Sutton Court Associates Limited

# Baytree House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The inspection took place on 5 and 6 January 2017 and was unannounced.

Baytree House is a care home registered to provide accommodation and care for up to nine people with a learning disability and/or mental health needs. At the time of our inspection, the home was fully occupied. Baytree House is a large, detached Victorian House situated close to the centre of Worthing, with easy access to public transport. Communal areas include a sitting room, a dining room and gardens. Accommodation is provided over two floors and all bedrooms are of single occupancy.

A registered manager was in post. 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 living at Baytree House. Staff had been trained to recognise the signs of potential abuse and knew what action to take. People's risks were identified, assessed and managed appropriately and clear guidance was provided to staff on how to mitigate people's risks. Staffing levels were sufficient to meet people's needs and recruitment processes for new staff were robust. Medicines were managed safely.

People were supported by staff who had been trained in a range of areas. New staff completed the Care Certificate, a nationally recognised qualification. Staff received regular supervision meetings and annual appraisals. Staff meetings took place. Staff understood the requirements of the Mental Capacity Act 2005 and put this into practice. People living at the home were subject to Deprivation of Liberty Safeguards and the provider had completed applications for authorisation under this legislation. People were supported to have sufficient to eat and drink and encouraged to maintain a healthy lifestyle. They had access to a range of healthcare professionals and services. People showed us their rooms which were personalised.

Staff were kind and caring and positive relationships had been developed between people and staff. People were involved in decisions about their care. They were treated with dignity and respect.

Care plans provided staff with comprehensive and detailed guidance and information on how to support people in a personalised way. Care plans were written in an accessible format and reviewed every three months. People participated in a range of activities on a day to day basis and many people attended day centres. The provider had an accessible complaints policy in place; no complaints had been received recently.

People were actively involved in developing the service and monthly residents' meetings were held. Relatives were asked for their views about the service through formal surveys and people also completed questionnaires to provide feedback. Staff felt supported by management and spoke highly of the service

and of their enjoyment in working at Baytree House. A range of audit systems was in place to measure and monitor the care delivered and the service overall. A social care professional endorsed the service provided at Baytree House and spoke positively of the care people received and of the support from staff.

## 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.

People told us they felt safe and staff knew how to protect people from harm. Staff had completed training in adults at risk.

People's risks were identified, assessed and managed appropriately. Risk assessments provided clear guidance for staff.

Staffing levels were sufficient to keep people safe. Safe recruitments systems were in place for new staff.

Medicines were managed safely.

### Is the service effective?

Good

The service was effective.

Staff completed training in a range of areas and attended regular supervision and team meetings. Annual appraisals of their performance had been undertaken.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People had sufficient to eat and drink and were encouraged to maintain a healthy lifestyle. They had access to a range of healthcare professionals and services.

### Is the service caring?

Good

The service was caring.

People were looked after and supported by kind and caring staff. They were treated with dignity and respect.

People were encouraged to be involved in all aspects of their care.

### Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and provided detailed guidance for staff on how to support people.

People chose what they would like to do during the day. Many people attended day centres.

A complaints policy was in place. No complaints had been received recently.

## Is the service well-led?

Good

The service was well led.

People and their relatives were asked for their views and feedback about the home.

Staff felt well supported by the management team.

High quality care was evident. A range of audit systems was in place to measure and monitor the care delivered and service overall.

# Baytree House

**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.

The inspection took place on 5 and 6 January 2017 and was unannounced. One inspector undertook this inspection.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including four care records, four staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan and other records relating to the management of the service.

On the day of our inspection, we met with seven people living at the service. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, the home manager and two care staff.

We also asked a social care professional for their comments about the home and their feedback is included in this report.

The service was last inspected on 3 July 2014 and there were no concerns.

Good

# Is the service safe?

## Our findings

We asked people whether they felt safe living at Baytree House and they told us they did. Staff had completed training in safeguarding adults at risk and understood their responsibilities to report any suspected abuse. One member of staff explained their understanding, "It means we want to check people are safe from dangerous things". They went on to describe different types of abuse, such as verbal and physical and stated that verbal abuse could occur between people at the home. The member of staff said they would diffuse any difficult situations between people and added, "I would spend 1:1 time with people and console them". A social care professional stated, 'I believe the service maintains a high standard in my experience and I haven't ever had any concerns about the safety of residents whilst in attendance there'.

