

## 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



### Overall summary

We inspected this service on 3 and 25 November 2015. 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 eleven people living at the service. The provider is also registered to provide personal care at a supported living unit next door.

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

We previously inspected the service on 7 September 2015. Breaches of legal requirements were found. This was because we found that medicines were not being

managed safely. There were ineffective procedures in place that could place people at risk of infection and there were some repairs required to the premises to make the building safe for the people living at the service. In relation to these breaches we served an enforcement warning notice against the provider.

There were other breaches of legal requirements relating to employment of staff, managing people's money, meeting people's nutritional needs and the overall management of the service.

# Summary of findings

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)

We carried out a full comprehensive inspection on 3 and 25 November to check the progress the provider had made in relation to the enforcement warning notice and the other breaches of legal requirements.

At the time of the inspection there was no registered manager in place due to changes in personnel within the organisation. An acting manager was responsible for the day to day running of the service. 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.

At this inspection, we found that all medicines were now stored safely, and there was no backlog of medicines awaiting disposal. When we checked supplies of medicines against people's medicines records, there were no discrepancies, providing assurance that people were now receiving their medicines as prescribed. This meant the provider was no longer in breach of the regulations in relation to the issues previously identified.

At the inspection on 7 September 2015 we found that people were not protected from the risks of infection, as there were ineffective cleaning and food hygiene processes in place. The residents' fridge was not clean. In the fridge in the main kitchen there were two open cartons of food with no date of opening on them so people were at risk of eating food that was no longer fresh.

Also, some of the equipment for cleaning the home was not in good condition and there was evidence of poor cleanliness in some communal areas.

At this inspection on 3 and 25 November we found there were significant improvements and people were no longer at risk of infection. The residents' fridge was clean, and we saw packets of food that were opened, dated and sealed. Sinks in the communal bathrooms were clean and there were facilities for people to dry their hands. The

cupboards in the main kitchen and the residents' kitchen were clean. There had been evidence of pests in the main kitchen but the provider had ensured a pest control organisation were managing the problem.

The mops for cleaning the home which were identified as a hygiene risk at the last inspection due to their condition, were now replaced and there were suitable buckets to implement effective hygiene control. We noted the floor in the residents' kitchen whilst not yet repaired was clean. The provider has since confirmed the flooring has been replaced.

The mice droppings we identified in the airing cupboard on the first floor at the previous inspection were no longer in evidence. The pest control agency had identified them as pellets of poison not mice droppings.

At the inspection on 7 September 2015 we saw parts of the building were in a poor state of repair. In one of the laundry rooms there was a cupboard door hanging off its hinges and the shelf was sufficiently damaged to be unsafe to hold anything of weight. At this inspection we saw this was now replaced by a new cupboard.

The provider had identified additional maintenance issues that required repair in the bedrooms of people who lived at the service. With the exception of one shower these had been completed.

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.

At the inspection on 7 September we found Halal food was not routinely provided for a Muslim person who used the service. At this inspection we found evidence of Halal meat being bought on a regular basis and people living at the service told us the range and amount of food had improved in the last few months.

We reviewed risk assessments and care plans for people using the service. We found most risk assessments and care plans had been updated, however there was not enough detail in some of the documents to support staff to provide the best care to the people using the service.

Staff recruitment procedures had improved since our inspection on 7 September, and there was evidence of supervision taking place on a regular basis.

# Summary of findings

The home had an activities programme but people still did not have enough social and leisure opportunities.

The quality monitoring systems and records had improved since our inspection on 7 September. The acting manager was now monitoring hygiene and infection control processes and carrying out audits in relation to medicines management and financial management of people's money. Management of people's money was well managed to prevent abuse.

Staff had been provided with some training but there was no systematic process to check all staff had received

mandatory training in areas such as safeguarding adults or the Mental Capacity Act 2005. This meant that staff did not have sufficient training to enable them to care effectively for people.

