

Mr T P Hanley and Mrs S E Hanley

Bay Tree House

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

About the service: Bay Tree House is a care home. People in care homes receive accommodation and personal care under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Bay Tree House provides a service for up to 16 older people, some of whom may be living with dementia. At the time of the inspection the service was fully occupied. Accommodation is provided over two floors and people have access to communal areas and well-maintained grounds.

People's experience of using this service:

People were cared for by sufficient numbers of staff who had been trained. Staff knew people well and provided them with care which met their individual needs.

People's health was well managed. When people required support with their health, staff made referrals to health care professionals in a timely manner.

People were asked for their views about the service and had the choice to participate in a wide range of activities.

People were provided with a wide range of meals which they told us they enjoyed. People were provided with the support that they required to eat and drink.

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

People received care and support from staff who were kind and caring. Staff enjoyed working at the service and knew people extremely well.

There was a positive culture within the service and the registered manager and staff team displayed a real passion to deliver care in line with people's preference.

More information is in the full report

Rating at last inspection: Good (report published 11 May 2016)

Why we inspected: This was a planned inspection and the timing of the inspection was based on the rating at the last inspection.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next inspection is scheduled accordingly.

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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Bay Tree House

Detailed findings

Background to this inspection

The 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.'

Inspection team

This inspection was undertaken by one Inspector and one dental inspector. This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The dental inspector looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Service and service type

Bay Tree House provides accommodation and personal care for up to 16 older people including people living with dementia.

The service had a manager that was 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 inspection was unannounced and took place on 06 December 2018

What we did

Before the inspection we reviewed information that we had received about the service since the last inspection in April 2016. This included information that the service is required to provide us annually in a provider information return. This gives us information about what the service does well and improvements that are planned. We also contacted the local authority for their views about the service.

During the inspection we spoke with five people using the service and one of their relatives. We also spoke with four health care professionals who visited the service on the day of the inspection.

We also spoke with the operations manager, the registered manager, a care manager, two care assistants, a domestic supervisor and a cook.

We spent time observing how staff interacted with people. We looked at three peoples care plans, medication records, audits and quality assurance reports, menus, records of activities, complaints and compliments, staff training records and minutes of staff meetings.

Is the service safe?

Our findings

Safe - This means people were protected from abuse and avoidable harm.

Systems and processes

- People told us that they felt safe living at the service. One person said, "I feel very safe here and if I didn't feel safe I would tell the staff straight away".
- Information about safeguarding and how to raise concerns was available to people using the service and their visitors.
- Staff had received training in safeguarding and were aware of how to report any safeguarding concerns. The registered manager was aware of their responsibility to report any safeguarding concerns to the relevant authorities.
- The recruitment process meant that only suitable people were employed to work at the service.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed, with management plans in place to minimise the risk of harm. The assessments provided guidance to staff and were reviewed on a regular basis.
- Equipment, such as air mattresses, cushions and bed rails had been provided to people when the need had been identified through an assessment.
- Each person had a Personal Emergency Evacuation Plan in place providing guidance to staff on how to support them to evacuate the building safely in the event of an emergency
- Routine checks were carried out to ensure fire systems, equipment, utilities, such as gas and electrical appliances were in safe working order.

Staffing levels

- People using the service and staff told us that there were enough staff. We also found that this was the case.
- The registered manager assessed people's needs on a regular basis and ensured that there were sufficient staff on duty on each shift. Agency staff were not used, and permanent staff covered shifts if there were unplanned staff absences.

Using medicines safely

- During our previous inspection we found that there concerns with the way that some medicines were stored. We also found that some medicine administration charts contained hand written directions and that some creams had not been signed for. During this inspection we found that improvements had been made and there were no concerns about the management of medicines.
- There were robust systems in place to ensure that medicines were managed safely. All staff who administered medicines had received training to do this and had had their competency assessed. Records were accurate, and medicines were held securely and within required temperature ranges. Protocols were in place for medicines that people were prescribed on an 'as required' basis.