Risks to people and the service were managed so people were protected and their freedom was supported and respected. People's risks were identified, assessed and managed appropriately. Each risk assessment provided detailed information and guidance to staff and records confirmed people were involved in reviewing their risk assessments. Each risk assessment included, information under various headings, 'What it is I want to do, benefits in doing this, what might go wrong, what might happen, can we do something to reduce the risk, how likely is it to go wrong, if it goes wrong, how serious will it be?' Actions to be taken by staff included who was responsible and when action needed to be taken. Care records included risk assessments in areas such as communication, personal hygiene, walking in the community, medication, money management, diet and nutrition and BBQs in the garden. Staff signed each risk assessment to confirm they had read them. Accidents and incidents were reported and managed appropriately. In addition to risk assessments for people, risk assessments were in place to ensure the premises were managed safely. Risk assessments were in place for fire, portable electrical testing (PAT), gas safety, health and safety and water checks.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staffing levels during the daytime were flexible, with either two or three staff on duty, depending on whether people were at home or out for the day. At busy times of the day, for example at 8am in the morning, at least three care staff were on duty, to support people to get ready to go out. At night, one waking night staff member was on duty. We looked at staffing rotas over a four week period and staffing levels were consistent over the time examined. The registered manager said that if additional staff support was required at short notice, then one of the provider's other homes close by would be able to assist and provide staff. They added, "I can come in to any home at any time and cover a shift if I need to. We don't compromise the care, but staff can work flexibly. That's how we manage to maintain a high standard of care. We don't use agency staff. All new staff work a minimum of three months before they do a night duty, so clients get to know staff and don't wake up to a stranger".

Safe recruitment practices were in place. Staff files we checked showed that potential new staff had completed application forms, received a job specification, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

People's medicines were managed so they received them safely. Medicines were stored securely in a medicines trolley in the staff office located on the top floor of the home. Medicines were ordered, administered and disposed of appropriately. An internal medication audit was completed and, utilised a 'tick box' format; all audits were up to date. However, the audit did not include detail about what specific checks had taken place. We discussed this issue with the registered manager who concurred with our findings and immediately took steps to formulate a new audit form, which included what areas of medicines management had been checked and by whom. A pharmacist from the supplying pharmacy completed an annual audit and the last audit, completed on 1 March 2016, found no significant issues. All Medication Administration Records (MAR) had been signed by staff to show when people had received their medicines. Staff were only allowed to administer medicines when they had completed training in this area. Staff were also checked in their competency to administer medicines on an annual basis.

Good

# Is the service effective?

## Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. A social care professional stated, 'I believe the service is effective. Their care is very professional and proficient and has been effective in supporting people with complex needs in a person-centred way'. Staff completed training in a range of areas including moving and handling, safeguarding vulnerable adults, first aid, food hygiene, medication, mental capacity, epilepsy, learning disability, challenging behaviour, infection control, health and safety and autism. The staff training plan for 2015/2016, and certificates contained in staff files, showed that staff had completed training in these areas. Staff were also encouraged to study for National Vocational Qualifications in Health and Social Care, if they wished. All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The registered manager said, "We are a training company and we try and promote training within the company".

Staff meetings were held regularly and we saw minutes for meetings held in January, March, April, October and December 2016. At the last meeting, staff discussed Christmas arrangements, staffing and keyworking. At one staff meeting, staff were reminded to arrive 10 minutes before the start of their shift, so a full handover could be given. Handover meetings are important and enable staff to discuss any issues relating to people's care and support and any updates to these which might be needed. Staff attended at least three supervision meetings throughout the year and records confirmed this. In addition, annual appraisals took place, to measure staff performance. We asked a member of staff to tell us about their supervision meetings and they said, "We talk about how I'm working and they do appreciate me".

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. Staff had completed training on the MCA and on DoLS. The registered manager confirmed that staff had completed training on the MCA and said, "They understand about mental capacity and taking risks. All managers have gone on MCA and DoLS in practice training. It's about enabling the client to make an informed choice". Staff records contained questionnaires that staff had completed which demonstrated their understanding of the MCA. DoLS applications had been made for people living at the home and one, to date, had been authorised by the local authority. Records within care plans showed when a decision had been made in a person's best interests. For example, a decision had been made on behalf of one person about whether they should

continue to attend a particular daily activity. A decision was made that the person would continue to attend and, because the person could become anxious in this particular place, a 'sequence strip' was drawn up. The sequence strip included pictures and photos which the person had helped to put together. These pictures showed the person attending the daily activity, having their lunch and going home. The sequence strip helped the person to become less anxious as they could recognise and understand the structure of their day and be reassured about the sequence of events, culminating in them returning home at the end of the activity.

