

Liaise Loddon Limited

# Baytrees

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

This inspection took place on 2 July 2018 and was unannounced.

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

Baytrees accommodates up to four people with learning disabilities in one adapted building. There were four people at the service at the time of inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place at the time of our inspection. 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.

The registered manager had a sound understanding of people's needs and regularly worked alongside staff to offer support and guidance. People's relatives told us that the registered manager was friendly, approachable and kept them updated about their family members' health and wellbeing. There were systems in place to gain feedback about the service and deal with complaints. People's families expressed confidence in the registered manager's ability to handle concerns appropriately.

The registered manager carried out a series of audits and quality assurance checks to monitor the quality and safety of the service. They had demonstrated that they were able to implement recommendations from external health and safety professionals, which helped maintain a safe environment.

Some people had complex health needs which required ongoing input from health professionals. The provider took on board recommendations and ensured that people were supported to have their health regularly monitored.

People were provided with a diet appropriate to their needs. Where people had specific requirements, staff made the arrangements to ensure this was accommodated.

Risks to people in relation to their anxiety and behaviour were assessed, monitored and mitigated. Staff were skilled in adopting a wide range of strategies to de-escalate potentially challenging situations without the need for physical intervention.

When incidents took place, the registered manager looked for trends and lessons that could be learnt to reduce the risk of reoccurrence.

Staff had received training and support to help ensure they were effective in their role. Staff knew people's needs well and were caring and patient in their approach.

People's needs in relation to communication were fully assessed and staff were skilled in implementing personalised strategies. This meant people had choice and a level of control around their daily routines and activities. Where people had needs in relation to their environment, the provider made adaptations accordingly to help the home remain a safe and comfortable place to live.

People were treated with dignity and respect. Where people liked their privacy, this was clearly understood by staff. People's preferred personal care routines were documented in their care plans, which people and their relatives contributed towards developing.

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

The provider had signed up to a NHS England led initiative to help ensure people were not overmedicated. There were examples where the provider had worked in partnership with people, health professionals and families to reduce the need for people to take medicines prescribed in relation to anxiety and behaviour.

There were sufficient numbers of suitably skilled and qualified staff in place. The provider had recruitment processes in place to identify suitable candidates for the role.

The home was a clean and hygienic environment and there were systems in place to prevent the risk of infections spreading.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Baytrees

## 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 comprehensive inspection took place on 2 July 2018 and was unannounced. One inspector carried out the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with two people. After the inspection we spoke to three relatives to gain their views of the care provided for their family members. We also spoke with the registered manager, the positive support co-ordinator, the provider's regional manager and two care staff.

We looked at care plans and associated records for four people and records relating to the management of the service. These included two staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas.

The home was last inspected in July 2015 where the service was rated good.

# Is the service safe?

## Our findings

People and their relatives told us Baytrees provided a safe environment. One person said, "I like it here." A relative commented, "As things go [my relative] is safe and well living at Baytrees." A second relative reflected, "Baytrees is the right place for [my relative]. They [staff] know them very well and are able to provide good support around their behaviour."

Risks to people were assessed, monitored and mitigated. Some people could become highly anxious and display behaviour which were potentially dangerous to themselves or others. Where the risk of these behaviours was present, there were clear plans to encourage people to remain calm and de-escalate potentially dangerous situations. In extreme circumstances some people required staff to provide physical intervention to prevent people from coming to immediate harm. In these cases, staff had received specialist training and there were clear protocols to follow before, during and after physical interventions took place. This helped to ensure that people were safe during times of high anxiety.

The provider used incidents as learning opportunities to provide more effective support. The registered manager and positive behaviour co-ordinator analysed incidents involving people to identify triggers to people's anxieties. This helped them put in place strategies for staff to employ to help avoid similar situations in the future. One person had a series of incidents during activities. The registered manager identified that staff needed to take a different approach to encouraging the person during transitions between activities. This proved effective in reducing incidents which occurred during activities.

There were effective systems in place to manage the ordering, storage administration and disposal of medicines. The provider had worked with people, families, GPs and Psychiatrists to review and explore if it was possible to reduce the medicines that people required. This was part of a NHS led initiative called 'STOMP (Stopping the over medication of people with learning disabilities and autism)'. People had individualised plans that detailed the medicines they were prescribed, the reasons they required them and the possible side effects associated with these medicines.

Some people were prescribed 'when required' medicines for anxiety and escalating behaviour. In these cases, staff were knowledgeable about employing positive behavioural strategies, which had reduced the need for people to take these medicines. One person had successfully reduced the amount of medicines they required for behaviour related to anxiety because of collaboration between staff and health professionals to identify ways to manage their anxiety. This helped to ensure that people were prescribed and received appropriate medicines.

There were sufficient staff in place to meet people's needs. People's care hours were commissioned by funding local authorities. The registered manager organised these care hours to ensure that people had support to access their weekly programme of activities and there were enough staff at the service to provide support if they became anxious and required additional support.

