Baytrees Homes Limited

Baytrees Nursing Home

Inspection report

Baytrees
1 Highfield Road
Worthing
West Sussex
BN13 1PX

Tel: 01903693833

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Baytrees Nursing Home is a residential care home providing personal and nursing care to up to 30 people with a variety of health care needs, such as Parkinson's disease, stroke or frailty of old age. At the time of our inspection there were 27 people using the service in one adapted building.

People's experience of using this service and what we found
Some medicines had not been disposed of as required. Prescription labels for some of these had been removed and the medicines retained in stock. Some medicines had been removed from their packaging so it was not clear who the medicines had been prescribed for. People were at risk of receiving medicines that had not been prescribed for them.

Systems for monitoring and measuring the service overall had not identified issues found at this inspection.

The home was clean and well-maintained. One person said, "They come in and clean my room. If I'm sleeping, they won't disturb me. They keep the house clean and if they didn't, they'd get an earful from the boss!"

People felt safe living at the home, and staff were trained to recognise signs of potential abuse and how to protect people from the risk of harm. There were sufficient trained staff to meet people's care and support needs, and new staff were recruited safely.

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

People's diverse needs were recognised and catered for by staff who felt supported in their roles. One person said, "I think it's good here, it's all right".

Residents' meetings were organised and enabled people to comment about the care they received; these were reviewed and actions taken if needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 21 July 2021).

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this report.
For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Baytrees Nursing Home on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the disposal and storage of some medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Baytrees Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by one inspector.

Service and service type
Baytrees Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Baytrees Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service, including notifications which the provider is required to send to us by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with four people about their experience of using the service. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We also spoke with the registered manager, two registered nurses, a senior carer, and a healthcare professional who was visiting the home at the time of the inspection.

We reviewed a range of records including five care plans and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- Some medicines had not been disposed of as needed. Prescription labels had been removed from three medicines, for Lansoprazole (to reduce acid in the stomach), Senna (to ease constipation), and Amoxycillin (an antibiotic used to treat infection). By law, medicines prescribed for an individual are for use by that person only, and should not be administered to another. There was a risk these medicines could be administered to a person without this being authorised by the relevant healthcare professional, as the medicines had not been disposed of.
- Some medicines had been removed from their containers, so it was not clear who these had been prescribed for. These medicines included a glycerine suppository, four Paracetamol, five Ventolin nebules (to reduce breathlessness), Senna, and eight Co-codamol in a blister pack. There was a risk these medicines could be administered inappropriately. Medicines removed from their packaging and without a prescription label should be disposed of.
- Medicines for four people, who had passed away several weeks ago, had not been disposed of.

The provider had failed to ensure medicines that were no longer required were disposed of safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the above issues with the registered manager and the nominated individual. They asked the nurse on duty to look into the concerns raised, and medicines that should have been disposed of were later removed from the medicines room.
- Other aspects of medicines were managed safely.
- One person said, "I have all sorts of medicines, all at the same time. The nurses give me my medicine".
- We observed a nurse giving people their medicines at lunchtime. The administration of these was managed safely and in line with good practice.
- Medicines were ordered over a 28-day rolling cycle. People received their medicines as required.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. When we arrived at the home, we observed that no staff were wearing disposable face masks. One staff member told us that since all staff had tested negative for COVID-19 at the start of their shift, there was no need to wear face masks. This was incorrect and against government guidance. The registered manager told us they constantly had

to remind staff of the need to wear disposable masks when working at the home. Staff were wearing masks for the rest of the time we inspected and after the registered manager arrived at the home.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

We showed the nurse on duty the current government guidance with regard to the wearing of PPE; the registered manager understood the requirements of this guidance.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse or harm.
● People told us they felt safe living at the home. One person said, "I do feel very safe. Staff keep outside doors locked so I do feel secure". Another person referred to feeling safe and added, "It's just the way it is. They look after you too when you go out".
● Staff had completed safeguarding training. One staff member explained, "It's really regarding any concerns that people aren't looked after adequately, any issues regarding staff, and just the general running of the place. Any concerns I would report to [registered manager]. Any concerns brought to me I would pass on. We often get people coming in from hospital where discharge summaries tend to be lacking and that can put people at risk".
● As well as a safeguarding policy, the provider had a whistleblowing policy. One staff member told us, "We do have a policy. I feel like I'm working in a safe environment. I know I have people I can talk to. I would go to my team leader, or a nurse or management".

Assessing risk, safety monitoring and management
● Risks to people were identified, assessed and managed safely.
● Care plans included information and guidance for staff about risks. One person said, "I can go downstairs independently from my room, but I will often call staff. I do manage all right though". This person's care plan included a risk assessment relating to their mobility and that they were at risk of falls.
● We reviewed a range of risk assessments, including for skin integrity, nutrition and hydration, continence and catheter care. A staff member said, "Often on the pre-assessment, [named registered manager] will see if someone is suitable and we use that information as an interim care plan. I will then write-up the care plan about the person, their relatives and any notes. It's a joint discussion. We include whether a person has capacity, their previous medical history, all of this is converted into a care plan and tweaked to make it person-centred".
● Wound management plans were implemented for people at risk of skin breakdown or who lived with pressure ulcers. Healthcare professionals such as tissue viability nurses were consulted.
● Personal emergency evacuation plans included what support people required should the building need to be evacuated. Fire safety checks were completed by external contractors.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
● Staff had completed training on MCA and DoLS. One staff member explained, "We assess people for mental capacity regarding decision making. We make sure people understand and retain information. We're also aware that people with capacity can make an unwise decision as well. We would apply for DoLS when people lack capacity. Someone would then come out and do an assessment and we know when a DoLS needs to be renewed".