We identified a new breach in relation to staff training that placed people at risk of not receiving care from suitably skilled staff.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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. There have been improvements in the management of medicines, but the service needs to show this is now embedded in staff practice over a longer period.

Hygiene standards were improved, but there had been recent evidence of pests in the kitchen.

Staffing numbers were sufficient to meet people's individual needs.

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

**Requires improvement**



### Is the service effective?

The service was not always effective. There was a lack of evidence of suitable training for staff and no overview of staff training requirements for the team. Not all staff understood the Mental Capacity Act 2005 and some had not received training in working with people with challenging behaviour.

Staff told us they felt supported by their manager and there were records available to evidence supervision was now taking place on a regular basis.

People using the service told us they now had sufficient choice and amount of food.

People using the service were supported to attend health appointments.

**Requires improvement**



### Is the service caring?

The service was caring. We observed good interactions between staff and people using the service, and people who use the service spoke positively about staff and the manager.

There was lack of personal history in people's files. Such information can be a useful tool to develop a better understanding of the person.

Halal meat was routinely bought by the service.

**Good**



### Is the service responsive?

The service was not always responsive. Not all care plans and risk assessments were sufficiently detailed to enable staff to understand how best to support people with all their needs.

Leisure activities identified in care planning were not always followed through for people using the service.

We saw evidence on care records of multi-disciplinary work with other professionals such as Community Psychiatric nurse, psychiatrist, GP and dentist.

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service was not always well led. Whilst there was evidence of improved management systems in place, there were still areas which needed better management oversight. For example recording of medicines and embedding skills and knowledge within the staff team.

Audits were now undertaken in relation to hygiene control and managing people's money.

There was no registered manager in place.

**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 3 and 25 November 2015 and was unannounced. The inspection took place over two days and the team comprised of three inspectors, one of whom was a pharmacist inspector.

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.

During the visit, we spoke with four members of staff (including the acting manager) and five people living at the service.

We checked medicines storage, supplies, and records for the eleven people using the service. We looked at care plans and care records for people in relation to medicines matters and care provided.

We looked around the premises including looking at four rooms occupied by people living at the service. We looked at records relating to food hygiene, infection control and maintenance of the service. We also looked at training records for staff where these were available.

# Is the service safe?

## Our findings

A person who lived at the service told us “I feel safe here, it’s my home and staff look out for us.” Another told us, “I feel safe here because staff give me my medication on time.”

At our last inspection on 7 September 2015, we found that the management of medicines was not safe. When we checked supplies of medicines, there was a significant discrepancy between the record and stock for one medicine so we were not assured that a person had received their medicines as prescribed. Medicines awaiting disposal were not stored safely or returned promptly when no longer needed. The manager had carried out weekly medicines audits but these had not been completely effective, as the issues we found had not been identified during these audits.

At this inspection, we found that all medicines were now stored safely, and there was no backlog of medicines awaiting disposal. When we checked supplies of medicines against people’s medicines records, there were no discrepancies, providing assurance that people were now receiving their medicines as prescribed. Daily stock checks were carried out for the specific medicine we found a discrepancy with at our last inspection. Stock checks were now being carried out for other medicines on a weekly basis, which meant that staff would know if there were stock discrepancies with any other medicines.

Some aspects of medicines management were good, for example one person was being supported well by staff to self-administer a medicine. Arrangements for ordering medicines were effective. We spoke with three people, who told us they came to the medicines room to receive their medicines when they needed them, and there were always staff on duty to give them their medicines.

There was a medicines communication book to identify if medicines were running out and needed to be ordered, and other medicines issues to communicate to staff. There was good information about prescribed medicines available to staff and people living at the home. A list of medicines, what they were used for, and common side effects, was displayed on the front of the medicines cupboard.

The member of staff on duty who was responsible for medicines on day one of our inspection knew what

medicines had been prescribed for. There was evidence people were supported to see the GP, and were receiving medicines for their physical health conditions as well as medicines for their mental health.

The provider had addressed the specific issues noted at the last inspection.

