

Mr H and Mrs H Purmessur

# Baytrees

## Inspection report

The Street  
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Littlehampton  
West Sussex  
Tel: 01903 770116

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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 

### Overall summary

This inspection was unannounced and was carried out on 5 November 2014. Baytrees is a service which is registered to provide accommodation for 10 people with a learning disability who require personal care. On the day of our visit there were nine people living at the home. Care is provided over two floors in the main house and in a separate building in the grounds of the home.

The service is run by a husband and wife partnership. Both partners work in the home and one of them is the registered manager. 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 and associated Regulations about how the service is run.

People were safe and well looked after at the home. There were policies and procedures regarding the safeguarding of adults and staff had a good awareness of the correct procedures if they considered someone who they provided care to was at risk of potential harm. There were suitable procedures in place to ensure medicines were stored, handled and administered safely.

# Summary of findings

People enjoyed the food at the home and were given choices. People had meetings where menus and food requests were discussed. People were supported to shop and cook. People's specific dietary needs were catered for.

There were up to date and relevant care plans that reflected people's individual needs. People were actively involved in care planning and in all decisions about their care. The staff involved other professionals and families where appropriate. Care plans were personalised to reflect individual's needs and preferences. Staff understood people's care and support needs, and were kind and friendly. They treated people with dignity and respect.

Staffing levels were adequate to meet people's needs and staff were competent and confident in supporting people's individual needs. Staff told us they prided

themselves on the individualised approach to the care they provided. Recruitment procedures were being followed to protect people from being supported by unsuitable workers.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager and provider understood when an application should be made and how to submit one. We found the home to be meeting the requirements of DoLS. People's human rights were properly recognised, respected and promoted. Staff had a good understanding of mental capacity and consent and how this affected people who lived there.

The home was well run and there was a relaxed and friendly atmosphere in the home. Staff and people said they could speak to the manager if they had any concerns and felt involved in the running of the home.

# 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 safe. People felt safe and there were always enough staff around to offer support and meet people's needs and choices. Staff had received training on the safeguarding of adults and were aware of how and when to report concerns.

Assessments were undertaken to identify the risks presented to people and others. Where risks had been identified there was information for staff on how the risk could be reduced to help keep people safe.

Medicines were stored and administered safely and handled by staff who had received appropriate training to help ensure safe practice.

Recruitment procedures were being followed to protect people from being supported by unsuitable workers.

Good



### Is the service effective?

The service was effective. People were well supported by staff who knew them well. Relatives were happy with the support provided by staff.

There were systems in place that helped ensure people's health needs were met and people received regular health checks.

People were supported to eat and drink and they were involved with the planning of menus. Staff supported people to maintain a healthy diet.

A range of training was provided and staff received the training they needed to carry out their work effectively. Staff confirmed they received regular supervision and were well supported by the manager

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring.

Staff understood people's needs and preferences.

Staff were kind and friendly and respected people's individuality and diversity.

Staff were patient and caring and there was a natural rapport between staff and people.

Good



### Is the service responsive?

The service was responsive.

People were involved in the planning of their care. People were able to raise concerns or complaints if they needed to.

Care plans were personalised and gave staff information to provide support to people. People took part in activities of their choice and staff supported them to engage in these activities.

Good



# Summary of findings

People were supported to maintain relationships with their family and spoke positively about the support provided by staff.

## Is the service well-led?

The service was well-led.

The home had processes for quality assurance and consulted people, their relatives and other professionals. The ethos of the home was about being a family run service that is led by the needs and wishes of people who lived there.

The manager carried out a range of audits, including for medicines and care planning. These audits helped to monitor the quality of service provision.

The service had good community links and worked in partnership with other health and social care professionals.

**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 checked 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 5 November 2014 and was unannounced. The inspection team consisted of one inspector.

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. It asks what the service does well and what improvements it intends to make. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. We looked at notifications sent to us by the provider. A notification is information about important

events which the provider is required to tell us about by law. We spoke with two social care and healthcare professionals to obtain their views on the service and the quality of care people received.

During our inspection we spoke with three people who lived in the home, observed how staff interacted with people and sat with people during lunchtime. We spent time with people in the lounge and saw how they were supported during activities. We also looked at three people's plans of care, risk assessments, incident records and medicines records. We looked at training and recruitment records for three members of staff. We also looked at staffing rotas, minutes of staff and service user meetings, records of activities undertaken, menus and records relating to the management of the service such as audits and policies.

We spoke with one relative to ask them their views of the service provided. We also spoke with the manager, the owner and two members of staff. We also contacted a commissioner who gave us their views.

The last inspection of this home was in September 2013 where there were no concerns identified.

# Is the service safe?

## Our findings

People said they felt safe. They said staff were “kind” and they could talk to them if they felt unhappy or worried. One person said “I can talk to [name of owner] or other staff.” People told us there were always enough staff around to offer support. A relative we spoke with said they felt their relative was well looked after and they were confident the management and staff would deal with any concerns appropriately.