Preventing and controlling infection

- Staff received training in infection control and infection control audits were undertaken on a regular basis.
- Information about how to prevent the spread of infection was available and the service had a member of staff who was the lead person for infection control.
- The service was clean and free from any malodours and personal protective equipment was available for staff.

Learning lessons when things go wrong

- Staff were aware of their responsibilities to record accidents and incidents.
- Records of accidents and incidents were completed and these were monitored monthly for any themes or trends. The registered manager was able to provide examples of preventative actions that had been taken as a result of the analysis being undertaken.

Is the service effective?

Our findings

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were undertaken prior to the person moving into the service. The assessments were comprehensive and covered a wide range of areas including the person's history and their preferences. Details recorded included how many pillows the person preferred on their bed, their bedtime routine, their favourite music, their favourite television programme and their favourite food.
- Care plans contained information about people's needs and it was evident that staff knew people extremely well.
- The service took equalities and diversity issues seriously and staff had recently undergone training around transgender issues delivered by a local LGBT group to raise their awareness and understanding of these issues

Staff skills, knowledge and experience

- Staff received regular training and told us that they had the skills to care for people using the service.
- New staff received a thorough induction before they started to support people with their care needs.
- A training schedule was in place which meant that all staff received the training that they required.
- Staff felt well supported. They received regular supervision and an appraisal system operated in the service. Supervision meetings provided staff with an opportunity to discuss any further training that they would like to receive.

Supporting people to eat and drink enough with choice in a balanced diet

- People were satisfied with the choice and quality of the food provided. One person said, "The food is fantastic, the beef casserole today was lovely". The meals seen looked extremely appetising. The food was home cooked using locally sourced ingredients where possible.
- People were offered a choice of what to eat and could choose between three main options every day. The cook involved people in testing and tasting new dishes.
- Staff were aware of people's dietary needs and any support that they required to eat and drink and to maintain a healthy weight.

Staff providing consistent, effective, timely care within and across organisations

- Referrals to other agencies such as health care professionals were made in a timely manner.
- Staff knew people extremely well and ensured that any changes in a person's condition were noted and discussed with the registered manager

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

- There was specific dementia friendly signage around the service to help people find their way about. Memory boards on doors helped people identify their bedroom.
- People had easy access to a secure courtyard area and also extensive gardens. Work was in progress to

install a patio and pathways through the garden to make it more accessible.

- The service was well decorated and there was a very homely feel. People were encouraged to personalise their rooms.

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

- The service was in regular contact with health care professionals. On the day of the inspection the dementia intensive support team, one urgent care nurse, two district nurses and a GP were in the service to visit people. The GP visited the service at least weekly and the registered manager told us that the GP knew everyone well.
- Other health care professionals involved with the service included chiropodists, dentists, community mental health teams, district nurses and speech and language therapists.
- People received health care support in a timely manner. All people using the service had chosen and had received a flu vaccination.
- Visiting health care professionals were complimentary about the service. One health care professional told us that staff were always approachable and friendly and knew the people well. They stated that staffing levels appeared good and that people using the service were, "Well cared for".

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have the mental capacity to make decisions, they were supported to have maximum choice and control of their lives.
- Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice. The registered manager understood their responsibility in terms of making an application for deprivation of liberty safeguards to the authorising authority.
- Staff had received training in the MCA and understood the importance of gaining consent before providing support. Staff carried a copy of the MCA's five main principles on a card to remind them of it if needed.

Is the service caring?

Our findings

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

Ensuring people are well treated and supported

- People told us that staff were kind and caring. One person said, "The girls here are lovely, they will do anything for me".
- Staff knew people very well. They were aware of their likes and dislikes, preferred routines and hobbies and interests.
- The quality of interaction between staff and people using the service was excellent. Staff took time to engage people in what was going on and spoke appropriately and respectfully to them.
- All staff we spoke with enjoyed working at the service. One member of staff described the service as having a family like atmosphere. Another described it as being, "Home from home". There was a strong recognition that people were individuals. The registered manager said, "We always put the person first. It doesn't matter what their needs are we see them as a whole person".