People were supported to have sufficient to eat and drink and were encouraged in a healthy lifestyle. The main meal was served in the evening, since the majority of people were out during the day. People were involved in making choices about the menu at residents' meetings. At one meeting, one person said they would like spaghetti and meatballs to be included and another person suggested liver and bacon. These preferences were acceded to. Menus were planned every two weeks and we saw a copy of the menu book. On the first day of our inspection, the main meal on offer was 'all day breakfast', but people could choose an alternative if they wished. Healthy options were encouraged and fresh fruit and yogurts were always on offer. One person told us their favourite meal was fish and chips and they liked to have toast and cornflakes for breakfast. Staff who had received training in food and hygiene were responsible for preparing and cooking the main meal of the day and in putting together packed lunches for people. People were encouraged to assist with food preparation if they wanted to be involved with this. On the second day of our inspection, one person had asked if they could bake a cake. Assisted by a member of staff, they had cooked a delicious looking Victoria sponge, which would be enjoyed by people at suppertime. The person looked very proud and showed us the finished result. People's weights were regularly monitored and recorded, with their permission, although no-one was assessed as being at risk of malnourishment.

People were supported to maintain good health and had access to a range of healthcare professionals and services. One person had access to regular input from healthcare professionals, but would often refuse treatment and had been assessed as having capacity to make an informed choice. However, they did consent to receive care for their feet from a chiropodist every six weeks. Care plans recorded when people attended appointments with professionals such as their GP, psychologist, psychiatrist, optician, dentist, community nurse and physiotherapist. Staff supported people to attend hospital and other health care appointments. Everyone living at Baytree House had a care passport, 'This is me – My care passport'. This document included information about, 'Things you must know to keep me safe, things that are important to me and my likes and dislikes'. The aim of the care passport is to supply hospital staff with important information about people, their health and support needs. The home manager told us, "I do my utmost for all of them. For any hospital appointments or the GP, I try and attend all these with people". They gave an example of the support they provided for one person when they were admitted to hospital for an operation. They explained, "I lay on the bed with one person until they fell asleep and I was the first person they saw when they woke up". This provided much needed reassurance for the person who could have become anxious about being in hospital. The home manager went on to say, "I make it my business to know what's happening and can provide support as needed when people return home from hospital".

We observed that the home was clean and people showed us their bedrooms, which were personalised and contained items of importance to them. The registered manager told us that some areas of the home were in need of refurbishment or redecoration and plans were in place to address these areas.

Good

# Is the service caring?

## Our findings

Positive, caring relationships had been developed between people and staff. We observed that staff were kind and caring with people and were genuinely interested in their wellbeing. Staff took time to spend with people, were patient and displayed humour in their interactions with people. It was evident that people were comfortable in the company of staff and that friendships had grown over time. We observed staff chatting with people when they returned from activities they had been involved with during the day. People were relaxed and enthusiastic to talk about what they had been doing. One person said, "I like the staff and I like having a bath". Everyone we spoke with felt that staff were kind, caring and understanding. A member of staff said, "I like to help people because they need help".

People were encouraged to express their views and to be actively involved in making decisions about their care. Where they were able, people had signed forms within their care plans to show they had given consent to their care and had been involved in talking about their care. People were encouraged to make day-to-day decisions. For example, many people chose to have a bath or shower when they returned from their daytime activity and then get ready for bed. People were happy to have their supper in their dressing-gowns and slippers and were socialising round the dining table waiting for their evening meal.

People were treated with dignity and respect. We observed staff knocked on people's doors before entering. One staff member said, "We always give people choices. If they want to be alone, I let them and I always check their safety". They gave an example of one person when they were having a bath and said, "We don't disturb her and we always close the door". The home manager said, "It's their home and not ours. We support them to be as independent as possible. It's warm, caring and friendly".

Good

# Is the service responsive?

## Our findings

People received person-centred care that was responsive to their needs. Person-centred care focuses on the person's individual needs, wants, desires and goals so that they become central to the care process. Each person was allocated a keyworker who met with them regularly. Keyworkers attended appointments with people, assisted with their personal shopping and supported them in their daily activities. We asked one member of staff about their role as keyworker and they said, "We have to check their clothes and their health. We have regular meetings twice a month and we check with them what they need". A social care professional stated, 'I believe that the level of ability there [Baytree House] and the standard is very high and I have been very impressed with the placements they have supported and the benefits in people's lives they have made. I think their plans are thorough and person-centred and they are very able to tailor and personalise care to the person's needs'.

