

Mr H and Mrs H Purmessur

Baytrees

Inspection report

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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 ●

Summary of findings

Overall summary

Baytrees is a service which is registered to provide accommodation for 10 people with a learning disability who require personal care. Care is provided over two floors in the main house and in a separate building in the grounds of the home.

At the last inspection carried out in November 2014 the service was rated Good. At this inspection we found the service remained Good.

We carried out this inspection as part of our routine schedule of inspections and to check that people were still receiving a good standard of care and support. The inspection took place on 23 May 2017 and was unannounced.

The service is run by a husband and wife partnership. Both partners work in the service 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 2008 and associated Regulations about how the service is run.

People told us they felt safe with staff. There were no concerns about the safety of people. People knew who they would speak to if they had concerns. The service followed the West Sussex safeguarding procedure, which was available to staff. Staff knew what their responsibilities were in reporting any suspicion of abuse.

People were protected from risks to their health and wellbeing. Up to date plans were in place to manage risks, without unduly restricting people's independence. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

People felt they were treated with respect and their privacy was promoted. Staff were caring and responsive to the needs of the people they supported. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way.

Staff received training to enable them to do their jobs safely and to a good standard. They felt the support received helped them to do their jobs well.

People benefited from receiving a service from staff who worked well together as a team. Staff were confident they could take any concerns to the management and these would be taken seriously. People and their relatives were aware of how to raise a concern and were confident appropriate action would be taken.

People and their relatives were empowered to contribute to improve the service. They had opportunities to feedback their views about the service and quality of the care they had received.

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 safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 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 23 May 2017. It was carried out by one inspector.
The inspection was unannounced. We were assisted on the day of our inspection by the registered manager.

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, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During our inspection, we observed care and spoke with all 10 people living at the service. We also spoke with the registered manager and three care staff on duty.

We looked at care records for three people, medication administration records (MAR), a number of policies and procedures, four staff recruitment files, staff training, induction and supervision records, staff rotas, complaints records, accident and incident records, audits and minutes of meetings.

The service was last inspected in November 2014 and there were no concerns.

Is the service safe?

Our findings

All people we spoke with told us that they liked the service. We were told that, "It's good here," and "I like living here."

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding adults at risk. Staff told us what they would do if they suspected abuse was taking place. Staff were able to clearly and confidently describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They said that they would speak to the registered manager or social services. The registered manager was clear about when to report concerns. They were able to explain the processes to be followed to inform the local authority and the CQC. We were told that they also made sure staff understood their responsibilities in this area. The registered manager and staff followed the West Sussex policy on safeguarding; this was available to all staff as guidance for dealing with any such concerns.

Risks to people were carefully assessed. Thorough risk assessments were completed. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risks were managed safely for people and included risks associated with accessing the local community. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example, the risk assessment for one person identified that they needed support and supervision in the community as they had no awareness of traffic. Records confirmed that this support and supervision was provided. Staff provided support in a way which minimised risk for people whilst maintaining their independence and choice. We saw that people were able to move around the service freely and safely. The premises and gardens were maintained and clean. All maintenance and servicing checks were carried out, keeping people safe.

There were enough staff to meet people's needs. We observed that staff supported people in a relaxed manner and spent time with them. During our visit we saw that staff were available and spent time with people. Staff were happy with the staffing levels and told us that they had time to chat with people and felt they knew them well.

The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. Staffing rotas for the past month demonstrated that the staffing was sufficient to meet the needs of people using the service. There were four care staff during the day and one awake and one sleep-in at night. The registered manager was available most week days and could be contacted out of hours for advice and telephone support.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked,

references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk. Staff records showed that, before new members of staff started work at the service, criminal records checks were made with the Disclosure and Barring Service.