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

- People had a wide range of choices available to them. This included when to go to bed and rise, what food to eat, what activities to take part in. Peoples views were sought on a regular basis. People chose the colours of the recently refurbished lounge. They also said that they would prefer brighter pictures and these were purchased.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with people kindly and people were treated with dignity and respect.
- Staff closed the door when delivering personal care to a person in bed. They also knocked and waited before entering bedroom and toilets.
- The operations manager said that he was very insistent that staff use people's actual names, rather than non-specific pet names.
- Peoples independence was promoted.
- People were supported to maintain relationships with those who were important to them. People could visit at any time and were welcomed by the staff team, One person's husband visited the service every day and was provided with a meal.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Personalised care

- People were aware that they had a care plan and they and their relatives were involved where appropriate, when the care plan was drawn up and reviewed
- Care plans were comprehensive and person centred and gave clear guidance to staff about people's life history, their likes and dislikes, their preferred routines, the way that they wished to be addressed and their care needs.
- Staff knew people extremely well. We heard the registered manager provide a comprehensive account of one person's health needs to the district nurse.
- An activities programme was on display and people told us that a lot of activities took place. We saw photographs of people taking part in a range of activities. One person told us that they particularly enjoyed the singers that visit the service.
- Activities included musical entertainment, reminiscence sessions and flower arranging. Religious services were held on a regular basis and a carol service was taking place on 21 December 2018.
- Special occasions were celebrated. For example, the two royal weddings. were celebrated this year. People had a special lunch and they made union jack flags. For Remembrance Day, people made a poppy wreath and wrote the name of a person they knew who had fought in the war on a leaf of the wreath.
- A relative told us the previous week both him and his wife enjoyed making Xmas decorations.

Improving care quality in response to complaints or concerns

- People told us that they would speak with the registered manager or a senior member of staff if they had any concerns.
- The service had a complaints procedure. A copy of the procedure was provided to people using the service and their families. Staff were aware of the procedure and what action to take if they received a complaint.
- All complaints were investigated thoroughly and when complaints were upheld action was taken to improve the service.

End of life care and support

- People were being supported at the end of their life to have a peaceful and dignified death. A comprehensive end of life plan was in place for one person. This was wide ranging and included information about their specific communication, spiritual, nutritional and palliative care needs.
- The registered manager clearly understood the impact of a death both on people using the service and staff. Staff regularly attended people's funerals, and also supported one person to attend the funeral of their partner.
- Thank you cards had been received complimenting the staff team on the compassionate and sensitive way that they supported people.

Is the service well-led?

Our findings

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

Provider plans promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager and operations manager had a good oversight of what was happening in the service. They were in the service daily and knew the people using the service, their relatives and staff extremely well. The management team were passionate about providing a high-quality service. They had an open-door policy to people using the service, their relatives and staff.
- People using the service and staff spoken highly of the registered manager. Comments included, "The manager is really good, she is always here", "The best manager I have ever worked for, she listens and is always available", and "It's like home from home here, everyone is really friendly and the manager is really supportive".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Audits were completed on a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service. A development plan was in place with a timescale for actions.
- The registered manager was aware of their legal obligations and ensured that all notifications were submitted as required

Engaging and involving people using the service, the public and staff

- A Bay Tree House newsletter was provided each month to people using the service and was also sent as an email attachment to all families. This provides information about any new people, peoples birthdays, activities and entertainment, staff training and any important announcements.
- There was a strong emphasis on involving people who lived at Bay Tree House. One person told us that the registered manager spoke to them every day and that if they had any concerns they would talk to her about them.
- Staff meetings were held and staff told us of ideas that they had brought to the meetings that were acted on. One member of staff suggested making a feature in the garden and she was really proud that she was able to do this. Staff told us that they felt valued and enjoyed working at the service. There was a confidential employee assistant programme for staff.

Continuous learning and improving care

- Information obtained from audits and analysis of incidents and complaints was used to drive improvement. The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.

Working in partnership with others

- The service worked well with other professionals such as district nurses, SALT (Speech and Language Therapists), mental health teams and social workers.