Care Quality Commission

Bay Trees Homes Limited

Baytrees Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

The inspection took place on the 29th and 30th October 2014and was unannounced.

Baytrees Nursing Home provides accommodation for up to 29 people. The home is equipped to provide high levels of nursing care for people with physical disabilities and conditions, including young adults and older people, for permanent and respite care.

At the time of our inspection the registered manager was not in place.

'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 and associated Regulations about how the service is run.' The registered manager had not been working at the home for a year and had failed to notify the Commission. There was an acting manager in post who had applied to become the registered manager.

The experiences of people were positive overall. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good.

The home met people's nutritional needs and people reported that they had a good choice of food. Links with healthcare professionals were developed and they stated that the home followed their advice and delivered appropriate care.

Summary of findings

Systems and processes were in place to keep people safe and any required improvement that was needed. The home did not have suitable numbers of regular staff with the required skills and experience. Vacant posts needed to be filled, to ensure consistent staffing numbers were maintained. The home had suitable arrangements in place, using agency staff where needed. This meant people may experience inconsistent levels of care and support.

People's needs were assessed and care plans were developed to identify what care and support they required. Staff liaised with other healthcare professionals to obtain specialist advice to ensure people received the care and treatment they needed.

Staff were patient and polite when supporting people. Staff supported people to eat and they were given the time to eat at their own pace staff asked if they had finished or wanted more. Staff supported people to maintain their dignity and were respectful of their right to privacy.

Most staff felt supported by management to undertake their roles. They had not been receiving regular, formal, supervision and appraisal.

People had access to suitable activities which they enjoyed. Activities took place in and out of the home with regular trips out to local attractions. This included trips to local shops, dog racing, bowling and garden centres.

Resident and staff meetings were not regularly taking place which was missed an opportunity for staff and people to feedback on the quality of the service. Staff and residents told us they would like more regular meetings and felt them to be beneficial.

There was a lack of quality assurance and audit processes. For example the acting manager was not aware of all accidents that had not been followed up and not all complaints had been dealt with effectively.

Staff and management of the organisation were consistent in what they thought were the key challenges faced by the organisation. The majority thought that staffing issues had an impact on the home. The home were planning to address this issue with a new recruitment process.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. This meant people may experience inconsistent levels of care and support. People expressed concerns about the responsiveness on levels of staff at night especially agency staff that were used regularly.

Accidents and incidences were not always followed up which could pose a risk to people's safety in the home.

People felt safe in the home. Staff understood the importance of protecting people from harm and abuse.

Requires Improvement

Is the service effective?

Some aspects of the service were not effective

We found some staff were undertaking invasive procedures but saw no record of training and competency assessments for this.

People thought the food was good. They said they had a choice of quality food. We saw people were provided with appropriate assistance and support to eat and drink. Staff understood people's nutritional needs.

People thought that care was effective and they received appropriate healthcare support. People were referred to relevant healthcare professionals in a timely manner and their advice was acted upon.

Requires Improvement

Is the service caring?

The service was caring. People said staff were kind, caring, treated them with dignity and respected their choices. Staff displayed patience and understanding towards people.

People were treated with kindness and positive, caring relationships had been developed with staff who regularly worked at the home.

People were involved in their care plans and had input into decisions about their care.

Good

Is the service responsive?

The service was not consistently responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs. These documents were updated to reflect any changes in people's needs.

We saw no evidence of regular resident and relative meetings being held to obtain people's feedback.

Requires Improvement

Summary of findings

Complaints were not always followed through, so the home could not always learn from these.

Is the service well-led?

Some aspects of the service were not well-led.

There was a transparent culture at the home that created an inclusive atmosphere.

Staff and management were consistent about the key challenges which the service faced. We saw there were improvement plans in place to address these.

There was a lack of quality assurance and audit processes in place to monitor the quality of the service and make improvements where necessary.

Requires Improvement

Baytrees Nursing Home

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 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.

This inspection took place on 29th October 2014 and was unannounced.

The inspection team consisted of three inspectors.

Before the inspection 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 home. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people, two relatives, three care staff, two nurses, one team leader, the deputy manager, acting manager and the provider. We observed care and support in the communal lounge during the morning and afternoon and we spoke with four people in their rooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We also spent time observing the lunchtime experience people had and part of a medication round with an RGN (Registered General Nurse) who administered people's medicines.

We reviewed a range of records about people's care and how the home was managed. These included the care records for four people, three medical administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, cleaning records, audits and incident reports and any other records relating to the management of the service.

After the inspection we spoke with the Local Authority Safeguarding Team and a GP who visited the home regularly to gain feedback.

Baytrees Nursing Home was last inspected on 4th November 2013 and there were no concerns.

