

Baytrees Homes Limited

Baytrees Nursing Home

Inspection report

Baytrees
1 Highfield Road
Worthing
West Sussex
BN13 1PX

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Tel: 01903693833

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Baytrees Nursing Home is a residential care home that provides personal and nursing care for up to 30 people. At the time of the inspection, 22 people were living at the home. The home supports people with a variety of healthcare needs, including multiple sclerosis, Parkinson's disease and Huntington's disease. The ages of people range from younger adults to older people.

The service met the characteristics of Good overall.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

- Significant improvements had taken place since the last inspections took place in January and July 2018. However, there were still areas in need of further improvement to ensure people received a consistent, good standard of care. Further work was needed to sustain and embed the improvements made. The registered manager acknowledged she had not completed registered nurses' competences to administer medicines and that this was work in progress.
- People were complimentary about the home and were happy living there, but some people felt that staff were too busy to spend time with them. One person told us, "I'd like to go out, but I will need someone to go with me and there aren't the staff". Since the activities co-ordinator had left, there was a lack of organised activities for people and staff did not have time to spend with people outside their caring responsibilities. The provider and registered manager were aware of this and a new activities co-ordinator had been recruited and was due to start the following week. Records showed and we observed that, staffing levels were sufficient to keep people safe.
- New staff were recruited safely. The majority of staff had received supervisions in 2019 and other staff were due to have supervisions. Staff had completed all the training required to enable them to provide care and support to people in line with best practice. Medicines were managed safely. Care plans had been updated and provided detailed information about people with guidance for staff. People's risks had been identified and assessed and were managed to mitigate risks.
- People told us they felt safe living at the home. Staff had completed training in safeguarding and knew what action to take if they suspected abuse was taking place. People's capacity to make decisions had been assessed. No-one was deprived of their liberty unlawfully. People enjoyed the meals on offer and special diets were catered for. People had access to a range of healthcare professionals and services.
- People were looked after by kind and caring staff who knew them well. People were treated with dignity and respect and encouraged to be involved in decisions relating to their care and support. People and staff felt the service was well led. They were asked for their views about the service through surveys, residents' meetings and staff meetings. The provider and registered manager understood their responsibilities under

the duty of candour. People's diverse needs were met.

Rating at last inspection: At the last inspection, this service was rated as Requires Improvement. The last inspection report was published in July 2018.

Why we inspected: We were required to inspect this service within 12 months of the last inspection because of the rating of Requires Improvement. The provider sent us an improvement plan after the last inspection which outlined the actions they proposed to take to address the issues of concern. This inspection took place to check on the improvements made and in line with CQC scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Baytrees Nursing Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors carried out this inspection.

Service and service type:

Baytrees Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Baytrees Nursing Home can accommodate up to 30 people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced, comprehensive inspection.

What we did:

Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required

to tell us about by law. We used all this information to decide which areas to focus on during our inspection. On this occasion, the provider was not asked to complete a Provider Information Return. Providers are required to send us key information once annually about their service, what they do well and improvements they plan to make. We took this into account when making our judgements in this report.

During the inspection:

- We spoke with three people and spent time observing the care and support they received from support staff. We also spoke with two visitors, who were friends of people living at the home.
- We spoke with the provider, the registered manager, a registered nurse two care staff and the cook.
- We reviewed a range of records. These included three care records, three staff files and records relating to the management of the service.

After the inspection:

The registered manager sent us documents the following day which we had requested. These included part of a care plan, additional risk assessments for two people, staff supervision plan and audits relating to the running of the home.

Is the service safe?

Our findings

We inspected this key question to follow up the concerns found during our previous focused inspection in July 2018 when we rated this key question as Requires Improvement. The concerns related to medicines management and gaps in records relating to people's risks and accidents and incidents. Following the inspection, the provider sent us an action plan describing the steps they would take to address the issues. Sufficient improvements have been made. This key question has improved to Good.

