



# Inspection Report on

**Bay Tree House (WXM) Limited**

**Bay Tree House  
99 Norman Road  
Wrexham  
LL13 7BG**

## **Date Inspection Completed**

09/04/2024

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## About Bay Tree House (WXM) Limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bay Tree House (WXM) Limited
Registered places	46
Language of the service	English
Previous Care Inspectorate Wales inspection	17 January 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer'. This service is not making a significant effort to promote the use of Welsh language and culture.

### Summary

The home is secure, warm, and welcoming. The provider ensures it is well maintained and that appropriate numbers of staff are on shift to support people effectively. People have choice in their day-to-day lives and are encouraged to spend time doing things they enjoy. Care staff are caring and respectful and know people well. They follow detailed personal plans written with information from various sources to ensure people's needs and preferences for care are met. People like living in the home and told us they are well cared for.

The provider has good governance and oversight measures in place. There is a range of comprehensive policies and procedures to guide staff and keep people safe. The Responsible Individual (RI) keeps good records of their regular visits to the home and, along with senior management, supports the manager to ensure the home is running smoothly day-to-day. The manager supports staff through regular supervisions and annual appraisals. All new staff are vetted and undergo a full induction including online and face-to-face training. The manager checks ongoing training to ensure staff are compliant with the provider's requirements. Staff told us they enjoy working in the home and feel well supported.

## Well-being

People have control over day-to-day life and are supported to do the things that make them happy. People can choose how to spend their time throughout the day. We saw people enjoying socialising in the lounges, watching television on a tablet in the library, and enjoying time resting in their rooms. People's rooms are personalised with ornaments, pictures, objects, and personal furniture that are important to them. There is a menu to choose from at mealtimes and people can request light snacks and drinks throughout the day. People like the food and can ask for whatever they want. Records show the RI has processes in place to gather feedback from people and values their opinions.

People are supported by friendly, caring staff who know them well. We saw care staff treat people with dignity and respect and show genuine warmth and compassion when speaking to them. Records show care and support is given in the way people prefer. People are supported to maintain and promote their health and well-being. Records show prompt referrals are made to health, social care and other professionals as required, and good records are kept of the outcomes of these interactions; professionals we spoke to confirmed this. A programme of planned daily activities is supported by an activity coordinator. Records are kept of people's engagement with planned activities to help find what people enjoy doing the most. We saw a group of gentlemen enjoying a coffee and a catch up in the café-dining room, and ladies enjoying crocheting and knitting in a lounge.

People are protected from abuse and neglect by staff who are trained in how to report any concerns. People told us they feel safe and well cared for. The manager has an open door policy and encourages staff, people and their relatives to raise any issues with them. There are appropriate policies, procedures, and risk assessments in place to guide staff in how to care for and support people. The manager ensures timely applications to the relevant authorities as required under the Deprivation of Liberty Safeguards (DoLS) for people unable to make decisions about their own care and support.

## Care and Support

The manager considers information from a variety of sources, including people themselves and their relatives, before deciding if the service can meet their needs. Using this information and outcomes of individualised risk assessments of people's needs, the manager writes a personalised plan for their care and support. Care staff can read the plans before people move in and, as they get to know people better, help to add more detail to them. The manager ensures plans are reviewed regularly and updated when new information or changes in needs arise. People's plans focus on their strengths and abilities and provide clear instruction to care staff about people's preferences for how they receive care and support.

People are cared for by kind, attentive and respectful care staff. Care staff engage well with people; they use gentle physical touch, smiling, use people's names, and speak to them at eye level to build rapport and enhance communication. We saw them laughing and joking with people and chatting with them about their family, and their interests. People told us they like living in the home and feel well cared for by care staff who listen to them and do what they ask. People are well presented and well groomed. Records show care staff provide care in line with people's personal plans and keep good records of contacts with healthcare and other professionals. Professionals who regularly visit the home told us care staff follow the advice they provide and work well with them.

