

# The Holmes Care Limited

# Baytree Court

## Inspection report

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Baytree Court provides personal care and accommodation for up to 34 older people, including people who may be living with dementia, in one adapted building. At the time of our inspection 26 people were receiving a service.

### People's experience of using this service and what we found

People living at Baytree Court benefitted from safe and person-centred care, delivered by a team of skilled staff.

People were kept safe from abuse and avoidable harm and received their medicines on time and as prescribed. Staff were recruited safely and deployed throughout the home to meet people's needs.

All areas were clean, tidy and there was sufficient cleaning taking place to keep people safe from the risk of infection.

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

The service was well run and staff were clear about their roles and responsibilities. The registered manager was a visible presence in the home and promoted an open, learning culture. People, staff, and relatives were encouraged to feedback and contribute to the ongoing development of the service.

An effective auditing process was in place to monitor the quality and safety of service provision.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was Good (published 17 September 2019).

### Why we inspected

This was a planned inspection based on the date the provider was registered with CQC. This report only covers our findings in relation to the Key Questions Safe and Well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below

# Baytree Court

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector and an Expert by Experience completed the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and Service Type

Baytree Court 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.

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

#### Notice of Inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the team leader, the activities coordinator, the handy person, and three carers.

We reviewed a range of records. This included people's risk assessments and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the statement of purpose and policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated good. At this inspection the key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- ☐ The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- ☐ People felt safe at the service. One person told us, "Yes I feel safe here, I know that I could tell [Name of registered manager] about anything."

Assessing risk, safety monitoring and management: learning lessons when things go wrong

- ☐ People's care plans contained risk assessments which provided staff with a clear description of identified risks and guidance on the support people required.
- ☐ The registered manager monitored and analysed accidents and incidents to aid learning and reduce the risk of recurrence.
- ☐ The service was well maintained. Regular checks of the environment were undertaken to make sure it was safe. For example, checking the fire panel, fire exits, security and water temperatures to minimise risks to people. There was an ongoing programme of servicing repairs and maintenance. A relative told us, "The place is clean, modern, fresh... no smells."

Staffing and recruitment

- ☐ Staff had been safely recruited. All staff completed pre-employment checks to check their suitability before starting work with people.
- ☐ There were enough staff to keep people safe and a contingency plan in place to cover illness or leave. Staff told us, "We have a consistent team and some of us work part-time so will pick up additional shifts. We also have bank staff. It was difficult during the height of the pandemic but we are a good team and pull together, we want the best possible care for the people living here." ☐
- ☐ We observed people's requests for attention were responded to quickly. The service was calm, quiet, and well organised. People told us, "At night they check me every hour, if I press my bell they come straight away."

Using medicines safely

- ☐ Medicines were managed safely. People told us they always received their medicines on time and in line with their preferences.
- ☐ Staff received medicine management training and competency checks were carried out.
- ☐ Medicines management was audited regularly with systems in place for investigating any potential

medicines errors.

- ☐ Where people were prescribed pain-relieving medicines, on an 'as and when required basis', clear guidance was in place to ensure staff had information about when these medicines should be given.
- ☐ Where people were unable to communicate, staff used comprehensive information within PRN protocols to assess and identify if they suspected a person was in pain.

#### Preventing and controlling infection

- ☐ We were assured that the provider was preventing visitors from catching and spreading infections.
- ☐ We were assured that the provider was meeting shielding and social distancing rules.
- ☐ We were assured that the provider was admitting people safely to the service.
- ☐ We were assured that the provider was using PPE safely and effectively.
- ☐ We were assured that the provider was accessing testing for people using the service and staff.
- ☐ We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- ☐ We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- ☐ We were assured that the provider's infection control policy was up to date.
- ☐ We were assured that the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service well-led?

## Our findings

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.

At the last inspection this key question was rated good. At this inspection the key question has remained good. This meant the service was consistently managed and well led. Leaders and the culture they created promoted high-quality person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- ☐ A clear auditing system was in place to monitor the quality and safety of the service provided. Any required actions were implemented, shared with staff and used to improve the service.
- ☐ The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- ☐ The service was welcoming and the atmosphere was warm and supportive. We observed people were treated with respect and in a professional manner.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- ☐ The registered manager was clear of their role and responsibilities to be open, honest and apologise if things went wrong.
- ☐ The service benefitted from having a registered manager who was committed to providing good quality care to people who used the service.
- ☐ People and relatives spoke highly of the registered manager and staff team and their commitment to the service. Comments included, "My relative is not just a number, they want her to be happy, I cannot fault them, they know my name and I know all of theirs." and "It is superbly managed and also great fun."
- ☐ People told us they were able to make their own decisions about their care and support. This was confirmed during our observations during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- ☐ The registered manager worked in partnership with key organisations to support care provision; for example, using the local authority and community Infection Protection and Control team for advice.
- ☐ During the COVID -19 pandemic the service used phone calls and IT (virtual meetings) to ensure people and relatives remained in contact with each other, following government guidance. When restrictions to visiting were lifted the service was proactive at ensuring relatives were welcomed back into the service.
- ☐ Although the COVID-19 pandemic affected the way the service would normally have liaised and interacted with staff, people, relatives and outside agencies, the service strived to keep everyone informed and up to date. People and relatives told us, "Baytree has a Facebook profile, the manager talks about the team and what is happening in the service, like any changes to visiting guidance, now that is good management."

