

European Healthcare Group PLC

# Bay Tree Court Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Bay Tree Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bay Tree Court Care Centre accommodates 59 people in one adapted building. At the time of our inspection there were 41 people living at the home. Bay Tree Court Care Centre no longer provides nursing care.

At the time of our inspection Bay Tree Court Care Centre did not have a registered manager in post. The current manager was planning to apply to be registered with the CQC.

We carried out an unannounced comprehensive inspection of this service on 9 and 12 March 2018 and rated the service 'Good'. After that inspection we received concerns in relation to the care people received. As a result, we undertook a focused inspection to look into those concerns and our findings are noted in this report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at [www.cqc.org.uk](http://www.cqc.org.uk)"

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

Why the service continues to be rated 'Good'.

The service was implementing the findings of an investigation into recent concerns about people's care. Their identified areas for action included, monitoring staff's moving and handling practices and ensuring records relating to people's care were completed once the care had been given.

People had opportunities to take part in seasonal activities. There were arrangements in place for people and their representatives to raise concerns about the service. Care was provided for people at the end of their life.

Effective quality monitoring systems were in operation. The service was relying on agency staff whilst recruitment was in progress to build a stable staff team. Staff ensured when there were unplanned staff absences that shifts were effectively organised to keep people safe.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service responsive?**

**Good** ●

The service remains good.

### **Is the service well-led?**

**Good** ●

The Service remains good.

# Bay Tree Court Care Centre

## **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.

We previously carried out an unannounced comprehensive inspection of this service on 9 and 12 March 2017. In November 2018 we received concerns about the care people received. We passed this information to the registered provider for their investigation. Following this we undertook a focused inspection to look into these issues. We inspected the service against two of the five questions we ask about services: is the service responsive? and is the service well-led?

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection. Any ratings for key questions that have not been re-inspected will be brought forward from the previous comprehensive inspection and displayed on our website.

This inspection took place on 11 December 2018 and was unannounced. One inspector carried out the inspection. We spoke with two people using the service, the manager, the head of care, three members of care staff, the activities co-ordinator and a visiting lay chaplain.

We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

# Is the service responsive?

## Our findings

Before our inspection we passed the concerns we received in relation to the care people received, lack of checks on people's wellbeing and the recording of these checks to the registered provider for their investigation. They shared their findings with us before our inspection visit. As a result of the provider's findings, actions were due to be implemented to ensure documentation was completed in a timely way and concerns raised during a shift were communicated and responded to in accordance with the provider's expectations. Staff's moving and handling practices were to be monitored to ensure people received this aspect of their care as planned.

We checked documentation relating to people's daily care that needed to be completed to support staff to monitor people received their care as planned. These included people's food and fluid charts, checks on people's wellbeing, shower temperatures and repositioning charts. Repositioning helps to manage risks to people's pressure areas. On the first floor we saw staff carrying out checks on people and found the charts had been completed and were up to date reflecting the checks staff had made as they took place. However, on the ground floor we found food and fluid charts had not been completed for the morning. Staff told us people had received their morning meals as planned but the charts did not reflect this.

We discussed this with the manager who acknowledged the charts should have been completed at the time the checks were made. We checked later and found the charts had been completed. At the time of our visit, the findings of the investigation in relation to completing daily records had not yet been communicated to staff. We found the manager had arranged staff meetings to discuss with staff their expectations about recordkeeping and how the quality of these records would be monitored going forward.

We checked care plans and risk assessments relating to the moving and handling support people required. These plans reflected the equipment in use which had been assessed by health care professionals. We spoke with staff and they were able to describe how people were moved and how the equipment was used in accordance with people's care plans.

People taking medicines for thinning their blood had been assessed as at greater risk of harm if they fell. This risk and actions for staff to take in the event of a fall were reflected in their care plans. A staff member told us how this important information would always be alerted to any agency staff during shift handover.

People were offered a range of activities leading up to and during the festive period. The activities coordinator described a Christmas party for people and their relatives, seasonal musical entertainment, Christmas shopping trips and New Year's Eve entertainment. A lay chaplain visited the care home on a weekly basis speaking with people individually and leading a prayer group. Two people we spoke with were aware of the activities on offer but preferred to occupy themselves although one person planned to go on a Christmas shopping trip.

There were arrangements to listen to and respond to any concerns or complaints. Records of investigations had been kept and appropriate responses given to complainants. Information was available for people

using the service to guide them in how to make a complaint. A record of previous complaints received and the responses to them had been kept. Complaints were included in the quality audit process.

People were supported at the end of their life where this was possible with the support of local health services. People's wishes for the arrangements at the end of their life had been discussed and recorded where people or their relatives felt able and willing to do this. Records showed where appropriate care had been provided for one person at the end of their life.

## Is the service well-led?

### Our findings

At the time of our inspection visit, Bay Tree Court Care Centre did not have a registered manager in post. A registered manager is a person who has registered with CQC 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. The current manager was planning to apply for registration to ensure the provider met their regulatory responsibilities.

Staff described the manager as approachable and appreciated the support given to the staff team at busy times. People we spoke with were looking forward to meeting the manager. Regular meetings ensured staff were informed about developments within the service and the expectations of the manager and provider.

The manager was motivated to improve the quality of care people received. They had responded promptly and completed a comprehensive investigation when we raised concerns with them about people's care. They had started taking action prior to this inspection to address the shortfalls they had identified in relation to recording of regular checks on people's wellbeing. They had included these actions in their overarching service improvement plan to ensure progress made would be monitored and evaluated.

The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.

One person we spoke with felt there were enough staff, another person was concerned about the staffing levels. They told us, "We have wonderful staff but not enough". The manager described one of the current challenges as recruiting more staff. During our inspection visit the manager was interviewing applicants for a number of posts

Staff told us some day shifts had been worked with less than the expected numbers. We checked rotas and found this was the case. Agency staff were being used to cover vacancies and absences. However there had been some shifts where agency staff had not turned up for their shift or agency staff were unavailable and shifts had been worked with less staff than planned. Staff told us how they had organised the shifts when they experienced unplanned staff absences to ensure people still received their care. However, they may have experienced delays such as waiting to be assisted to bed in the evening.

Systems to check and improve the quality of the service provided were in place. A range of audits were completed which ensured checks were completed on care processes such as nutrition and hydration, infection control and pressure area care. The results of audits had been used to create an action plan. The action plan recorded the progress of the improvements against a timetable for completion. Actions included cleaning chairs, dignity training for staff, introducing a new care plan format and ensuring staff collected dirty crockery after meals.

A clinical risk register was in use to highlight any clinical issues people may have, such as weight loss or an infection, for action. This included information regarding any referrals to health care professionals. The clinical risk register supported the manager to monitor the effectiveness of people's care and identify promptly when additional health professional support was needed.