The home had an up to date copy of the local authority safeguarding adult procedures. Staff we spoke with talked us through procedures they would follow if they had any concerns of a safeguarding nature. They were knowledgeable about what constituted safeguarding concerns and their responsibilities in relation to the home’s policies. They had received appropriate training and were also aware of the whistleblowing policy, and said they would not hesitate to use it.

Staff told us there were always enough staff on duty to meet people’s needs including social needs outside of the home, and they said there were always enough staff on duty to support people to go out and engage in activities within the home. We saw that staffing rotas were planned in advance and agency staff were not used. The levels of staff support people needed were clearly documented and staff confirmed these levels were always met. This meant staffing was planned to meet the assessed needs of the people who lived in the home.

Assessments were undertaken to identify the risks present to people and others. Where risks had been identified there was information for staff on how to minimise the risk whilst promoting people’s independence and respecting their choices. For example the risk assessment for one person identified they needed two staff to support them in the community. We saw that when the person wanted to go out, arrangements were made for this to happen. Staff confirmed the information in the risk assessments gave them the information they needed to help keep people safe.

Staff assisted people to take their medicines. The home had a policy and procedure for the receipt, storage and administration of medicines. Medicines were stored securely and the storage area and paperwork were well organised. Medicines Administration Records (MAR) were up to date with no gaps or errors. Only staff that were trained appropriately had access to the medicines. One member of staff had recently received training and was observing trained staff while waiting for their training certificate to arrive. They told us they would not handle medicines alone until their competency was assessed and they felt confident.

Recruitment records for staff contained all of the required information including two references, proof of identity, application form and Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks. These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. We saw the procedures in place protected the people who lived at the home.

# Is the service effective?

## Our findings

People were involved in decisions about their care and support and were consulted about their care planning and reviews. They felt listened to and involved in their care planning. They gave us examples of the things they did that reflected their individual needs and choices. One person told us about their computer course at college, others about their trips to London to see shows and stays in hotels. Staff were proud of how they supported people to develop as individuals, learn new skills and reach their goals. These were set out in people's care plans and included road safety skills, cooking and support with finances.

Staff knew people well and were skilled and confident in supporting them. Staff regularly asked people how they were feeling and made sure they had the support they needed.

Staff were trained in courses such as emergency aid, fire safety, infection control and were supported to gain qualifications such as National Vocational Qualifications (NVQ). NVQ's are work based awards that are achieved through assessment and training. Of the three staff files we looked at two had achieved NVQ level three in health and social care. The files also contained evidence of regular supervision and annual appraisals. Staff felt well supported and involved in decisions that affected them. One gave an example of when the staff team had been consulted about a person's changing needs and how this impacted on the care delivery. The person wished to stay at the home and for this to happen meant retraining the staff. They made the decision as a team and were then all trained to be able to meet the person's needs effectively.

The manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They knew that if a person lacked capacity, relevant people needed to be involved and meetings held to help ensure decisions were made in the person's best interests. Training was provided to managers and staff. This helped to ensure that the management and staff acted in accordance with the legal requirements.

People expressed their views about the food and were offered choices about what they ate. During lunch time on the day of our inspection people were served different meals based on their choices, known preferences and dietary needs. People requiring support to eat were attended to, discreetly. The meal time was relaxed and people were very complimentary about the food.

People's dietary needs were set out in their care plan. The care plans were detailed to enable the staff to deliver appropriate and consistent care. Where necessary other professionals were involved in people's care, such as speech and language therapists (SALT). We looked at the menu planning and saw that the home offered a range of healthy options for people, presented in a way suitable to their needs. For example, some people needed a soft diet and we saw this was provided for them.

People were supported to maintain their health and well-being. Care plans set out any health needs and the support the person required. When someone moved into the home, their full medical history was recorded, and they were registered with a local GP where they received a health check.

# Is the service caring?

## Our findings

People were happy with the care provided and felt cared about. One person said, “Staff are nice.” Another person told us about their recent birthday when the home had given them presents and a cake. They said, “They really care for me, all the staff.” A care plan for a person who had recently moved to the home had a photograph of the home on the front, the person smiled every time they saw it and said “That’s here, it’s good isn’t it?” They confirmed to us that they were very happy and did not want to “go back” to where they lived before.

A relative of another person who had recently moved to the home told us they were, “Absolutely blown away at how wonderful it is.” They added that the home had, “Really put themselves out” and “It is caring.”

Staff knew people well, were kind and friendly and supported people according to their care plans. People’s routines and preferences were known to staff and these were respected. For example, some people had particular tasks around the home they liked to undertake. Staff took the time to chat with people and were seen to respond to requests or stop and answer questions as they arose. They also respected people’s privacy, for example, staff knocked on doors and waited before entering and described how they upheld people’s privacy and dignity during personal care. They did not speak about people in front of others and were respectful in the way they spoke about people. However, on two occasions the minutes of ‘residents’ meetings’ recorded personal matters relating to individuals

that were discussed with the group. For example, on one occasion the minutes made reference to one person’s “bad behaviour”. This was discussed with the registered manager at the time who accepted the use of language did not reflect or respect the person’s age. On another occasion the meeting minutes recorded that one person “needs to exercise more.” This was also discussed with the registered manager who agreed it did not respect people’s privacy and dignity to discuss personal issues as a group.