Peoples' medicines were managed and administered safely. The provider had a policy and procedure for the receipt, storage and administration of medicines. Medicines were managed so that people received them safely. We observed the lunchtime medicines being given. Staff carried out appropriate checks to make sure the right person received the right medicines and dosage at the right time. People were asked if they needed assistance to take their medicines and any help was given in a discreet and caring way. Staff only signed the Medication Administration Record (MAR) sheets once they saw that people had taken their medicines. Medicine administration records (MAR's) that we examined were completed correctly with no gaps or omissions. Medicines were recorded on receipt and administration and we saw the records of disposal. We saw that unused and not required medicines were returned to the dispensing pharmacy at the end of each month.

All staff who were authorised to administer medicines had completed training which included a competency assessment. Records showed and staff confirmed they had been trained and that their training was regularly updated. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent and our observations confirmed this.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained. People felt the care workers had the skills and knowledge required to give the care and support needed. One person told us, "They're really good." Another person said, "They help me" Everyone spoke positively about the staff.

People were protected because staff had received training in topics related to their roles. Staff training records showed people had received induction training when first starting employment with the company. The induction training followed the Skills for Care, care certificate. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. The induction period also included shadowing shifts and competency assessments to ensure staff were ready to undertake their care duties. New staffs progress was reviewed on a frequent basis as part of staff supervision.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Following induction all staff entered onto an ongoing programme of training specific to their job role. Staff received regular training in topics including, health and safety, moving and handling, infection control, medicines, safeguarding vulnerable adults, and food hygiene.

The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available. They felt they had been provided with the training they needed that enabled them to meet people's needs, choices and preferences. One staff member commented,, "The training is good". As well as providing all training required by legislation, the service provided training focussed on the changing needs of the people using the service. For example, the training had been reviewed and now included training in nutrition and dementia due to ageing of the people who use the service.

People were supported by staff who had regular supervisions (one to one meetings) with the registered manager. All staff told us they felt supported by the registered manager, and the other staff. They said there was opportunity to discuss any issues they may have, any observations and ways in which staff practice could be improved. Records we saw demonstrated that staffs individual learning and development plan was discussed during their supervision. The log of supervisions showed staff that staff had received supervision and further sessions were planned.

During our visit we saw good communication between all grades of staff. Staff told us that, "We all work together," and, "There is no differentiation between grades and jobs".

People's rights to make their own decisions, where possible, were protected. People told us that they were involved in making decisions. Care plans incorporated a section for people to sign to say they had been involved in their care plan. Staff received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principals of the MCA, and whether any conditions on authorisation to deprive people of their liberty were being met. The registered manager understood when an application should be made and appropriate applications had been made. The registered manager had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. Staff confirmed they understood their responsibilities under the act.

People told us staff always asked people for their consent before providing care. Comments from people included, "They make sure I'm happy," and, "I get to choose". During our visit we observed that people made their own decisions and staff respected their choices. We saw that staff had a good understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff offering people a choice and then waiting for a response before acting.

People had enough to eat and drink throughout the day and night. We saw that people were regularly offered a choice of drinks during the day. In addition to this we saw that a selection of cold drinks were readily accessible.

The staff were able to cater for people with food allergies and special diets. We saw that there was a comprehensive list of food additives, for example gravy contains gluten. All staff we spoke with were aware of people's individual dietary requirements.

We observed the lunchtime meal experience. Lunch was usually taken in the dining room, however people were able to eat in elsewhere if they preferred. People enjoyed their meal. We observed many positive interactions between people and staff. The mealtime was an inclusive experience. Staff appeared caring and took pleasure in spending time with people. There was a relaxed and calm atmosphere. Where people were not eating well, staff would highlight that to the registered manager so that professional guidance could be sought. People told us staff prepared the food the way people liked and they were able to help with the cooking if they wished.

People had access to health care relevant to their conditions, including GPs.

Is the service caring?

Our findings

The caring ethos of the service was evident. People received care and support from staff who knew them well. People we spoke to were complimentary about the caring nature of the staff. People told us, "It's fun" and "[Staff members name] is really nice." Everyone we spoke with thought people were treated with respect and dignity. Comments from people about the staff included, "They are kind". Positive, caring relationships had been developed between people and staff. One person said, "I like it when my keyworker is here." Staff had a caring approach and were patient and kind.