The registered manager oversaw the recruitment of new staff and had processes in place to assess

prospective candidates experience, character and suitability for their role. This set of recruitment checks helped to ensure that suitable staff were employed to work with people.

There were systems in place to protect people from the risk of abuse and harm. All staff had completed safeguarding training. This training helped staff recognise abuse and the actions required in these circumstances to help keep people safe. The registered manager had made referrals to local authority safeguarding teams when concerns about people arose. This helped to protect people from harm.

There were systems in place to protect people from the spread of infections. Staff were aware of their responsibilities in maintaining a clean and hygienic environment by regular cleaning and good infection control practice when supporting people with their personal care.

## Is the service effective?

### Our findings

People's relatives told us that staff were effective in their role. One relative said, "They have worked wonders with supporting [my relative] with their behaviours. They are always trying to get the best out of them."

Staff possessed the skills and knowledge to provide effective care. Staff were confident in adopting a range of strategies when working with people to manage their anxieties and promote their wellbeing. They had received training in a wide range of areas such as safeguarding, management of escalating behaviours and communication strategies. This helped to ensure that they had the right training to meet people's needs.

The registered manager monitored staff's ongoing skills and performance through observation of work practice and formal supervision meetings. The provider had recently implemented a framework which identified key skills, training and competencies required in each role of the organisation. This helped to ensure that staff were appropriately skilled in their role.

People's needs were assessed to ensure that they received appropriate levels of care. The registered manager regularly met with people and families to review whether the care provided met their needs. They also used information from reviews and assessments from health and social care professionals to formulate appropriate care plans. When people's needs changed, the registered manager ensured that people's care plans were adjusted accordingly to ensure people received the care they required.

People were supported to maintain good health. People had regular access to healthcare services they required. Some people had very complex health needs and required specialist input from health professionals. Where people had experienced changes in their health, the provider had ensured that appropriate referrals were made to professionals involved in people's care. This helped to ensure that people had access to the correct healthcare input.

People followed a diet in line with their preferences and dietary requirements. The support people required around their food and drink was documented in their care plans. Where people had specific dietary needs, plans were in place to ensure they received the correct level support. For example, one person was being encouraged to reduce their sugar intake with coffee. Staff provided the person with an adapted spoon which was smaller in size. This encouraged the person to use less sugar whilst still maintaining their established routines around making drinks.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under The Mental Capacity Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the provider was making appropriate referrals under these safeguards and found that the registered manager had made the appropriate assessment and applications.

Staff understood the need to obtain appropriate consent to people's care. Where people were unable to consent to their care, the registered manager had fully assessed their capacity to make specific decisions



about aspects of their care. Where appropriate, they documented how and who was involved in making decisions in the persons 'best interests' as they were not able to do so themselves.

The provider had made adaptations to the home to meet the needs of the people using the service. Each person had an 'environmental support plan'. This detailed people's specific needs in relation to their home environment including any adaptations needed to meet these needs. In one example, a person needed a larger television due to their eyesight.

## Is the service caring?

### Our findings

People and their relatives told us that staff were caring and dedicated in their role. One person said, "[Staff are] alright." One relative told us, "Some of the staff are magnificent. There are some who have been there a very long time and know [my relative] very well."

People were treated with dignity and respect. Some people enjoyed periods in their own company. This was clearly defined in their care plans to enable them to have private spaces to enjoy some quiet time on their own. People were encouraged to make choices about their dress and personal appearance. Staff were aware of these preferences and supported people to present themselves accordingly.

People were involved in planning and making decisions about their care. People were invited to contribute towards developing their care plan. Each person's care plan had a 'what's important to me' section. This detailed their preferred routines, important relationships and ways in which they would like staff to support them. This helped to identify how people would like their care to be delivered.

Some people had an interactive visual timetable, which helped them schedule and organise their daily activities. The timetable included pictures and symbols which represented daily activities. Staff used people's timetables to provide prompts when transitioning between different activities during the day, as some people could become anxious during this process. People used these timetables to communicate to staff which activities they would like to do and it helped people tell staff when they wanted a change to their planned activity. This helped ensure that that people had a level of choice and control about their daily life.

People's relatives told us that the provider consulted them about their family members care. This involved providing regular wellbeing updates and organising review meetings to reflect and plan the development of people's support. One relative told us, "I feel very involved. We receive a monthly report from [the provider] which details any activities, incidents or changes which have taken place. When we visit staff will always update us too." If authorised to do so, relatives could also access the provider's computer based care planning and recording system. This enabled them to read about updates involving their family members and leave feedback or suggestions to staff in response.

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics including age, sex and disability. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care.