Staffing and recruitment
● There were sufficient trained staff to meet people's needs.
● One person said, "Usually staff come quickly when I ring my call bell; sometimes you have to be patient, but there's always staff around and they seem nice. They're certainly nice with me".
● Staffing levels were assessed with reference to a dependency needs assessment tool.
● Staff told us there were enough staff on duty. One staff member said, "Generally speaking there are enough staff. We do have enough time to spend with people. A lot of people have made friends here and they enjoy having a good chat with each other".
● New staff were recruited safely. Records showed that new staff completed application forms and provided information on their employment history. At least two references were obtained and Disclosure and Barring Service (DBS) checks were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Visiting in care homes
People received visits from their friends and relatives by appointment. Visitors were required to wear face masks, unless exempt, to wash or gel their hands, and to have a negative lateral flow device test result for COVID-19.

Learning lessons when things go wrong
● Lessons were learned when things went wrong.
● An incident had occurred when a person had become severely unwell and it was not clear whether they should be resuscitated or not when they went into cardiac arrest.
● 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) forms were completed for some people in line with their wishes and authorised by a healthcare professional. In the incident described above, the DNACPR form could not be found quickly, although paramedics promptly arrived and took over supporting the person.
● As a result, a system was implemented where red or green stickers indicated whether a person did have a DNACPR form or whether they should be resuscitated. This system provided staff with a quick reference so they immediately knew what action to take in an emergency.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

● Systems were not always effective to monitor the overall running of the service or to drive improvement. Issues found at this inspection and written about in the Safe section of this report had not been identified through the audits. This is an area for improvement.

● Some audits had been completed on a range of areas effectively. Accidents and incidents were recorded and analysed for any patterns or trends. Care practices, catering, and equipment testing were reviewed and audited appropriately.

● The provider's policies with regard to admissions, the management of COVID-19, and visiting contained detailed information and guidance which staff followed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● People received personalised care that met their preferences and support needs.

● Staff understood the concept of person-centred care and we observed this in practice. One person said, "The care is good and I can't fault it. I can go out if the weather's nice, to the shops, the beach or on the pier. We can choose".

● A staff member told us, "Care is tailored to meet the person and we ask as much as we can, like what people want to wear, what they would like to eat, whether they want to spend time downstairs. I think we are very person-centred".

● The registered manager understood their responsibilities under duty of candour. They explained, "If something goes wrong, we will report events. It's about transparency and explaining to the family. When we had a staff incident, we communicated what had happened to people's families and the action we had taken".

● Notifications that the provider was required to send to us by law had been received as required. The registered manager demonstrated a clear understanding of their role and responsibilities with regard to regulatory requirements and compliance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People were encouraged to be involved in all aspects of the service, and the last residents' meeting had taken place in April 2022. One person said, "We do have meetings, and if I'm feeling sad or unhappy, staff

ask me about that and whether I am happy here".
● Formal feedback from people and their relatives had not been gained recently. People were asked for their views individually in an informal manner. Compliments were recorded and retained on file. One relative had written, 'As a family, we can't thank you all enough for the care and attention you gave to [named person] for so long … so much love to you all'.
● Communication care plans provided information about people. One person required the written word to be in large print and in easy-read.
● People's religious and cultural needs were catered for. One person's religion meant they prayed at certain times of the day, and could not eat some animal products. Staff understood this person's wishes and the significance of enabling them to practice their religion.
● Some staff required assistance with understanding the written word, and so they received additional support.
● Staff felt supported and valued in their roles. One staff member said, "[Registered manager] is very approachable and we do try and have regular staff meetings. We communicate quite well and the manager will ask for my opinion". Another staff member told us, "I very much feel supported. Staff feedback is anonymous and after a staff meeting, we're given a piece of paper for things we might want to raise which is all anonymous. This can make it more comfortable to raise things. I once suggested a specific slide sheet be used to help one person and it really helped them". This staff member added, "I love the residents. I know you shouldn't get too attached, but they're like a second family. They brighten up my day knowing I've made them smile".

Working in partnership with others
● The provider and registered manager worked with a variety of health and social care professionals, including GPs, occupational health and specialist nurses.
● On the day of the inspection, we met with a visiting healthcare professional who was recording the voice of one person. The recording would then be used as part of a therapy tool to help them communicate when they were no longer able to use their voice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always disposed of safely as required. People were at risk of receiving medicines that were not prescribed for them. Regulation 12 (1) (2)(g)