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Medicines were managed safely. We looked at the electronic Medication Administration Records (eMAR) for everyone living at the home. There were no gaps in these records, including those for topical creams. All the eMARs contained relevant information, such as photographs of the person for identification purposes, whether the person had any allergies or preferred to take their medicine in a particular way.
- The administration of medicines by registered nurses followed guidance from the Royal Pharmaceutical Society. Medicines rounds were completed promptly, which meant sufficient time was left between rounds to ensure people received their medicines when indicated on the eMARs.
- Two people received 'time critical' medicines, that is, medicines that must be given at a particular time, usually separate to the medicines round. These were managed effectively and in a timely way.
- Medicines that were administered on an 'as required' (PRN) basis were managed in line with PRN protocols. These outlined how, when and why medicines should be given and included maximum doses over a 24-hour period. People at risk of experiencing pain who could not express this verbally were frequently assessed.
- There was clear information for staff about the management of topical creams and medicines. Non-prescription items were kept in people's rooms. The medicines policy included advice for staff on homely remedies, the use of which were authorised by the person's GP. Medicines requiring refrigeration were stored in a separate fridge which was not used for any other purpose. Temperatures were monitored daily and were within safe limits.
- Monthly medicines management audits were completed and any actions arising were taken.

Assessing risk, safety monitoring and management

- Risks to people were safely managed.
- Risks in a variety of areas had been identified and assessed as needed. Care records provided information and guidance for staff on how to support people and mitigate risk. For example, one person had pressure ulcers. Their risk of developing these had been assessed using Waterlow, a tool specifically designed for this purpose. The person had an airflow mattress in situ, required assistance from two staff and a hoist for moving and handling and needed to be regularly repositioned. The registered manager told us that the

person's pressure ulcers had improved significantly as a result of the steps taken.

- Other risk assessments we looked at included for falls, constipation and nutrition. All had been appropriately recorded, with detailed information and guidance for staff on how to manage the risks.
- We observed staff assisting people to move using a variety of hoists and stands. There were enough staff to do this safely. Staff were competent in managing this and treated people with dignity and respect throughout.
- We asked staff about their understanding of risk management and keeping people safe, whilst not restricting their freedom. Staff fully understood the rights of people who had capacity to take risks and make potentially unwise decisions. One staff member said, "If a resident has capacity and wants to do something, even if it's unwise, it's up to them. We can't stop them".
- Advice had been sought from the Fire and Rescue Service on how to evacuate people in the event of an emergency. Each person had a Personal Emergency Evacuation Plan which included information on how they should be evacuated, any associated equipment needed and the number of staff required.
- The premises were managed safely. Checks had been made on the premises and any ongoing maintenance needed. All checks were satisfactory.

Systems and processes to safeguard people from the risk of abuse

- The home provided a safe environment for people. People told us they felt safe living at the home. One person said, "I feel more safe here than the last place I lived in. I would give it five stars". Another person told us, "I wouldn't be here if I wasn't safe. My relatives would move me".
- Staff had completed safeguarding training and understood the correct safeguarding procedures should they suspect abuse. They were aware that a referral should be made to the local authority safeguarding team in line with the provider's policy. A staff member said, "I would always let my manager know if I saw abuse going on. Failing that I would whistleblow".

Staffing and recruitment

- Staffing rotas showed there were sufficient numbers of staff on duty to support people and keep them safe including for one person required 1:1 support.
- We asked people if they thought there were enough staff on duty to care for people safely. One person said, "Yes, there's always someone around". Another person told us, "The girls [staff] are really busy most of the time, but I don't think the care suffers".
- We asked staff about the staffing levels. One said, "It's better than it was I think. We can give the care but it's always busy". Another staff member told us, "We have agency, but they're like permanent staff really. If we get agency staff that don't know people, it can be hard".
- The registered manager told us they were recruiting new staff and that they always used the same recruitment agency and usually the same agency staff.
- New staff were recruited safely. Staff files showed that all appropriate checks had been made before new staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- The home was clean and smelled fresh. Personal protective equipment (PPE) such as disposable aprons and gloves were used by staff when delivering personal care and when serving meals.