## Is the service responsive?

### Our findings

People were encouraged to develop their life skills, independence and try new experiences. Each person participated in a learning programme based around building their life skills. The positive support co-ordinator was responsible for overseeing this learning programme. They told us, "It will be my focus to develop these programmes to make it more meaningful for each individual." One person was focussing on learning skills about safety in the kitchen. This involved working with staff to perform role play about aspects of safety in the kitchen.

People's diverse sensory needs were considered and adaptations were made to meet these needs. Each person had a 'sensory plan' in place. This plan detailed people's specific sensory needs in relation to sights, sounds, textures, flavours, smells and other sensory input. Some people were particularly sensitive to heat, which could affect their mood and behaviour. The provider had arranged for an air conditioning unit to be installed. This meant that people had a cool environment to retreat to if they felt affected by the heat. A relative told us, "[My relative] gets very agitated in the heat. [The provider] has tried to provide a cool environment for them, which is great."

The service had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory impairment. People's specific communication needs were identified in their care plans. People used a range of verbal and non-verbal communication strategies to make their choices and preferences known. Staff were aware of these strategies and how to put them in place. One person communicated when they wanted private time by a colour coded system on their door indicating their mood and desired level of engagement with staff. This meant people were able to communicate their needs and wishes.

People's preferred routines around their personal care were understood by staff and documented in care plans. The level of support that people needed to carry out these routines was identified in their care plans. One person could become fixated about specific aspects of their personal care, so required staff to provide prompts to ensure they were able to transition between individual tasks during their personal care routine. This helped ensure that people received care that met their needs and preferences.

There were systems in place to deal appropriately with complaints. One relative told us, "I would have no issue raising an issue with the registered manager and would envisage they would rectify any issues quickly." The provider had a complaints policy which detailed how and to whom a complaint could be made to. This policy was displayed in a simplified form to help people understand what to do if they had concerns. The provider had not received any complaints since the last inspection, but the registered manager was confident in following the requirements of the provider's complaints policy should a concern arise.

The registered manager told us that they could only provide limited support to plan end of life care. This was due to people's age and ability to understand the concepts around the subject.

## Is the service well-led?

### Our findings

There was a 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.

People's relatives told us the registered manager was approachable and competent in their role. One relative told us, "I can't fault [the registered manager], he is top class." Another relative told us, "The [registered] manager is very good. We have a good relationship with him. He is very open."

The registered manager had a good understanding of the culture within the service. They regularly worked with people to provide support with personal care, activities or attending appointments. This helped ensure they understood people's needs and could offer staff practical guidance and advice in relation to people's needs. The registered manager also made regular unannounced visits to the home, including visits during the night. These visits were to offer staff support and to gain an insight into staff performance and behaviours.

The registered manager was focussed on making improvements to the service. They had recognised that the service needed a positive support coordinator to ensure that people's risk assessments and life skills programmes were kept up to date. The registered manager had recently employed a candidate in that role. The registered manager had also identified suitable staff to take on additional responsibilities, giving them training and support to become supervisory staff. This demonstrated that the registered manager wanted to make improvements to the service by identifying where additional resources were needed and staff skills could be developed.

People's relatives told us they felt that the provider had created a culture where their family members received personalised care. One relative said, "I count our lucky stars that we are with them [the provider]. They are very person centred as opposed to business orientated." Another relative commented, "We have had a long relationship with [the provider]. We know senior managers very well, they are very accessible and understand about people's individual needs."

The registered manager carried out audits and checks to monitor the quality and safety of the service. These audits included medicines management, infection control and health and safety. They also carried out maintenance checks on equipment and utilities to ensure they were safe for use. These included maintenance checks of gas and electricity, water and emergency equipment such as fire alarms. The provider had recently made changes in line with recommendations from an external fire safety inspection. These audits and checks were effective in monitoring the safety of the home environment.

The provider worked in partnership with other stakeholders to help promote good quality care. Some people at Baytrees had very complex health needs that required the input of a range of health and social care professionals. This included; neurologists, dieticians, speech and language therapists, psychologists

and psychiatrists. The provider reflected recommendations from these professionals in people's care plans.

The registered manager promoted an open culture when mistakes occurred. One relative told us, "The communication is really good. [My relative] is always going to have blips and there will be the odd incident, but the registered manager has always been very open in letting us know what's happened." The provider had a Duty of Candour policy which outlined the provider's commitment to being transparent with people and their relatives when issues occurred.

The registered manager sought people's feedback about the service to make improvements. Some people struggled to give formal feedback due to communication difficulties. Staff used a range of strategies to support people to give meaningful feedback when possible. In one person's care plan, staff were instructed how not to prompt people with leading questions, which could potentially influence people's responses. This ensured that staff were not imposing their views onto people when asking for feedback. The registered manager also sent questionnaires to family members to ask them for feedback and suggestions about how to make improvements. The most recent responses from questionnaires sent in March 2018 reflected that relatives were happy with the provision of care for their family members.