Requires Improvement

Is the service safe?

Our findings

Most people were able to communicate with us verbally. One person said "Staff keep me safe, I can choose to go out or not". Another person told us "staff care and want to know how I am, they take time to ask and give the personal touch and make me feel safe".

Staff were visible and people were attended to within reasonable time frame when a call bell was pressed. One person was receiving one to one care and we observed the member of staff consistently stayed with them. Four people told us they thought there was enough staff in the daytime but not always at night. One person told us "I rang the bell for ages one night and it took them a long time to answer, it all depends who is on shift". One relative told us "I think people are waiting much longer for night staff if they need the toilet".

People and their relatives said the home was clean and homely. One relative told us "the home is pretty clean and it has never smelt here, the room is always tidy and it's quite homely and my mum feels safe and comfy here". People told us staff used Personal Protective Equipment (PPE) that included gloves and aprons when carrying out care for them. During our inspection we saw staff using PPE and hand gels which were available around the home. The home was clean and they had cleaning schedules in place to control the risk of infection. Another relative told us they thought, "The conservatory looks extremely cluttered and not really a nice lounge, I understand if they have nowhere to store things, but it's not nice". The provider told us that they had a leak in the conservatory roof and were acting on the problem. On the day of our inspection we observed workmen attending to the roof.

When we spoke with other people and staff, some informed us of their concern of a new staff schedule that was being worked on and would reduce staff on a night shift. The acting manager and provider told us they were working on a new staff schedule that put more staff on at key times of the day and reduce staff at other times when they were not needed. They did stress this was just a proposal and they were still working on the schedule and any changes would involve meetings with people and staff. They said they were in the process of recruiting staff through a new agency to ensure they recruited suitable new staff and had four interviews to undertake. The provider also told us they have had problems with staffing, they did use agency staff when needed and tried to ensure that the same agency staff came to the home for continuity of care.

We saw the service had skilled and experienced staff to ensure people were safe and cared for throughout the day. The service were relying on agency staff on some night shifts and had a plan in place to resolve the issue and recruit new staff.

There were policies and procedures in place to ensure medication was managed and administered safely. Medicines were safely administered by the Nurse on duty. All medicines were stored securely in a locked medicine room and appropriate arrangements were in place in relation to obtaining and disposing of prescribed medicine through a local pharmacy.

We observed a medication round with the Nurse. She was able to describe how she completed the medication administration records (MAR) and we witnessed this during the medicines round. Medicines were stored appropriately in a locked trolley which was not left unattended when open. The member of staff was polite and sensitive to people's needs whilst administering their medicines. For example the member of staff knocked on people's doors before entering, asked if

they would like their medication and explained what the medication was for. Once administered they completed the MAR sheets correctly.

Staff were knowledgeable in recognising the signs of abuse and the related reporting procedures. Any concerns about the safety or welfare of a person were reported to the acting manager who assessed the concerns and reported them to the local authority's safeguarding team as required. Staff were knowledgeable about safeguarding and one member of staff told us "We do lots of safeguarding training and we can access policies and procedures if we need to". This ensured

that staff had the skills to recognise abuse and how to respond appropriately.

Assessments were undertaken to identify risks to people who used the service. When risks were identified, appropriate management plans were developed to mitigate the risk. For example, one person was at risk of pressure ulcers and staff regularly evaluated the

Requires Improvement

Is the service safe?

effectiveness of pressure relieving equipment. The person was to be turned regularly to redistribute the pressure on their body. This helped to reduce the risk of skin breakdown for this person. Risk assessments were in place for other areas such as moving and handling, nutrition. Where the risks were identified, care plans were put in place for staff to follow which provided information on how to keep people safe. One member of staff told us “Everyone has the right to do what they want, the risk assessments and care plans help us to provide safe care”.

Staff took appropriate action following accidents and incidents to ensure people’s safety and this was recorded in the accident and incident book. We saw evidence of these but also found that some had not been followed up which could have an impact of peoples safety.

Requires Improvement

Is the service effective?

Our findings

People told us that overall they received effective care. However, they raised concerns that night staff did not always have knowledge of their needs and preferences.

People spoke positively about their food and one person told us "I am given choices with the food, staff will offer me something else if I don't like what is on offer and always offered more". Another person told us "I am offered choices, really happy with the food".

People were supported to have a balanced diet of their choice and sufficient fluid intake.

We saw detailed records of people's dietary requirements and needs. There was also a copy of this in the kitchen so the chef was kept up to date with people's requirements. This took into account people who were on soft food diets or required food pureed as well as people's likes and dislikes.