At this inspection, we found some new issues in relation to medicines but the provider had put in place remedial action by the second day of the inspection. These included obtaining written confirmation from a person’s GP that their medicines should be crushed, more detailed records relating to the medicines managed by the local community psychiatric nursing (CPN) team and better recording of communication with CPN team when people missed their medication. We did however note a recording issue with one medicine that indicated lack of understanding related to inadequate training. We have raised this training need with the provider as a priority.

Staff told us they had recently received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One care worker said “we monitor people all the time. For example, if they are withdrawn or not eating well, then that raises alarms with me.” They explained that if they saw something of concern they would report it to the manager and were familiar with the safeguarding policy.

Staff understood how to whistleblow. One care worker we spoke with said they felt confident about reporting matters of concern, although they were unaware of there being a specific whistleblowing policy.

There were comprehensive risk assessments on each of the care records we looked at. These assessments were recently reviewed and were specific to the individual. For example, where a person became non-compliant with medication, ‘next steps’ guidance was written for staff. A care worker confirmed that they were familiar with people’s risk assessment, “you have to know these things because not everyone who lives here is straightforward.”

People who used the service told us there were enough staff on duty, “they respond to me if I need something.” Another told us, “there are plenty of staff, especially during

## Is the service safe?

the day.” From our observations, we noted that staff did not appear rushed or under pressure. One care worker told us, “we are well staffed here, we have time to sit and chat with people.”

At the previous inspection we saw parts of the building were in a poor state of repair. For example one cupboard was damaged as to be unsafe. There was a risk of the door or shelf falling on people who use the service. We noted at this inspection that the cupboard was replaced.

We were made aware by the acting manager of a number of repairs required in people’s rooms on the first day of the inspection. These had been completed by the second day of the inspection.

At the last inspection we found that people were not protected from the risks of infection, as there were ineffective cleaning and food hygiene processes in place. The residents’ fridge was not clean. In the fridge in the main kitchen there were two open cartons of food with no date of opening on them so people were at risk of eating food that was no longer fresh.

At this inspection we found people were adequately protected from the risks of infection. The residents’ fridge was clean, food was dated and sealed.

Sinks in the communal bathrooms were clean and there were facilities for drying hands. The residents’ kitchen and

the main kitchen were clean. Although we saw there had been evidence of pest activity in the kitchen the provider could evidence that a pest control organisation had dealt with the issue.

The mops for cleaning the home we identified as a hygiene risk at the last inspection due to their condition were changed so no longer presented a hygiene risk.

The mice droppings we identified in the airing cupboard on the first floor at the previous inspection were no longer in evidence. The pest control agency had identified them as pellets of poison not mice droppings.

The flooring in the residents’ dining area had been replaced so was now easy to keep clean, and the flooring in the residents kitchen was clean. .

One person who used the service told us, “the staff make sure the house is very clean, and also our bedrooms. It has improved a lot recently.”

Employers have an obligation to carry out checks prior to employing staff to ensure they are safe to work with people living at the service. At the last inspection we found these were not routinely happening. We saw at this inspection staff recruitment procedures had improved for the one person they have been in the process of employing since our last inspection. There was evidence of appropriate checks being made prior to a person starting work.



# Is the service effective?

## Our findings

People who used the service felt staff were knowledgeable for the role of support worker.

Staff told us they now received regular supervision. One care worker told us, “I find supervision very helpful. It boosts my confidence and is a place where I can say what I want to say.”

Staff had been provided with an induction and we could see from records that supervision was now taking place on a regular basis.

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.

At the last inspection in September 2015 we made a recommendation in relation to training noting specifically the lack of training and knowledge of some staff in relation to the MCA and behaviours that challenge.

At this inspection we were unable to confirm the training that had been done by all staff. There was no consistent record or matrix for us to look at. Some staff lacked training to enable them to care effectively for people. For example, not everyone had received training in challenging behaviour, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards, nor had training in safe medicines administration and recording. Given the issue we identified related to recording of medicines identified at this inspection, we note this is a priority area for training.

