



Inspection Report on

The Baytrees

**Baytrees
Kilgetty
SA68 0RN**

Date Inspection Completed

22/02/2022

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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	
Does this service provide the Welsh Language active offer?	Yes. 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 and their families are happy with the care and support they receive. People have meaningful relationships with key workers who promote their independence and wellbeing.

People's representatives are involved in reviews and are kept up to date with any changes to care and support needs. Care staff are trained and in sufficient numbers to undertake their role.

Management and the Responsible Individual (RI) are supportive and approachable. We found an error in the recording on a Medication Administration Record Sheets (MARS) chart and on a person's medication record in their file. This will be added as an Area for Improvement and will be reviewed at the next inspection.

Well-being

People are cared for in a safe and warm environment by workers who are knowledgeable and experienced. People are treated with dignity and respect and are able to make choices in their day-to-day activities. People with communication issues are supported to make choices through visual aids to ensure their voices are heard.

People enjoy home cooked meals and are encouraged to choose what they eat and supported to prepare them independently where possible.

There are opportunities for people to do things that matter to them within the home and the community. Autonomy and choice is encouraged and supported whilst risks are assessed and managed.

People are able to be part of their community and supported to go and do what is important to them such as shopping, having a meal out or going for a drive. Holidays are also organised for people to enjoy.

People's physical and mental health is monitored and promoted through appointments with health professionals as and when required.

People are kept safe and 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.

Care and Support

People and their families are happy with the support they receive. Individual plans enable key workers to provide care that is person centred and contain details of how the person would like care to be provided. Management, key workers and health professionals regularly review care plans and families told us that they are kept up to date. There was no evidence that people are involved in reviewing their care plan. This has been discussed with the manager and will be checked at the next inspection.

One relative told us *“They are very friendly, I phone every day, they have even offered to come and get us as we don’t drive now”*.

Daily care records are detailed and show that people have choices around activities, menu options and how they spend their day. We saw home cooked meals and one person had been baking. People said they enjoy the meals provided.

People who are unable to communicate verbally are supported to express their views and preferences through visual aids. Daily care records are very detailed and person centred. The majority are written appropriately but a small number of records contained vocabulary that is not respectful. The deputy manager agreed this is not acceptable and will address with all care workers.

Risk assessments are regularly reviewed and updated to keep people safe and minimise risk whilst promoting independence. Care staff are aware of the policies and procedures to follow if they believe a person is at risk of harm.

The majority of MARS charts are completed correctly however, one was found to be incorrect. The person’s medication record in her personal file was also incorrect. This was discussed with the manager and identified as an Area for Improvement to be checked again at the next inspection.

Environment

People are cared for in a clean and bright environment. The RI ensures that the home is maintained to a safe and acceptable standard by undertaking regular checks and audits on the building, the contents and any specialist equipment that is used. Records evidenced that the Fire alarm and emergency lighting is regularly tested and Personal Emergency Evacuation Plans are in place.

There are some areas of the home that have been affected by a water leak and a damp smell remains. Work has been completed to address this and it is expected that the smell will improve. An area of damp was also visible on the wall of one person's bedroom. These issues will be checked at our next inspection.

Refurbishment has recently taken place to some areas, to include new windows, fire exit and front doors. There is also new flooring in the lounge area and some new furniture.

People are able to move around the home freely and there is a garden and summerhouse outside where people enjoy spending time in the warmer weather. Bedrooms are spacious and people are encouraged to decorate them to their own taste and preferences. We saw personal items such as photo frames and ornaments in individual rooms.

Infection control procedures are in place and care workers use all necessary personal protective equipment when providing personal care. However, the member of staff that answered the door was not wearing a mask and therefore not following guidelines. The manager has addressed this. People are safe from unauthorised visitors entering the building, as all visitors have to ring the front door bell before gaining entry and record their arrival in the visitor's book when entering.

Leadership and Management

There are robust audit and maintenance systems in place to ensure risks to people's health and safety are identified and addressed in a timely manner.

The RI undertakes regular visits to the home and quarterly reports demonstrate that she has a very good oversight of the service. Care staff spoken with told us that the manager and RI are approachable and supportive. A staff member told us, "*The manager and RI are approachable and the deputy manager always has five minutes for you*". Another staff member commented that the newly appointed deputy manager "*has been doing lots to make things better*". Some care staff told us that during the pandemic extra shifts had to be covered and nobody was applying for jobs, this has now improved and new staff have been appointed. Staff shortages has been an issue throughout the sector during the pandemic.

The Quality assurance questionnaires seen were out of date. The manager advised that the quality of care review is in the process of being finalised following consultation with the RI, staff, people using the service and their representatives. This will be looked at during the next inspection.

Records and certificates in care worker's files show that thorough checks are undertaken prior to commencement of employment. Care staff told us that they have ongoing development opportunities and the training matrix corroborated this. Supervision for staff also takes place regularly and staff told us they feel supported. Not all staff appraisals were up to date however; the manager hopes that this will be resolved now that a deputy manager is in post.

Policies are mostly up to date, the Complaints policy and the Safeguarding policy require minor amendments to ensure the information is accurate and up to date. The manager has agreed to address this. Care staff demonstrated a good understanding of the Safeguarding policy and procedure.

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
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	New

	<p>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.</p>	
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Date Published 28/04/2022

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