Baytree Community Care (London) Limited

Baytree Lodge

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

We inspected this service on 31 October 2017. The inspection was unannounced. Baytree Lodge is a care home registered for a maximum of twelve adults who have mental health needs. At the time of our inspection there were eleven people living at the service. The residential care service is located in two large adjoining houses, on two floors with access to a back garden. The provider is also registered to provide personal care at a supported living unit for two people in a house next door. This inspection covered both services.

We previously carried out an unannounced comprehensive inspection on 27 September 2016 and found there were two breaches of regulations, one in relation to staffing and the other for the safe administration of medicines. We took action against the provider and issued a Warning Notice for the breach relating to medicines. We told the provider they must meet the requirements of this regulation by 28 November 2016. A focused inspection in January 2017 found the provider had met the requirements of the Warning Notice.

At the time of the inspection there was a registered manager 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 2008 and associated Regulations about how the service is run.

At this inspection we found the provider had ensured staff were provided with training in key areas and an up to date log of training was in place so the registered manager could ensure staff undertook refresher training as required. Supervision took place on a regular basis for staff.

The service assessed and managed risks relating to care delivery. Risk assessments were up to date and covered a broad range of risks. Care plans were person centred and contained detailed information on people's preferences and routines.

People told us they were happy living at the service, and that staff were kind and caring. People received care and support from staff who responded to their individual needs and preferences, and who had the knowledge and skills needed for their care roles.

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

People living at the service, relatives and other health and social care professionals spoke highly of the registered manager and told us they were approachable and responsive to any issues raised. We could see the registered manager worked in partnership with health professionals to meet the needs of the people living at the service. Records showed that preparation and multidisciplinary working that had taken place to facilitate the smooth transition of a new person to the service.

Staff told us they felt supported in their role, and we could see from meeting records that the registered manager involved both staff and people living at the service in how the service was run.

Medicines were safely managed. People's finances were managed in an organised and effective way.

Staff understood the importance of safeguarding and the service had systems to help protect people from abuse and ensure safe staff recruitment practices occurred.

The service was clean throughout and there were hygiene controls in place to ensure that the kitchens were kept clean and food was safely stored. The provider was working through a plan of improvements to the service.

The registered manager undertook quality assurance audits in medicines and hygiene. The provider's Quality and Systems Director undertook six monthly audits across a broad range of areas including finance, care planning and training. We could see when tasks highlighted from these actions plans were completed. In this way the service was seeking to continually improve the service.

Utilities such as gas, electricity and health and safety checks had been undertaken in the last twelve months.

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. Medicines were stored safely.

Staff were safely recruited.

People living at the service told us they felt safe living there.

Risk assessments were up to date and covered a range of identified risks.

Is the service effective?

Good

The service was effective. Staff had undertaken training in key areas and received regular supervision.

People had access to healthcare and the service worked in partnership with health professionals to support people's good health.

Staff understood the importance of consent and appropriate documentation was in place for people whose liberty was restricted.

Is the service caring?

Good

The service was caring. We saw staff were kind and caring and people told us they enjoyed living at the service.

Staff understood people's routines and supported them to be as independent as possible.

Records showed people were involved in the planning of their care and people told us they could give their views as to how the service ran.

Is the service responsive?

Good

The service was responsive. Care plans were up to date, were person centred and gave details of people's preferences and goals. Regular key working sessions took place to assist people in achieving these.

People were supported to attend activities and sports facilities locally. The service had recently set up art therapy classes and ran baking sessions at the service.

People told us they knew how to make a complaint.

Is the service well-led?

Good

The service was well led. The registered manager had been working at the service for twelve months and had contributed positively to how the service was run.

The provider had effective quality assurance processes in place, and we saw regular audits took place in key areas.

Baytree Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 October 2017and was unannounced. The inspection team comprised of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service including notifications they had sent us and information from the local authority.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit, we spoke with four members of staff including the registered manager and the Quality and Systems Director.

We checked medicines storage and records related to medicines. We looked at care records for three people using the service. We talked with seven people living at the service and a person who lived in the supported living unit next door.

We looked around the premises including looking at one person's bedroom. We looked at records relating to quality audits and maintenance of the service. We looked at training records for the team and supervision records for three staff. We also looked at the recruitment process for three staff and checked how people's money was managed by cross referencing receipts with records.