We also found evidence of some staff having little understanding of the MCA despite having undertaken e-learning training. This meant learning was not embedded and so placed people using the service at risk of unlawful restriction or limitation, and meant that some staff lacked confidence in dealing with behaviours that can be challenging.

This was a breach of regulation 18(1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Director of Quality & Systems for Baytree Lodge (London) acknowledged that staff training had not been regular and it was “a work in progress.” It was acknowledged by the provider previous training had all been via e-learning, “and you have no idea of whether people have understood what they have just completed. That is all going to change” Staff had recently received training on site in relation to infection control, hygiene and food management, and we were shown details of a soon to be introduced training programme, which will be delivered by a trainer to staff and will be followed up in supervision.” A care worker told us, “there is a lot of e-learning available but we have started to do face to face, which is so much better.”

At the last inspection we saw that Halal meat was not regularly bought for a Muslim person living at the service. At this inspection we saw records that showed Halal meat was routinely on the weekly shopping list and the freezer contained a variety of Halal meats.

People living at the service told us there was enough food, “staff cook three meals a day, and we can have tea, coffee and biscuits whenever we want.” Another told us, “I am happy with the food here. There has been plenty available recently, especially in the resident’s fridge.” There were menus displayed in the kitchen and we were shown a fridge which people who used the service could access. It had a supply of ham, cheese, eggs and milk, which were replenished every day. We saw there was a ‘resident’s fridge daily replenishment sheet’ on which staff recorded what they placed in the fridge on a daily basis, thus ensuring that supplies did not run short.

People who use the service were supported to access health appointments at their GP, local hospital or dentist. This was evident in the staff communication books and individual notes for people living at the service. There were also close links with the local mental health services.

The building is 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 that the staff were caring. One person said “they are all very decent staff.”

A person told us they were, “given information about changes taking place at the service, for example, when a new member of staff starts, they are taken around and introduced to us.” They also said, “I was asked to join a panel for interviewing new staff, but I said I did not want to do this.” Another person told us how they are supported to maintain contact with their family, “the manager rings my family and then hands me the phone.”

Throughout the course of our inspection day, we noticed how staff took time to engage with those who used the service, and checked frequently whether they required anything. We heard one care worker offer lots of reassurance to a person who became anxious about their planned activity for that day.

Staff showed respect and treated people with dignity by knocking on people’s doors before entering and discreetly offering support to those that needed it. The staff team and the people living at the service were culturally diverse. One staff member spoke a language understood by a person living at the service, and on occasion cooked food they specifically requested related to their cultural preferences.

Staff supported one person living at the service to the mosque on occasion. No-one else expressed a desire to attend a place of religious worship.

The service had move on accommodation next door people could move to as they became more independent. However, we could not see evidence of planned progression for people living at the service or long term goals being identified by key workers.

Regular residents’ meetings took place on a monthly basis and there were minutes for four out of the last five months to evidence this. The menu for the following week was discussed at each residents’ meeting. This provided a time for people who use the service to discuss with staff issues that were important to them. The acting manager had introduced a Residents Food Comments Book at the beginning of November and this had a number of positive comments in it. It is a good example of how the acting manager is working towards providing a more caring service for people living there.

The provider had recently informally adopted local stray cats. People living at the service had enjoyed having pets at the service but this was under continual review and their remaining there would depend on the majority opinion.

# Is the service responsive?

## Our findings

The care and support people received was not always responsive to people's needs. Care plans were detailed, person centred and most provided good information for staff to follow. People told us they "used to sign my care plan every month with my keyworker, but now I don't think that happens anymore." The area manager told us that the expectation was that care plans would be reviewed each month "four areas should be looked at each month by the keyworker. Then, there is an annual review which will look at all unmet needs since the last annual review." We saw from care records that this method of review did not happen on a regular basis. This was due in large part to an irregular pattern of key work sessions. Not all risk assessments had been updated within the last 12 months.