- There were hand hygiene stations around the home. All hand basins had hot running water, soap and disposable towels. Bathrooms and toilets were clean and free of clutter.
- Staff had completed training in infection control and had a good understanding of this.

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- The home had been the subject of a number of safeguarding concerns which had resulted in investigations by the local safeguarding authority.
- Where there had been safeguarding investigations, the provider worked with the local authority in their investigation and learned from concerns by drawing up an action plan, addressing issues and making improvements.

Is the service effective?

Our findings

We inspected this key question to follow up the concerns found during our previous inspection in January 2018 when we rated this key question as Requires Improvement. The concerns related to the implementation of the requirements of the Mental Capacity Act 2005 and staff training and supervision. We found a breach of Regulation 18 in relation to Staffing. Following the inspection, the provider sent us an action plan describing the steps they would take to address the issues. Sufficient improvements have been made and the breach of Regulation has been met. This key question has improved to Good.

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Consent to care and treatment was gained lawfully.
- We asked staff about issues of consent and about their understanding of the MCA. Staff had undertaken recent training in this area. They could tell us the implications of the Act and of DoLS for people they supported.
- Staff were clear on people's rights to make their own decisions whenever possible and for people to take risks and make potentially unwise decisions.
- Where people had capacity to make specific decisions, these were recorded within their care plans. For example, one person had given their consent for the use of bed rails.
- Where people might lack capacity to make decisions, capacity assessments had been completed.
- Applications for DoLS had been submitted to the local authority and two were awaiting decision.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff had the knowledge, skills and experience to support people effectively.
- Apart from moving and handling training which was delivered face to face, all training was accessible to staff electronically. Training that staff had to complete included safeguarding, mental capacity, moving and handling, food hygiene, health and safety, infection prevention and first aid. Registered nurses completed additional training in relation to people's medical conditions. For example, they also completed training on catheter care, verification of death and syringe driver.
- New staff studied for the Care Certificate, a universally recognised, work-based award based on modules from Skills for Care. New staff also shadowed experienced staff and had their competence checked as part of their probation.
- Staff demonstrated their understanding of the training they received and we observed this in practice and in our conversations with staff.
- Staff received supervisions every three months and an annual appraisal of their performance. Records confirmed this.
- People's needs were assessed before they came to live at the home and were continually assessed in line with best practice. For example, nursing staff and the registered manager had completed training delivered by a local hospice about end of life care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- We observed people eating their lunchtime meal. Some people ate independently in the dining room. Other people chose to eat their meals in their bedrooms and were assisted by staff where needed.
- Staff were knowledgeable about people's dietary requirements. They told us about the importance of healthy eating, special diets and of maintaining a balanced diet.
- There was a choice of meals on offer to people, with a four-weekly rotating menu. This had been devised after talking with people about their food likes and dislikes. All food was freshly cooked.
- Where people were at risk of malnourishment, food and fluid charts were completed to show their daily intake. These were relevant and up to date. We observed senior staff checking with care staff that people had eaten and drunk enough.
- One person had a Percutaneous Endoscopic Gastrostomy (PEG) and another had a Radiologically Inserted Gastrostomy (RIG). This is where a tube is placed through the abdominal wall and into the stomach through which nutritional liquids and medicines can be infused, when people can no longer take food and drink orally. Staff were knowledgeable about the management of the PEG and RIG. All nursing staff had been trained in this area and were supported by a specialist dietician. Documents in people's rooms included feeding regimes and administration protocols which meant their PEG or RIG was managed safely.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies to ensure people received the care they needed.
- Regular meetings were held with social workers, for example, to provide initial information about people before they came to live at the home. Review meetings with social workers ensured that people's care and support needs continued to be met and that the home was appropriate.