At lunchtime we used our Short Observational Framework for Inspection (SOFI) and observed five people. We found that there were good interactions between staff and people. Staff supported people to eat their dinner, giving encouragement when needed. Some people required assistance to eat their meals. Staff ensured the people were given time to eat their meals at their own pace, often asking them if they were finished or wanted more. People were supported to eat in their rooms if they chose to do so. Staff gave people choices regarding their meals and people were given options that were not on the set menu for that day. Staff created a pleasant atmosphere for people to enjoy their lunch.

Drinks were available throughout the day and staff asked people if they wished to have a drink. Fluid balance charts documented regular fluid intake for people who were at risk from dehydration.

People told us they received appropriate healthcare support. People said "The GP visits regularly and anyone can see him." Care plans showed people were routinely referred to community health professionals such as dieticians, community nurses and doctors and the outcome of these visits was documented to assist care staff in meeting peoples needs. One person told us "I am always able to get access to a doctor if I need one. The staff will always ask me if I want to go to hospital or if I want a doctor. The doctor will always come in and see me that day". After the inspection we spoke with a health care professional who spoke positively about the care in the home. They told us "The patients I see have a detailed care plan which are comprehensive and clear, the standard of care appears to be very high and patients I see are generally comfortable, clean and content".

Care staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. People were given choices in the way they wanted to be cared for. The acting manager told us no one was subject to a Deprivation of Liberty Safeguards (DoLS) application. The CQC has a role in monitoring services and this is where an application can be made to lawfully deprive a person of their liberty where it is deemed to be in their best interests or for their own safety. We saw evidence of mental capacity assessments in care plans. If people did not have the capacity to make specific decisions staff involved their family or other healthcare professionals as required to make the decision in their 'best interest' as required by the Mental Capacity Act 2005.

Staff records showed staff were skilled and trained and up to date with their essential training. This included infection control, moving and handling and first aid. The training plan documented when training had been completed and when it would expire.

Senior care staff were undertaking invasive procedures such as enema's we were told by the acting manager and the staff themselves they had definitely been trained and assessed. We saw no evidence of training and competency assessments on their staff records. The acting manager was unable to find the documents to confirm this.

The majority of staff appraisals were undertaken in 2010. We spoke with the deputy manager who confirmed that this was the last time. However we were shown appraisal records for six staff which had taken place in 2014. The manager was in the process of ensuring all staff would have an up to date appraisal. We were shown a new supervision document the home had worked on and were told all staff were due to undergo supervision.

Good

Is the service caring?

Our findings

People were very complimentary about the attitude of the staff employed by the home who they said were kind and caring. One person told us "The staff are really friendly with a caring way about them". A relative told us "When I have seen staff with my mum they have been very caring".

People said their privacy and dignity was respected. When staff were providing personal care they were asked beforehand and doors were closed. We observed that this was routine practice by staff. One person said that they were happy they lived at the home and the staff were kind and caring. A member of staff explained to us the importance of maintaining privacy and dignity. They gave examples of always knocking on someone's door and wait their permission to enter, ensuring that people were kept covered while doing personal care and supporting them to choose weather appropriate clothing.

People were involved in making decisions about their care. They were aware of their care plans and had input into them. One member of staff told us how important person centred care was and that staff supported people with what they wanted to do. Care plans detailed people's preferences in their care and there was a care summary of their daily activities.

We observed staff demonstrating patience and understanding of people's needs. One member of staff assisted a person to drink. They talked to the person throughout encouraged them and showed great understanding of their needs. Afterwards the person told us "The main staff are really caring and help me with everything". One staff member spent time discussing the planned activities for the afternoon; there were positive interactions between staff and people and the atmosphere felt pleasant. There was a good gentle rapport between staff and people.

One member of staff told us "we work around the person's needs, wants and wishes. I am encouraged to think about what the person wants, I am resident focused". Another member of staff showed us work they had been doing to improve the care at the home. This included colour coded charts for various care duties to ensure staff were focused on the needs of the people. They told us "we strive for quality care, the home has a relaxed atmosphere and the staff work really hard".

The acting manager told us they felt the home had a homely family feel. They felt the care staff were excellent at their jobs and people at the home were complimentary about them. They felt they worked well as a team to ensure the people received great care at the home.

Relatives told us they were kept informed by the staff about their family member's health and the care they received. One relative said, "The care staff are friendly and talkative and keep me updated". Staff told us how important it was to ensure relatives and friends of people were kept up to date with their care.

Requires Improvement

Is the service responsive?

Our findings

People had access to suitable activities and could choose what they wanted to do. For example, one person said "There is always something going on in the home, we have bingo and trips out". A range of activities was on offer throughout the week conducted by staff and external entertainers. People told us they had recently been to bowling, shopping trips, and dog racing and gone out for lunch. Activities were displayed on a notice board in the lounge. One person told us they like to go to the local shops and staff would accompany them when they wanted to go.

