People and the relatives we spoke with were positive about the care and support provided by staff. A relative told us, "They're good carers, it's always been good." One person said, "I am very happy here and the care I get is first rate. The staff know me well and what I need. They always knock on your door and call out before they come in. I feel that I can talk with staff about how I feel which makes a real difference to me." Another person told us, "They really do care for you here in a very gentle way. They don't keep fussing over you and let you get on with what you want to do. They do listen to what you have to say and will always go the extra mile for you which is really nice. I know what ever I need or ask for they will always try and do for me. They are really kind people. My family are really happy with me living here and I am happy living here." Staff supported people in a caring and kind manner and our observations throughout the day confirmed this.

People were assisted by staff to be as independent as possible. Observations showed that staff encouraged people to do as much for themselves as they were able to. We noted that staff guided people, when needed, in a respectful way. We saw one person being encouraged to stand up from their chair before transferring to their wheelchair. This was done in a patient and caring manner.

A person's relative visiting the home told us, "The care [family member] gets is first rate; certainly when compared to previous experiences. Nothing is too much trouble and the way they speak to them and how they treat them is excellent. They are always there for them and their needs and helped them to become more mobile. I can't think of any improvements they can make in the care. They [staff] are always ready to discuss things with you."

Staff supported people in a kind and patient manner. Staff took time to support people when needed at a pace the person was comfortable with. We also saw staff reassure people, who were becoming anxious, in an understanding manner to help them settle. We also noted good examples of how staff involved people in conversations throughout our inspection of the home. These included conversations about lunch, weather and what was on the television.

People told us that staff respected their privacy and dignity when supporting them. One person said that staff knocked on their bedroom door when they wanted to enter and waited for a response. This was confirmed by our observations throughout our inspection. This meant that staff respected and promoted people's privacy.

Our observations showed that people's rooms were personalised with their belongings to make them feel more homely. We saw that people were dressed appropriately for the temperature within the home and which maintained their dignity.

Advocacy services information was available for people where required on posters on communal notice boards and within the service user guide information was available for Independent Mental Health Advocacy (IMHA) and Voice Ability who are a charity who offer an advocacy service. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

Care records we looked at were written in a personalised way they provided information about the person's life history, including their individual care and support needs. People also had their end of life wishes documented should they choose to. Those plans included a wish to not be resuscitated. Records showed that people or their relatives were involved in the care and support plans as appropriate. A relative said, "We are always fully informed of the care my mother in law is receiving and have every confidence what they are doing. The staff always ready to listen if I have any queries."

People were seen to be watching television and reading newspapers, magazines and books. People told us that they played various games. We heard lots of chatter and laughter. People enjoyed the activities. They described some of the other activities including craft and said that they liked doing things together. This was evident through much of the day where people gathered and together they talked and reminisced about times gone by. One person said, "I like the activities and they are good fun." Another person said, "I enjoy the things we do and we are all good friends. The staff are so kind and thoughtful and are all so polite."

A member of staff told us about the various activities in the care home which included music and movement, crafting, quizzes, and reminiscence sessions. There was a programme in place for the coming month and people were able to tell us what was happening in the home. A relative said "[Family member is really well looked after and gets 24 hour care and I can't think of any improvements they could make. There is always something for them to do so that they don't just sit in their rooms. My [family member] loves talking and likes being with their friends in the home. They also love talking to the staff."

People and a relative told us that that they knew how to raise a concern. People and their relatives told us that communication was good and that they would speak to staff if they were concerned about anything. One relative said, "We have never had to complain and visit regularly several times each week."

We asked staff what action they would take if they were aware of any concerns. Staff said that they knew the process for reporting concerns and would inform the registered manager. Records of compliments showed that people and their relatives were complimentary about the care they or their family member had received. Complaints records showed that complaints received had been reviewed and action taken as a result of the concern raised. Information about the provider's complaints policy was also available to people in the home and their relatives.

## Is the service well-led?

### Our findings

The home had a registered manager who was supported by care staff and ancillary staff. We saw that people who lived at the home and staff interacted well with the registered manager during our inspection. People we spoke with had very positive comments to make about the registered manager and staff. Relatives said that the registered manager kept them up-to-date about their family members and that communication was good. A member of staff told us "I love working here; we are a like one big family."

There was an open culture operating in the home with Bay Tree House being situated close to the town centre. People were able to into town if they wished. In addition, representatives of religious organisations conducted services within the home at least once a month.

Care staff told us about the values of the service. These included treating people as an individual. Examples given included supporting people and their relatives with birthday parties.

Staff told us that the culture in the home was 'open' and that the registered manager was approachable. Staff spoken with told us that they were supported by the registered manager. They said that they had regular supervisions and appraisals. This was confirmed by the records we looked at.

A relative said, "The manager keeps us fully involved. They always think about [family members] care and they come first. We felt that it is the ideal place for them [the family member]."

Records showed that staff meetings happened and that they were an open forum where staff could raise any topics of concern they wished to discuss. Staff told us that they were encouraged to make any suggestions that they may have to improve the service. Such as entertainment for the people using the service and additional craft resources.

There were effective quality assurance systems in place that monitored people's care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such care planning, medication and health and safety. Where action had been identified these were followed up and recorded when completed to ensure people's safety. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. Such as redecoration of various areas of the home. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary. Staff told us that the registered manager regularly 'worked alongside the staff in providing care. This ensured that staff were implementing their training and to ensure they were delivering good quality care to people. As a result of these checks staff knew what was expected of them.

Records, and our discussions with the registered manager, showed us that notifications had been sent to

the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.