Adapting service, design, decoration to meet people's needs

- The home had been adapted from two semi-detached dwellings and converted into a nursing home.
- People had free access around the home. For example, a lift serviced the first floor and people could access a decking area in the back garden.

- We observed the home was in a good state of repair.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of healthcare professionals and support.
- Where people required access to a number of healthcare professionals, staff liaised with a range of specialists and these were recorded in people's care records. For example, where people had specific dietary needs, a speech and language therapist and dietician provided advice and made home visits. If people had developed pressure ulcers, a tissue viability nurse was consulted to advice on treatment and on the type of dressing to be applied.
- Care records showed that people had access to GPs, dentists, opticians and chiropodist and other healthcare specialists as needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and supported appropriately by staff who understood people's diverse needs; they treated everyone equally.
- We observed care given to people in communal areas throughout the day. There was excellent interaction between people and staff who consistently took care to ask people's permission before intervening or assisting.
- Staff were knowledgeable about people and could explain people's individual needs and requirements. For example, one person had mental health needs and we saw how staff checked with them regularly to make sure they were enjoying their day and whether they needed additional support.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views and to be involved in decisions about their care.
- Staff took time to explain what they were doing when providing care and support in order to minimise people's anxiety. At lunchtime, there was a lively and friendly atmosphere. It was evident people and staff knew each other well and positive relationships had developed.
- Staff were knowledgeable about people and could explain people's individual needs and requirements. These were in line with people's care plans. One staff member told us, "We all give the best care we can and the residents will always come first".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and they were encouraged by staff to be as independent as possible.
- Whilst staff assisted people with their meals, they also supported people's independence. For example, one person was provided with a plate guard at lunchtime which meant they could eat their meal independently without the food spilling off the plate.
- Staff gave people the privacy they needed. We observed one person having a foot massage in an area that was screened off.
- Staff knocked on people's doors and checked with people before entering.

Is the service responsive?

Our findings

We inspected this key question to follow up the concerns found during our previous focused inspection in July 2018 when we rated this key question as Requires Improvement. The concerns related to information being inconsistently recorded in people's care plans. Following the inspection, the provider sent us an action plan describing the steps they would take to address the issues. Sufficient improvements have been made. This key question has improved to Good.

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans provided detailed information and guidance to staff about people's needs and how they wished to be supported.
- We looked at three care plans. Information was recorded in a person-centred way. For example, one person liked to shower twice a day and was able to dress themselves independently.
- Care plans included information about people's personal care, breathing and circulation, mental health and wellbeing, sleep and resting and daily routines.
- People's life histories recorded information about people's families, their lives before they came to live at the home and any hobbies or interests.
- The home identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, one person had hallucinations and had episodes when they believed nobody liked them. Medicines had helped to calm the person and address their anxiety, however, staff also provided the person with constant reassurance as their mental state deteriorated.
- People had access to technology to enhance their lives. For example, free wi-fi was available for people who had mobile phones and access to smart home technology such as 'Alexa'. The latter was particularly useful as people could listen to music of their choice by calling out their request rather than physically having to turn on their radio or television. One person enjoyed listening to hymns in their room.
- At the last inspection, people had access to daily activities and outings were organised for people on the provider's minibus.
- The provider told us they tried to take people out as much as possible, but that since the activities co-ordinator had retired this was limited. We have written about this further under the Well Led section of this report.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy.

- The complaints procedure was available for people to view in communal areas. It contained information about how and to who people and/or their representatives should make a formal complaint. There were contact details for external agencies such as the Local Government Ombudsman. Staff explained to us their understanding of complaints and their responsibilities in this area.
- No formal complaints had been recorded since the last inspection.