Arrangements were in place to assist people to access events outside of the home and maintain relationships with family and friends without restrictions. One person told us "We are going to the garden centre today, it is nice to get out and have lunch and look around". Another person told us "When I was recently unwell and not eating, my family knew I liked KFC so the staff made up a nice table and my family and I had the meal altogether, I now do this once a week".

People's records provided evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate and responsive care. These assessments included

diet and nutrition as well as aiding with mobility. Information had been added to plans of care as people's needs changed. People confirmed to us that their care plans were reviewed and amended to incorporate changes in their needs. Care plans had all been recently reviewed and updated.

People told us that the home was responsive in providing care to meet their needs. For example, one person told us they now needed assistance with positioning in their bed and staff regularly came to see if they needed any help.

Care staff told us that daily handovers did not always take place so that the next shift were updated about changes to peoples needs. One member of staff told us "If it is busy at 2pm the staff coming on duty may miss the handover and just get stuck in, but the nurses always do the handover". This could have an impact on people for example staff may not be aware of any changes in a person's well being that day.

Regular residents meetings at the home were not held. One person told us that the last meeting was earlier in the year and that they would like more residents meetings. The acting manager told us they were planning for more to be held. This could impact people, feeling they are not being listed too or valued.

People and relatives said they felt comfortable in raising any concerns. This was confirmed by examples given of complaints made and the various routes by which this could be done. Feedback about whether complaints were dealt with was mostly positive. However, the service did not consistently provide feedback and follow up to the complainant to ensure they felt listened to.

One person told us they felt staff did not always listen to them. They told us "I have raised concerns, sometimes they are taken up and sometimes they are not, you don't get any feedback"

We looked at the complaints the home had received recently, and found they had been investigated by the deputy manager with follow up information provided by them. We could not find that detailed feedback had been given to the person who made the complaint.

People's relatives told us they felt comfortable talking to care staff and were able to raise any concerns. They felt their concerns would be listened to and usually dealt with.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager in post as required by their registration with the CQC. The last registered manager had not been in post since October 2013. The acting manager had been in post since the beginning of the year and was currently going through the CQC registration process.

One relative told us "I don't have much contact with management at all, I don't see them. If I had any concerns I would have no problem raising them. Another relative told us "I have raised concerns before and I am able to gain access to the manager".

There was a transparent culture at the home that created an inclusive atmosphere. People felt regular care staff were caring and supportive to their needs. On the inspection we observed the focus was on people who were receiving personalised care from committed and caring staff.

The acting manager told us she operated an open door policy for anyone who would like to discuss any issues with her. Staff we spoke with told us they could go to their manager with any concerns they had. She said she tried to support everyone in the home but has had challenges since taking on the role as acting manager. These included staffing issues and quality assurance and audit processes. They felt they had full support from the provider and they knew what was needed to improve and were working hard to achieve this.

Resident and staff meetings were not regularly taking place which was a missed opportunity for staff and people to feedback on the quality of the service. Staff and residents both told us they would like more meetings and felt them to be beneficial. This meant the manager was unable gain regular feedback from the people about the service and any comments they may have.

There was a lack of quality assurance and audit processes. For example the acting manager was not aware that all of the accidents had not been followed up and not all complaints had been followed through. This showed the home could not learn from accidents and incidents and that quality assurance systems at the home were not robust and required improvement to ensure risks were identified and quickly rectified.

The home had recently received the results of a quality monitoring survey. People who were unable to complete the survey themselves had help from care staff. The majority of people felt their quality of care was good and they felt safe at the home. The majority also answered the question "do you feel the managers are around enough?" as fair. Thirteen out of twenty people answered the question 'Do you feel there are enough staff?' as poor. We were also shown the report from the findings which detailed what actions were being put in place to deal with the key areas of concern. This included a new recruitment process that was implemented.

Staff and management of the organisation were consistent in what they thought were the key challenges faced by the organisation. The acting manager understood the areas of improvement needed and felt supported by the provider to work on the challenges. People raised concerns of agency staff being used frequently and not understanding their needs fully, especially at night time. The provider and acting manager told us of their recruitment plans that were in place to address this. Comments from the report on the recent survey included, high use of agency staff as a negative answer, as agency staff did not know the service as well as permanent staff. This was demoralising for the permanent staff that had to carry the work load, and people who had not formed a rapport with them. We discussed staffing with the provider and the acting manager who told us they had changed their approach to recruitment and had employed a new agency to assist with this matter.

Although staff had not been receiving regular appraisals they told us that they felt supported and well trained. The acting manager had identified that the frequency of formal support for staff needed to improve and had devised a plan to address this.