



Inspection Report on

The Baytrees

Kilgetty

Date Inspection Completed

21/04/2023

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About The Baytrees

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bramble Bay Ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert] 22 nd February 2022
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People living at Baytrees are settled and are happy with the care and support they receive. They are offered choice and have control over their day to day lives. People have meaningful relationships with experienced and trained key workers who promote their independence and wellbeing.

Personal care plans guide care staff on the support that is required and how people would like their care to be delivered. Care records would benefit from being more detailed and are currently being reviewed by the manager and deputy manager. Reviews of personal care plans are undertaken however people and/or their representatives are not always consulted during reviews. The manager has assured us that this is being addressed.

Following recent changes in the Responsible Individual (RI), Manager and deputy manager, the team has become fragmented however most staff spoken with felt happy and supported and feel the changes have improved people's wellbeing and outcomes. The RI and managers are providing increased support to ensure care staff are able to discuss any concerns they may have and feel that staff morale is now improving. Care staff have not been receiving regular one to one supervision sessions and we found that not all staff have registered with Social Care Wales as required. The RI and manager assure us that improvements will be made and we will check this at the next inspection.

Well-being

People are supported and cared for in a caring and respectful environment. We saw positive interactions between those receiving and providing the care with humour and banter being used affectionately. It was evident that care staff know people well and have developed good working relationships with them.

There are opportunities for people to spend time doing activities of their choice and it is evident that people have a voice. One person had already left to go out locally in their wheelchair with a member of staff supporting and another person had chosen to go out for lunch; whilst another person was spending time tidying their bedroom. One person said, *"I've been out for lunch, it was my idea"*, another person told us *"You do whatever you want, as it comes"*. Independence is encouraged and during the inspection visit one person was being supported to do their laundry. The day centre at the nearby sister home has recently reopened and people have the opportunity of attending events and activities there if they choose.

Care documents show that people's physical and mental health is monitored and promoted through appointments with health professionals as and when required.

People feel safe and are protected from harm by staff who know the procedure to follow if they feel someone is at risk, whilst regular reviews and assessments promote independence. The entrance to the building is secure and all visitors require a staff member to open the door to allow access. A signing in book is used so that staff know who is in the building at any time. There are good infection prevention and control measures in place and they are in line with Public Health Guidance.

Friends and family members are welcomed and are able to visit at any time. Where transport is an issue support is provided and staff will take people to visit their families or pick them up to enable them to spend time at Baytrees.

We saw photographs of different celebrations and the dining room was still decorated from a recent birthday celebration.

Care and Support

Care staff are guided by up to date and accurate personal plans. These are mostly detailed with people's likes and dislikes clearly recorded and a pen picture provides care staff with people's background information. A section on 'How I need you to support me' assists care staff to understand people's needs in more depth to ensure the appropriate care and support is being provided in a way that people want. We found some personal plans would benefit from more detail on people's care and support needs. Daily care records are completed but these would also benefit from being more detailed on the care and support that has been provided and to provide a picture of how people spend their day and the outcomes they achieve. The manager and deputy manager are currently reviewing the records that are being used.

We saw up to date reviews of personal plans and risk assessments however they do not evidence that people and/or their representatives are involved. This was discussed with the manager and deputy manager who said that people and/or their representatives are informed if there are any changes to care and support needs but are not routinely consulted. The representatives we spoke with confirmed this. The manager advised that a new document has been created to use with people when undertaking reviews and they will ensure people are consulted as required. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

We saw home cooked meals and people are encouraged to choose and prepare their own food where possible. People said they enjoy the meals provided. Those who are unable to communicate verbally are supported to express their views and preferences through visual aids.

A Medication policy is in place, people receive their medication as prescribed and we found improvements with the Medication Administering Records (MARS) being completed correctly. We saw medication is securely stored and audits carried out to make sure medication is stored and administered safely and to identify any areas for improvement. Senior staff undertake medication competency monitoring with staff on a regular basis in line with the policy.

We saw people's body language and expressions indicated they feel safe and secure around the care staff who support them. A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse, and neglect. Records we saw evidenced staff had received safeguarding training and the staff we spoke with told us they understood the importance of reporting concerns and that they feel able to approach the manager with any issues or concerns.

Environment

The home is overall maintained well but would benefit from some upgrading. Some dampness remains in one bedroom and we have been informed by the RI that this will be addressed. The RI also advised that there is a plan of decorating and refurbishing throughout the home starting with people's individual rooms.

People live in a homely environment that is kept clean and supports the people that live there. People are able to move around the home freely and there is a garden and summerhouse where people enjoy spending time in the warmer weather, relaxing or doing some gardening. Bedrooms are spacious and people are encouraged to decorate them to their own taste and preferences. We saw personal items such as framed photos and ornaments in individual rooms. One person was tidying their room at the time of the inspection visit and demonstrated a sense of pride and belonging as they showed us around.

Infection control procedures are in place and care workers use all necessary personal protective equipment when providing personal care. We considered various records relating to health and safety, which evidenced the provider maintained effective oversight to ensure the environment is safe. Various fire-related safety checks are carried out and residents have personal emergency evacuation plans in place. We did find however that fire safety equipment had not been checked during recent weeks. The manager acknowledged that there had been an oversight and reassured us that this would be addressed immediately. There is a fire safety risk assessment and care staff receive training in fire safety and first aid.

Leadership and Management

There have been changes in management recently with a newly appointed Responsible Individual, Manager and Deputy manager. This has resulted in some members of care staff feeling unsettled and unhappy. The RI and managers are encouraging all staff to raise any concerns they have in order that they can be offered support. We saw evidence of meetings being arranged by the RI and staff have had the opportunity to meet with the RI and managers to discuss the recent changes and issues that have been raised. This is an ongoing process and the RI feels confident that staff morale is improving.

Most care staff spoken with told us they feel supported and are happy with the recent changes. One staff member told us *“Most changes are for the better, it is more flexible now, we can pick up shifts we want without feeling pressurised.”* Staff also commented that the changes have benefited the wellbeing of people living at the service and one said, *“We are going out more now, we are doing things, we have lots of things to look forward to”*. The decrease in Covid infections and change in guidelines has also enabled people to undertake more activities in the community again.

On the whole staff are happy and feel supported by senior staff and described the RI as *‘Friendly, supportive and approachable’*. We found that staff are supported however formal one to one supervision sessions have not been provided at least quarterly and therefore not meeting requirements. The provider also needs to ensure that care staff are registered with Social Care Wales as required. We found that several staff had not yet applied. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The staff files we looked at demonstrated that the necessary checks have been undertaken prior to employment commencing including; References and Disclosure and Barring Service checks. The management need to ensure that a full employment history is obtained and documented correctly for all staff.

Most of the Policies we looked had up to date information however the Statement of Purpose requires updating to ensure people have access to the correct information.

There is evidence of suitable service oversight and governance. The RI regularly visits the home and engages with people working and living at the service. They demonstrate quarterly oversight of resources and we saw the last quality-of-care review dated 15th March 2023.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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16	The provider has not been involving individuals and/or their representatives when reviewing personal plans on a routine basis as required under legislation.	New
36	Only two members of staff had received formal one to one supervision sessions with a senior member of staff in the last seven months. It is guidance that staff receive formal supervision at least every three months.	New
59	During the inspection visit the MARS chart was checked. Medication for one person had not been signed for but manager confirmed it had been administered at 8.30am therefore MARS chart was not correct. The individual's Medication plan was checked in her personal file and this did not correspond to the medication on the MARS chart. Manager informed that one medication had stopped but the Medication plan had not been updated in the person's file.	Achieved

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