We looked at four care plans and each care plan was person-centred. For example, one care plan read, 'This is my support plan' and included details about the person's morning routine and personal hygiene. It stated, 'I do activities of my choice while I am at [named centre] such as drawing and using the computer. This can change depending on what I wish to do on the day. The support staff speak to me about what I want to do each day'. Other areas of care where the person required support from staff included evening and night routine, physical health, communication, medication, money management and activities. Information included symbols and pictures to illustrate each part of the care plan clearly and in an accessible way for the person and staff. Each section of the care plan went on to describe, 'What would happen if staff did not support me in this way?', 'What my support plan will help me to do' and short and long-term goals. In the care plan we read, long-term goals were, 'To build self-esteem and accept that she has the potential to achieve more independence' and short-term goals, 'To promote engagement with in-house activities and other people, to boost self-esteem through fashion advice and support, to maintain independence with personal care and ask for help when needed'. In addition to detailed advice and guidance for staff in the care plan, individual learning plans were in place for people. These included, 'What is your dream?', recent achievements (this year) and achievements to date.

There were guidelines for staff on supporting a person with behaviour that might challenge. The registered manager told us about the guidelines in place and added, "But staff are important in developing the interactions between clients". How people presented challenging behaviour were described in detail and guidance provided to staff on how to support people. Charts were kept when there were incidents of challenging behaviour and care plans included personal histories about people, which aided staff to understand why people might behave in a particular way. The home manager told us, "It's important that staff know people's needs well and can communicate with them according to their needs". A social care professional stated, 'It's really telling that the residents there have maintained their placements and support for a very long time with changing needs, which Baytree have managed and responded to well in order to ensure these people have a long-term home'.

Activities were planned with people, according to their preferences and choices, and the majority went out during the day. Some people attended day centres. One person told us they enjoyed baking cakes and was

going to visit a local café later, followed by going to see an ice-show in Brighton. At weekends, people told us they enjoyed going shopping or attending church on a Sunday.

A complaints policy was in place and included accessible information on how to make a complaint. No complaints had been received recently.

Good

# Is the service well-led?

## Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The provider's Statement of Purpose read, 'To provide a home for people who have a learning disability and for mental health. A home that reflects the values and aspirations of society, a home which is safe, provides support to develop and maintain independent living skills as well as providing emotional comfort and opportunities for each individual to self-actualise'. From our observations at inspection, it was clear that this Statement of Purpose was being met. People were actively involved in developing the service. Residents' meetings were held each month and we looked at minutes of meetings held throughout 2016. For example, minutes of a meeting held in September 2016 stated that people were happy living at the home. Discussions took place relating to a menu change from summer to winter and people's menu choices. Furnishings, clothes and activities were also talked about. However, minutes were not recorded in an accessible format and we discussed this with the registered manager. They agreed that accessible minutes would aid understanding when people read the notes and agreed to put this in place for future residents' meetings.

People were also asked for their feedback through 'service user questionnaires' and these included symbols to promote understanding of the questions. People were asked questions relating to whether they liked living at Baytree House, what they liked or did not like, about the food, the staff, bathing and cleaning arrangements, activities and rules of the house. The questionnaire also asked people, 'Can you tell staff if you want anything changed and what would make living at Baytree House better?' Results showed that people were very happy with life at Baytree House and that staff supported them in a kind and friendly manner. Relatives were asked for their feedback and questions asked related to whether they were involved in care planning, kept informed and other general questions about the staff and standards of the home. Three people at Baytree House had relatives who kept in touch with them and two relatives had responded to the survey. One relative stated, '[Named person] has been in your care over 10 years and the high care has always been absolute throughout. Please accept our grateful thanks and appreciation'. Another relative had written, 'We are happy with [named person] care. She is always happy to return to Baytree House after a weekend with us. Staff are very caring'. Overall, results were very positive.

Staff felt supported by the management team. One staff member said, "It feels like family. I've worked here for a long time and management will always help". It was evident that people and staff benefited from good management and leadership. The home manager said, "It's like a home from home for me and I look forward to coming in. It's that feeling in the morning, they're [people] so pleased to see you". They added, "I've settled into the role well and I don't feel pressure. I've got really supportive managers". The registered manager told us, "I look forward to coming to work. I do love my job. I like solving situations and I have a good boss and one who teaches us". A social care professional stated, 'In my experience, the manager and deputies, as well as the owner, are very responsive. They maintain very good contact with the local authority and their responsiveness is very reliable and consistent'.

The service delivered high quality care. A range of audits was in place to measure and monitor the care delivered, the service overall and to drive continuous improvement. We looked at audits relating to care

plans, incidents and safeguarding, staff training and supervision, infection control and environmental audits. Incidents and accidents were logged so that any patterns or emerging trends could be identified and acted upon. The registered manager said, "[Named administration co-ordinator] helps update files and she knows all the clients too. We all work together as a team". They went on to say, "I love it. I like working with this client group. I like to see smiling faces and people enjoying their lives and integrating into the community. I have a sense of humour and that helps".