After the visit we spoke with three health and social care professionals and two relatives.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at the service. People said, "Relatively, yeah, depends how people are treating you at the time. I like it here though" and "Yeah. I think it is brilliant." We asked people if they felt scared by the behaviour of other people living at the service. People told us, "No" and "Not really, no." People told us staff protected them to help them feel safe.

We asked people if there were enough staff available to meet their needs. Two people told us, "Yeah" Another person said, "[Staff name] is wonderful towards me." Rotas showed there were three care staff on duty in the day and two care staff at night, one of whom slept in at the service. The registered manager worked at the service from Monday to Friday 9.00am-5.30pm. Staffing levels had increased to meet the needs of a new person who had moved to the service. Additional staff were on duty if people needed support to attend appointments.

Medicines were safely stored and managed by the service. Checks of stocks were made on a daily basis as part of the staff handover. We were aware of an incident earlier in the year when a person had been unable to access their insulin but there were measures in place now to minimise this happening. People were supported to be independent with medicines if they were able. We asked people if they understood what medicines they took and if they received them on time. One person told us "Yes" to both questions.

Risk assessments were in place and up to date. They provided guidance for staff on how to manage people's behaviours and outlined triggers or symptoms to watch out for. For example, one person's risk assessment outlined what activities and which music helped calm a person when the voices in their head were particularly troubling to them. Staff understood people's mental health needs and were able to tell us how they managed people's behaviours.

Staff could tell us the different types of abuse and understood the importance of safeguarding and knew what to do if they had any concerns. Staff told us the importance of safeguarding others if a person at the service became unwell and agitated or aggressive. Staff understood how to whistle blow if they had concerns that were not being dealt with by the organisation.

The service was clean throughout and food in the main kitchen was safely stored and labelled. The kitchen used by people living at the service was clean but a food product in the residents' fridge was labelled but not fully covered on our arrival. By the end of the day the registered manager had bought containers to store opened food products and these were in use in the fridge. There were systems in place to evidence cleaning had taken place and fridge and freezer temperatures had been checked to ensure food was safely stored. Colour coded mops and chopping boards were in use to minimise spread of infection. People told us, "Yeah, it is clean", "They clean toilets, kitchen, stairs and my room" and "It is spotless here, very clean."

Staff recruitment records showed criminal records checks and work references were in place prior to staff starting work. This meant staff were considered safe to work with vulnerable people.

People's money was safely stored and accounted for. Balances and receipts were audited as part of the quality assurance process.

Accident and incident forms were completed by staff in a timely way, and were overseen by the registered manager. We could see that learning had taken place following an incident. For example, staff were recommended to "back off" from a person when they returned from visiting a particular place as this contributed to a person's stress levels.

Good

Is the service effective?

Our findings

At the last inspection in September 2016 we found a breach of the regulations as the acting manager had not undertaken training in the key areas of safeguarding, mental health or Mental Capacity Act 2005.

At this inspection we found all staff had undertaken training in key areas including those above. In addition people had been trained in food handling, diabetes awareness, challenging behaviour and administration of medicines. Epilepsy training was in the process of being booked and staff had had interim advice and guidance in managing seizures to ensure one person's recently identified needs were met. The registered manager had a training matrix to prompt when refresher training was required and they told us training was discussed in supervision.

We asked people if staff had the skills to meet their needs. People told us, "Yeah, very much so" and "They have, yeah." We saw staff had a calm approach and temperament and this was helpful in diffusing situations when people became agitated. Family members and health professionals working with the service told us staff were skilled and had the knowledge to meet people's needs. One relative told us "They listen. They know [person's name] and what works for them." One staff member told us "We are always learning."

We saw staff were regularly supervised and they told us this was helpful and provided an opportunity to discuss their learning needs. New staff were undertaking the Care Certificate, a nationally recognised care qualification. The registered manager was studying for a higher level nationally recognised management qualification to support him in his role.

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. The registered manager had applied for DoLS for one person who required it. The remaining people were free to come and go as they pleased. Not all people chose to have a key to the front door but these were made available to them. People who chose not to have a key had signed to say this was the case.

Staff understood the importance of consent and one staff member told us, "I will ask and if she or he says yes, I will do it [the task]." When we asked people if staff ask you before providing care, one person told us, "Yeah, they go out of their way to make sure everything is right."