End of life care and support

- People could live out their lives at the home. Staff had completed training in order to support people as they reached the end of their lives.
- Care plans contained information about people's end of life wishes. For example, whether people might wish to be visited by a member of the clergy if they had religious beliefs.
- The provider said, "We try and plan well ahead. We do everything we can to bring people back from hospital. If we have an empty bedroom, family can stay and we can provide food and drinks".
- At the time of the inspection, no-one was receiving end of life care.

Is the service well-led?

Our findings

We inspected this key question to follow up the concerns found during our previous focused inspection in July 2018 when we rated this key question as Requires Improvement. The concerns related to medicines management, the management of care records, staff training and audits. We found a breach of Regulation 17 in relation to Good governance. Following the inspection, the provider sent us an action plan describing the steps they would take to address the issues. Sufficient improvements have been made and the breach of Regulation has been met. However, further time is needed to complete, embed and sustain all the improvements made to date.

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- Significant improvements had been implemented since the last inspection. For example, in the management of medicines, the provider and registered manager had taken action in relation to ensuring that the administration of medicines was recorded satisfactorily. However, there were still areas in need of further improvement to ensure people received a consistent, good standard of care. Further work was needed to sustain and embed the improvements made.
- Information in care records was now consistently recorded and systems in the recording of people's daily monitoring needs were effective.
- Staff had completed the training they needed to carry out their roles and responsibilities.
- The majority of staff had received one supervision in the year to date. Where some staff had not had a recent supervision, the registered manager was aware and in the process of ensuring these were completed.
- The registered manager was in the process of completing assessments in relation to registered nurses' competencies to administer medicines. This was work in progress.
- Since the retirement of the activities co-ordinator, there was a lack of organised activities for people. We observed staff were busy attending to people's care needs and did not have time to sit down and chat with people.
- The provider and registered manager were aware of the impact to people and staff since the activities co-ordinator had left. A new activities co-ordinator had been recruited and was due to start the week following the inspection.

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

- Since the last inspection, the registered manager had set up a system of audits. These were effective in monitoring and measuring the care people received and the service overall.

- We saw audits in relation to training, medicines, room temperatures, bowel charts, food and fluid intakes, infection, hospital admissions, complaints, resuscitation trolleys, incidents and accidents. The registered manager undertook monthly checks and these included any actions that needed to be taken (and outcomes) as a result of the checks completed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider and registered manager were clear about their regulatory responsibilities. Notifications which the provider was required to send to us by law had been completed.
- The registered manager understood her responsibilities under duty of candour and had demonstrated these in practice.
- The provider's Statement of Purpose stated, 'We respect the individuality of our service users and strive to meet their needs in a friendly and efficient manner, giving attention to dignity and privacy and have policies and procedures in place to support this. We are always sensitive to the changing needs of people and review the way in which we provide nursing and care'.
- The provider and registered manager worked in line with the Statement of Purpose and demonstrated throughout the inspection that people's needs were met in a person-centred way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and people were involved in developing the service.
- Staff felt supported in their roles and were aware of the improvements that had taken place since the last inspection. We asked staff if they thought the home was well led. One staff member said, "There are people I can go to". Another staff member told us, "I think it's quite open and honest, yes".
- Staff meetings took place and records showed that staff were involved; their suggestions were listened to and acted upon.
- People were asked for their feedback through residents' meetings and any suggestions were listened to. For example, people had input into the planning of menus.
- We asked people if they felt the home was well led. One person said, "I think so. I like living here". Another person told us, "The manager is easy to talk to and always around".
- People's characteristics were met and provision was made for people's diverse needs. People with limited or no mobility had access to technology to assist them on a daily basis. For example, motorised wheelchairs so people could navigate independently around the home. Ramps had been put in place in the conservatory so people could access the rear garden.

Working in partnership with others

- The service worked in partnership with others.
- Information was shared when needed with outside agencies. For example, on the day of our inspection, we met with a visiting social worker who was reviewing one person to see whether they could move back home or not.