People were encouraged to be involved with the care and support they received. People told us that people were included in decisions about their care. Throughout our visit staff interacted with people in a warm and friendly manner. We saw people were treated in a kind and caring way by staff who were committed to delivering high standards. Staff described how they maintained people's privacy and dignity by knocking on doors, waiting to be invited in. Staff focused their attention on providing support to people. We observed people smiling, chatting and choosing to spend time with the other people staying at the service. Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care. People's care was not rushed enabling staff to spend quality time with them and encourage them to do things for themselves.

People were involved in the planning of their care. Staff spent time with people to ensure that the plan of care met expectations. People's needs relating to equality and diversity were assessed at the start of the service. Care plans included instructions to staff on what actions they needed to take to meet people's individual cultural needs. People's care plans described the level of support they required and gave clear guidelines to staff. The care plans were person centred; they contained details of people's backgrounds, social history and people important to them. Care plans incorporated information for staff on protecting people's dignity, and people's preferences were respected when care was provided.

People's right to confidentiality was protected. Staff received training in people's rights to confidentiality in their care certificate induction training. All personal records were kept securely in the office, only accessible by authorised staff.

The overall impression was of a warm, friendly and safe service where people were happy.

Is the service responsive?

Our findings

People told us that the staff were responsive to their needs. One person told us, "They help me when I need it." Another person told us, "They are very nice to speak to".

People received support that was individualised to their personal preferences and needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. People's abilities were kept under review, any changes were noted in the daily records and care plans were updated if indicated.

People's care plans were person centred and based on a full assessment, with information gathered from the person and others who knew them well. People's usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people preferred. The assessments and care plans captured details of people's abilities in their self-care. People told us staff knew people well and how they liked things done. Staff did things the way people wanted. A staff member told us, "I know people really well. I've built up a good relationship with them."

People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and care adjusted to meet those needs if necessary. Changes in people's needs or behaviours were reported to the registered manager and written in people's daily notes. The care plans were up to date and daily records showed care provided by staff matched the care set out in the care plans. This meant people received consistent and co-ordinated care that changed along with their needs. Daily records were completed by staff. They included information on how a person presented whilst receiving support, what kind of mood they were in and any other health monitoring information.

People were engaged and occupied during our visit; there was a calm and fun atmosphere within the home. We saw that people interacted and chatted with each other. Staff and people told us that they liked each other's company. People had a range of activities they could be involved in, which included accessing the local community. People told us that they, "Went out a lot" and how they "Enjoyed fish and chips at the beach".

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. People were aware of how to raise a concern and told us they were confident the service would take appropriate action. People told us that they were very happy with the service and had no cause to complain. One person told us, "I like it." The provider told us that no complaints had been received in the last year.

Is the service well-led?

Our findings

There was a positive culture in the service that was person-centred, open, inclusive and empowering. There was an open and friendly culture combined with a dedication to providing the best possible care to people. The registered manager took an obvious pride in the service.

The registered manager was aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager demonstrated good management and leadership throughout the inspection. Staff were positive about the inspection process.

We were told and records confirmed that staff meetings took place regularly. Staff used this as an opportunity to discuss the care provided and to communicate any changes. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation. They felt confident to raise any concerns with a senior member of staff or the registered manager.

People were empowered to contribute to improve the service. People and their relatives had opportunities to feedback their views about the service and quality of the care they received. Annual feedback surveys were given out to people and their relatives. The responses were collated, and a report was comprised summarising people's comments and identifying any areas for action. People's comments were overwhelmingly positive. This was mirrored in the service's compliments file. A person told us, "I love it here." The registered manager was committed to providing a service that was tailored to meet people's individual needs.

Quality was important in the service and there were systems in place to drive continuous improvement. Quality assurance systems monitored the quality of service being delivered and the running of the service, for example audits of medicines, infection control, care plans, training and accidents and incidents. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development. Regular safety checks were carried out including those for the fire alarms, fire extinguishers, water temperatures and portable electric appliances. Staff told us that any faults in equipment were recorded in the maintenance book and were rectified promptly. The provider had achieved a level five rating at their last Food Standards Agency check.