Records showed people had access to both physical and mental health practitioners. Mental health practitioners told us that the staff worked in partnership with them and that the registered manager was very proactive in communicating with them if there were any concerns regarding people's mental health. A health practitioner supporting a new person to the service told us the registered manager had worked well to ensure there was a smooth transition to the service.

The service had two kitchens, one for the people who lived there to prepare drinks and snacks as they wished and another in which lunch and dinner were cooked by staff. The kitchen for use by people living at the service was closed late at night to minimise disturbance to other people and to discourage people from drinking coffee all night and then finding it difficult to function in the day. We asked people if they had a view about the kitchen being closed. They told us, "I am alright about it." Another person said, "I don't mind as long as it is opened when I need it."

We asked people if they were consulted about the kitchen being locked. One person told us, "Yeah we were." Another person said, "Probably." Another person said, "No." However they told us, "When I want something it is opened, so I am not worried." One person told us, "Residents go into the kitchen and it is like a bomb has hit it, it is best it remains locked sometimes." People told us the staff got them drinks, snacks or food if they wanted it, whether the kitchen was locked or not. We spoke with the registered manager about the kitchen being locked and he told us they were to review the practice at the next residents meeting.

Following the inspection the registered manager sent us the minutes of the meeting at which it was discussed and people confirmed they were happy with the arrangement. The registered manager told us they would continue to review the practice.

People living at the supported living service had facilities to cook for themselves but they had the option to eat in the care home if they chose to. On the day of the inspection one person joined the care home for lunch.

We asked people how the menu was decided. People's care records noted foods they liked. People told us, "It is chosen by all of us in a review meeting." Another said it was discussed in key working sessions and records confirmed this. Another person told us, "[They] go to the office, [they] know want I want to eat." We saw there was a varied menu and on the day of the inspection people told us they enjoyed their lunch. Staff prepared lunch and dinner with people making their own breakfast and hot drinks as they chose. The service had improved the range of breakfast options in recent months which people told us they appreciated.

Good

Is the service caring?

Our findings

We asked people if staff were caring and kind. They told us, "Definitely" and"Yes." Another person said "They are, yeah." Family members told us they thought staff were kind and caring as did health and social care professionals who worked with the service. A staff member told us "I make sure people receive the care they deserve."

We asked people if staff treated them with dignity and respect. We were told, "Yes they do" and "Definitely, very well." A person told us, "They knock on the door first." Staff were able to tell us how they were respectful. They talked about listening to people and understanding their point of view, and ensuring people had privacy. One staff member said they ensured they didn't "see people naked", they prompted and then left people to carry out personal care.

People told us they were supported to keep contact with family and friends. We were told, "I have two sisters and I see them every two weeks." There was evidence the service had previously risk assessed and supported people to safely engage in a consensual relationship at the service. This illustrated people were encouraged to have a full range of relationships. People's rooms were personalised with their own belongings.

We could see that there was a range of halal meat options to cater to one person's cultural needs. People were supported to attend church and one person went out independently to their place of worship.

People's involvement in their care was evidenced by their care plans and key worker sessions being signed. People told us they were involved in care planning. We could also see that regular residents' meetings took place. This enabled people living at the service to contribute to the way the service was run.

There is a garden at the service and this was well maintained and was used frequently by people for BBQ's or sitting outside. A number of people also used the area outside to smoke. On the day of the inspection there was a roof being placed over a seated veranda area in the garden, which would enable people to use the garden over the winter months. There was a covered smoking area in addition to the veranda.

People were encouraged to be independent and we could see from care records and key worker sessions how the staff promoted this. There was a rota for washing the dishes, clearing the table and the residents' kitchen. One person had moved from the care home to the supported living service in the period since the last inspection and so people could see there were options to become more independent.

We saw one person's end of life wishes were expressed in their care records. The provider told us that the death of a service user in the previous twelve months had prompted discussions with people, although not everyone wanted to talk about this sensitive subject.

Good

Is the service responsive?

Our findings

Care records were comprehensive covering a range of needs including social, mental health needs, personal care needs and mobility. They were person centred and included information regarding what foods and takeaway meals people liked to eat as well as people's habits. For example, one care record noted a person left dirty dishes in their room which periodically needed clearing to minimise pests and maintain good hygiene.