There are appropriate measures in place to promote safe medicines administration and management in the home. The manager conducts a monthly audit of medicines administration, and senior care staff conduct weekly checks of medications. Audits by external pharmacy professionals provide added oversight of medication practice in the home. Staff receive training and undergo competency checks, and findings from audits are addressed promptly with them. The provider has a comprehensive medication policy and procedures in place to guide staff and reviews them regularly to ensure they align with current legislation and guidance.

The provider promotes good hygienic practices in the home. They have policies and procedures in place which staff follow. The manager completes regular audits of hygiene practices in the home. Any issues they find are promptly addressed. The manager ensures domestic and laundry staff are in the home daily, and all staff are trained in relevant topics, such as infection prevention and control.

## Environment

The home is warm and welcoming, with secure access at the front entrance and rear garden gate via key-code known only to staff. The exterior of the building and grounds are well kept, and there are accessible routes in and around the building for anyone using a wheelchair or other mobility aids. The interior is similarly well maintained and the provider ensures measures are taken to prevent excess wear and tear. People can choose from a variety of sociable communal areas including two lounges and a quiet library room. Seating is comfortable in the communal areas and arranged to encourage people to socialise; we saw people sitting and chatting together. There is a combined dining room and café space with a small kitchen area where staff prepare drinks and snacks for people. This is separated from the main dining space by a café-style raised serving counter with a gated entrance to keep people safe. There is a sheltered and secure central courtyard which has a lawn carpet and colourful floral mural hand-painted on the wall; this provides a bright and inviting outlook for people in the bedrooms which overlook it. The dining room and café area has large, accessible patio doors leading out to seating in the courtyard. Bedrooms are colour themed and have the furniture people need. The provider ensures people have the equipment they need to achieve their desired goals and outcomes.

Records show all equipment in the home, including the lift and stair lift is, tested and serviced regularly to keep it in safe working order. Staff are trained how to use the equipment safely. A robust schedule of routine health and safety checks across the home is consistently followed. Through these checks, routine health and safety audits, and whole home risk assessments, any issues are found and addressed in a prompt way. People have individual Personal Emergency Evacuation Plans (PEEPs) in place so emergency services are aware of their evacuation support needs. The fire alarm system and equipment in the home is tested and serviced regularly. The provider ensures the gas, electricity and water installations in the home are inspected, serviced, and certified regularly. The home has achieved a level 5 food hygiene rating, the highest rating possible; we saw high standards of food quality and safety and people told us the food is good.

## Leadership and Management

There are good governance arrangements in place to support the smooth running of the service. There is a comprehensive set of policies and procedures in place to guide staff and these are reviewed and updated appropriately. The manager conducts regular audits of the care and support being provided in the home and addresses the outcomes with action planning. Progress with completion of actions is monitored by the RI and senior management. The manager is supported via regular supervision and management meetings with senior management. The RI visits often to oversee the day-to-day running of the home and meet with the manager to discuss progress with any action plans. They produce a quarterly report of their findings, including analysis of complaints and feedback from staff and people about their experiences in the home, and any actions needed as a result. These reports form part of continuous quality assurance processes used to check the quality of care provided in the home. The RI analyses the outcomes of their regular visits and audits of the service, and feedback from people, relatives and professionals, and reports to the provider twice a year on what developments are needed in the home.

People can be assured they are supported by appropriate numbers of suitably fit, trained, and knowledgeable staff. New staff undergo proper vetting prior to starting work in the service and all staff are routinely vetted via ongoing regular checks with the Disclosure and Barring Service (DBS). Staff complete a thorough induction aligned with the training and knowledge needed for their registration with Social Care Wales as required by law. The provider helps sponsored and overseas staff to expand their existing language and communications skills and their understanding of local culture and traditions. The provider has translated training materials used during induction into the first languages of overseas staff to further enhance their learning and professional development. All staff are effectively supported via regular supervision and annual appraisals. Staff receive the training they require to meet people's needs, and management encourage their professional development. Training is provided online and face-to-face via both in-house training and external providers such as the local health board and local authority. The manager checks training completed by all staff to ensure they are compliant with the provider's training requirements for their individual roles. Staff told us they like working in the home and the staff team work well and communicate well together.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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N/A	No non-compliance of this type was identified at this inspection	N/A
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