People in the home were supported to make their views known and their views were asked for and respected. They had regular “resident’s meetings” they attended. One said, “We talk together in a group, each person has their talk, we go round.” They discussed holidays, trips out and Christmas. Minutes from these meetings showed that people were consulted and their views and requests were recorded and acted on.

People were supported to be as independent as possible. Staff told us they prided themselves on treating people as individuals, supporting them to achieve goals and as one staff member put it, “Giving them their life, not running it for them”. Care plans were personalised and promoted individuality and independence. For example, one person’s care plan stated, “I am able to choose what I would like to spend my money on. I need my carer to advise me on the value of money.” Another person’s set out how they needed to be supported to promote their independence around finances. Each respected the person’s rights and preferences in how they were supported.

# Is the service responsive?

## Our findings

People were involved in decisions about their care and support and were consulted about their care planning and reviews. People felt listened to and involved in their care planning. They were involved in review meetings with their social workers, relatives and the manager. One person said it was a “good meeting, we set goals for cooking, reading and writing...”

The staff enabled people to make choices by having pictorial and ‘easy read’ documentation around the home. For example, menu choices were displayed in large print and pictorial versions, as were complaints procedures and care planning documentation.

Staff offered people choices throughout the day. We asked staff how people who did not communicate verbally were supported to make choices. Staff were able to describe how people expressed their wishes and we saw that communication care plans were in place for staff to follow if they were unsure.

Care plans were detailed for staff to deliver appropriate and consistent care. Care plans were up to date and personalised. They were regularly reviewed and others were involved in this process as well as the person themselves. For example, social workers attended review meetings, as did close relatives and key workers. Care plans were written and used in a way that ensured the person received effective, personalised support to meet their individual needs and goals.

We looked at the pre-admission assessments of two people who had recently moved into the home. Both people had a planned, staged approach to their move which were individualised and reflected the needs of each person.

People’s history, needs and preferences were taken into consideration when planning their transitions. Records were kept of meetings, assessments and visits and people’s views were incorporated into these.

The service was responsive to people’s needs in the relaxed approach they had to visitors and daily routines. For example, people told us their relative’s visited whenever they wanted to and were made welcome. One person liked to speak to a relative on the telephone on a set day each week. This was incorporated into their plan and staff told us this always happened. People could choose how they spent their time. Some had regular activities outside of the home such as attending college, going to the pub, cinema and various other outings. People also told us they enjoyed some of the in-house activities such as art and playing dominoes.

Some people were assessed as having behaviours that might challenge the service. People had appropriate support plans in place which included positive interaction and structured activities. Staff told us they had not had any incidents of challenging behaviour with these people because their care plans were followed.

There were suitable and appropriate arrangements in place to enable people to complain if they wanted to. The service had no recorded formal complaints as any concerns people had were dealt with informally before they got to that stage. Concerns and complaints were discussed at the “resident’s meetings”. People could talk to staff “anytime” if they were worried about anything. A relative and professionals would feel relaxed about raising any concerns if they had any. The relative told us, “I couldn’t find fault. I wouldn’t have a problem discussing any concerns with [name of owner].”

# Is the service well-led?

## Our findings

People liked the manager and owner of the home. They could talk to them about concerns and felt listened to. A relative and social care professional said the home was well led. The relative said the home was, “very well managed” and “I can’t praise them highly enough.”

The registered manager was present for the inspection, as was the owner. They prided themselves on running a home with a “family” feel. Staff echoed this saying the culture of the home was, “A family run business, staff respect clients” and “Homely, their individual home.” One said “We pride ourselves on reports and handovers. Everything is ship shape.” We were also told they had a very high standard of care, one staff member said, “Relatives can ring us, we deal with anything.” The relaxed open door policy meant families felt at ease to discuss issues.

A Commissioner for the service thought the home was well run and that they had recently placed someone at the service. They felt the home delivered consistent care in family atmosphere. People’s care plans and review meetings showed that other professionals were involved in people’s care and staff gave examples of collaborative working. For example for new people moving to the service or when people became unwell or their needs changed.

Staff felt well supported and there was a good team approach. They received regular one to one supervision meetings and could also bring up any concerns as they arose. Records viewed confirmed this. One member of staff said of the registered manager and owner, “I can talk to either of them, they are both easy to talk to.” Regular staff meetings took place and minutes of these meetings were kept. The staff meetings enabled staff to discuss issues openly with the manager and the rest of the staff team. Staff gave us examples of how changes were implemented for people following discussions at team meetings. There was an on-going training programme which included basic training, such as First Aid and Moving and Handling as well as bespoke training that could be requested as the need arose, such as End of Life Care.

There was an effective system in place to monitor and review the service provided. For example, there were regular audits of care records and risk assessments, accidents and incidents in the home. Compliments were recorded and satisfaction surveys were undertaken annually. We saw a summary of the feedback from a “professionals, residents and relatives’ survey. Most people surveyed were, “Very satisfied” with the overall care provided.