People's care plans also indicated activities people liked to do and whether they could do them alone or with support. Some people had active busy social lives meeting friends or family and attending the gym, or going swimming. Other people needed support to maintain these relationships and hobbies. There was an activities plan which was regularly reviewed. We saw that people went out with staff for lunch, went for personal grooming appointments and went to the shops and park locally. Art therapy was held at Baytree Lodge once a week and people told us they enjoyed this activity. People had baking sessions and some people enjoyed listening to music. The provider had recently purchased some equipment and software to improve the quality and range of music available at the service, and on the day of the inspection people were singing along to their chosen music in the lounge area.

The registered manager was keen to promote people's rights as citizens and had invited representatives of political parties to visit the service. We saw from a letter that the local MP was visiting the service in the weeks following the inspection.

Key worker sessions were detailed and relevant to people's life goals and personal development. The potential for moving onto more independent living was discussed with people where relevant.

The monthly key worker session format prompted questions to check in with people regarding their experience of care at the service. For example, people were asked 'How could we improve care?' 'Do you feel safe?' 'Do you have any complaints?' This was useful as it gave people space to air their views privately and we could see people raised issues here that were then dealt with. For example, one person discussed with their key worker that another resident asked them to do their domestic tasks, which they did not want to do. The key worker recorded the discussion and the ways in which the person could respond to assert themselves, whilst also offering to talk with the other resident if the issue persisted. Another session reflected a discussion a key worker had with a person to promote their assertiveness as this person was very generous in sharing their shopping with other residents but was at risk of being taken for granted.

This meant people had a chance to air any minor grievances or complaints at key worker sessions. Whilst the service had a complaints policy and information was available on the walls of the service to remind people of their right to make a complaint. There had been few complaints in the last twelve months. Those logged were dealt with promptly. There was also a suggestions box in the hallway, but this was empty on the day of the inspection. Relatives told us they were able to raise issues of concern and one relative told us the registered manager was, "Very easy to talk to and open." Another relative said, "[Registered Manager] will listen and do something about it" if an issue is raised.

Good

Is the service well-led?

Our findings

At the last inspection we had noted breaches of regulations in relation to staffing and medicines management. We had also made a recommendation in relation to improving quality audits to ensure they were effective. At this inspection we found improvements in all these areas.

At this inspection the registered manager had been in post for over twelve months. This was positive as prior to this; the service had not had a registered manager in post since 2015. The registered manager had established an effective way of working at the service and had established good working relationships with key stakeholders. Health and social care professionals were positive about the registered manager. One health and social care professional told us, "[Registered Manager's] is a 'sorter outer.'" Another health professional said the registered manager was very good at liaising, arranging and attending joint reviews, as well as updating them of concerns. A third professional told us the registered manager had, "lots of good ideas and is gently tenacious." The local quality improvement team operated by the council had worked extensively with the service and the provider was open and willing to work in partnership to make improvements. A relative told us they viewed the registered manager as "very good," and "ahead of their game."

We could see that the service was well led. Care records and risk assessments were up to date, detailed and relevant. Key worker sessions were taking place regularly as was staff supervision. Training for staff was up to date. The service was clean and well maintained and there were systems in place to prompt management tasks.

The registered manager worked effectively with the Quality and Systems Director to carry out and follow up on actions identified from audits in key areas including medicines management, care plan reviews, training and hygiene. We could see the action plans were effective as issues identified at the audit carried out by the Quality and Systems Director in June 2017 were rectified by the date of the inspection in October. The local pharmacist had conducted an audit in February 2017 and had found no issues with medicines management.

Staff told us they could contribute to the way the service was run and regular staff meetings took place. Records showed topics varied to include staff training as well as quality issues such as staff use of phones on shift and lateness. Staff told us they felt supported in their role.

The provider had recently opened a supported living scheme in the vicinity, in addition to the supported living service next door to Baytree Lodge. The new service did not carry out regulated activities and therefore did not require registration or inspection by the Care Quality Commission. This service was linked with Baytree as some staff from Baytree Lodge were working at the new scheme, and the registered manager was providing management cover at the service.

The registered manager and Quality and Systems Director told us staff were not working additional hours by working at the new scheme as there was capacity within the existing staff team. In time the provider

intended to have a separate staff team at the service once the service was operating at full capacity but the management of the service would remain the responsibility of the registered manager at Baytree Lodge, supported by the Quality and Systems Director.

The registered manager and Quality and Systems Director told us they were confident they were able to provide the management support at all three schemes without this impacting on the quality of the service at Baytree Lodge and the supported living scheme next door. They told us this would be kept under review.