One care plan we looked at was signed and dated by the person. There were several areas included, specific to the person's needs. Whilst it was recorded that certain indicators should be noted as triggers there was no explanation to staff as to what these indicators were. Another part of the care plan suggested discussing very sensitive matters with the person. However, for reasons of safety, we did not think that such a discussion should ensue without specific training for staff. The provider confirmed that this type of training was not included on any current staff training, and there was no evidence staff had the relevant experience to broach such subjects.

We saw evidence on care records of multi-disciplinary work with other professionals such as Community Psychiatric nurse, psychiatrist, GP and dentist.

People told us they knew how to make a complaint. One person said, "I used to put all my complaints in writing. Nowadays, there is not a lot to complain about and I just speak with staff directly."

We noted from the inspection in September that activities identified in care planning were not always followed through for people using the service, and this was still the case at this inspection. Staff said sometimes people using the service had refused activities but it was not recorded in their records.

People told us they mostly managed their own time. One person said, "there used to be more going on here, but this has changed with all the recent management changes." One record we looked at included a recommendation for the person to do more 'exercise based activities.' However, their activity programme was wholly sedentary and included going to the cinema, cooking with staff and having a take away meal. We spoke with this person who said, "there is not much going on, I would like to go ten pin bowling."

Some people were supported to carry out some limited activities these included attending Mind, the cinema, shopping or the park. A member of staff we spoke with thought there were enough activities.

**We recommend that the provider seek advice and guidance from a reputable source, about utilising, promoting and supporting leisure and social activities on site and within the local community.**

# Is the service well-led?

## Our findings

There was an acting manager overseeing the running of the service at the time of the inspection. The provider was in the process of recruiting for a registered manager.

A person who used the service told us, “I think the manager is good at everything. If he is not too busy, he will spend time listening. He is easy to talk to.” Another said, “the manager is grand, he is always looking after us.”

One care worker we spoke with said, “the management is very, very good. I hope it remains the same,” and “the manager is brilliant, easy to approach and ready to chip in with support.”

We noted at the last inspection in September that key services within the building had been serviced such as gas and electricity. All fire safety equipment has been upgraded and/or serviced since the last inspection in September 2015.

The acting manager, with the support of senior management within the organisation had made some improvements to the service since the last inspection.

Audits of medicines were carried out on a weekly basis as was an audit of people's money so people were no longer at risk of abuse due to their money being mismanaged. The acting manager was also undertaking hygiene audits in the kitchen areas on a regular basis, ensured food was replenished regularly in the residents' fridge, and had introduced the Safer Food – Better Business documentation into the home. This provides guidance and support for staff in relation to food hygiene and nutrition. People were no longer at risk of infection due to poor procedures.

Maintenance of the building had taken place and investment in the building had significantly improved the

environment for people living at the service. For example, new flooring in the kitchen and dining areas meant these rooms were now easier to keep clean, and more pleasant to live in.

Supervision was now taking place regularly and we could see employment practices were improved so people living at the service were not at risk of abuse due to a lack of fit and proper persons being employed.

There were some areas in relation to managing the service that still required improvement. For example, recording on care records was not consistently good, key worker sessions were not routinely taking place and the lack of training in specific areas means that staff were not always equipped to deal safely with the people who live at the service.

Staff meetings provide a forum for staff to give their views on how well the service is working and for managers to make staff aware of priority areas for improvement. For example, incident and accident logs were kept but there was no evidence of learning as a result. There were only three staff meetings in 2015 although two of these had happened since the last inspection in September.

There was little evidence of improved links with the local community or increased activities being made available to people living at the service since the last inspection.

There had been significant support from senior management within the organisation since the last inspection. The organisation had acknowledged the quality of the service had declined due to management changes over the last 12 months. The Director of Quality & Systems for the organisation had been based largely at the service to provide additional support to staff and had undertaken additional audits to ensure the quality of service improved. Until a new registered manager is established in post we have been advised this additional support will remain in place.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that staff are provided with suitable training to enable them to carry out the duties they are employed to perform. Regulation 18(1)(2)(a).</p>