



# Inspection Report on

**The Baytrees**

**Kilgetty**

## **Date Inspection Completed**

24/04/2024

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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	21 April 2023
Does this service promote Welsh language and culture?	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 have choice and control over their day to day lives. They are supported to do the things that matter to them. Their overall health and wellbeing is promoted and they are encouraged to eat healthily and exercise if possible. People are supported to maintain relationships with friends and family and visitors are welcomed.

The environment is clean and homely and there is an ongoing programme of redecoration. Bedrooms are currently being updated and people are involved in choosing new furniture and colour schemes.

Personal plans of care provide staff with details on care and support needs and are reviewed regularly. Care documentation written by staff requires some attention as discrepancies were found.

Supervision and management of staff requires strengthening and additional senior staff are being recruited to assist the registered manager. Care staff are recruited safely and receive an induction and mandatory training on commencement of employment. Staff feel supported by the manager and Responsible Individual (RI).

## Well-being

People are settled at Baytrees and have made it their home. The environment is comfortable and homely. People are respected and supported by staff who uphold their dignity and demonstrate a genuine warmth. We saw positive interactions between care staff and individuals who appeared relaxed and trusting of staff. Independence is encouraged and people do as much as they can for themselves, both personally and around their home. Risk assessments keep people as safe as possible whilst promoting their independence.

Care staff know people well and enable them to have choice and control over their day to day lives. They are supported to choose how they spend their time. During our visit one person had returned from having lunch out with a family member. We saw other individuals choosing what they wanted for their lunch and supported to make healthy choices. Daily plans are flexible and can change depending on people's moods and preferences. A day centre is attached to the nearby sister home and some people enjoy attending and joining in the organised activities.

People's bedrooms have been updated and they have chosen how they want to decorate their rooms and what furniture they want. People have personalised their room and have their belongings on display around them. Visitors are welcome to call at any time and people are supported to maintain relationships with family and friends either in person or by telephone/video calling.

There are systems in place to keep people safe from harm. The building is secure and visitors are let in by staff members who check identification. A visitor signing in book is also used. Staff are trained in the protection of vulnerable adults and know the procedure to follow if they have any concerns. There is an up to date infection prevention and control policy in place and care staff have personal protective equipment (PPE) available to them to minimise the risk of cross infection. This includes the use of gloves and aprons when undertaking personal care tasks.

## Care and Support

People are involved in creating and reviewing their personal plans and records show that their wishes are considered. Reviews are undertaken regularly to ensure care staff are kept up to date with any changes in care and support needs. This area has improved however records of reviews are not consistently signed by those involved and the manager has agreed to make further improvements. Care staff keep daily records of the care and support that has been provided to individuals but we found gaps and inconsistencies. The manager assures us that they have already made some changes to the forms and is currently addressing the issue.

People's physical and mental health and social wellbeing is promoted and records show that timely referrals are made to health and social care professionals when required. A visiting professional told us; *"I have visited twice, they are always well presented, always happy and content. They have had their hair done since my last visit"*. Medication is safely stored and administered and the records we looked at were completed correctly. Care staff who administer medication have received appropriate training and have been assessed as being competent in this area.

People living at the service have a Personal Emergency Evacuation Plan (PEEP) in place which ensures that care staff know how to evacuate people safely in the event of an emergency. All care staff receive training in fire safety.

A robust recruitment system ensures that care staff are suitably skilled, qualified and of appropriate character to undertake their role. This involves a vetting system to undertake relevant background checks including Disclosure and Barring Service (DBS) and obtaining valid references. Most staff are now registered with Social Care Wales (SCW) the workforce regulator. Those who are not registered are being supported to apply for their registration.

## Environment

The Baytrees is generally well maintained and some work has been undertaken on the building since the last inspection due to an issue with dampness. It is hoped that this has now been resolved. A plan of decorating and refurbishment has begun and people and/or their representatives have been involved in choosing how their bedroom is decorated and furnished. Some people are choosing to have new furniture whilst others would like to keep the furniture they already have as they are personal items. Bedrooms are personalised with people's belongings and arranged to their likes and preferences.

The home is clean, warm and comfortable. People are supported to do what they are able to keep their rooms and the rest of the environment clean and tidy. One person was happy to show us their room and told us, "*I polish and Hoover to keep it nice. I'm getting a new cupboard but keeping that one*". There is a communal lounge and dining room and people are encouraged to prepare their own meals and snacks in the kitchen if they are able to. The outside is well maintained and the garden and summerhouse provide an area where people can spend time in the warmer weather. The sister home is nearby and people can use the day centre and other facilities situated there if they wish.

Audits and safety checks of the building and equipment are undertaken routinely to ensure it remains safe for people living, working and visiting Baytrees. Firefighting equipment is serviced regularly and fire drills are undertaken at quarterly intervals. Moving and handling equipment is also serviced regularly. The building is secure and visitors are required to be let in by staff and to record details in the signing in book. This indicates that all visitors are monitored and the number of people in the home is recorded for fire safety purposes.

## Leadership and Management

The manager has been overseeing The Baytrees and the nearby sister home and we found that due to the focus being on the sister home recently some oversight has been lost at The Baytrees and some discrepancies have not been identified in a timely manner by the manager or the Responsible Individual (RI). For example, the personal care and support plans for individuals were not readily available to care staff or the individuals and the manager and RI were unaware of the situation. This placed people at risk as care staff were unable to access personal and pertinent information on support needs. The manager rectified the situation immediately on the day of the inspection. We also found discrepancies in care documentation with some information missing and inaccurate recordings. Whilst this is not currently impacting on people, this is an area for improvement, and we expect the provider to take action to address these matters and we will follow this up at the next inspection. The RI has recognised that additional managerial roles are required to ensure effective oversight of staff at Baytrees and additional staff are being recruited.

There is a safe recruitment process in place and the sample of personnel files we looked at demonstrated that the required checks are undertaken prior to staff commencing. This includes Disclosure and Barring Service (DBS) and identity checks. Appropriate references are obtained to ensure that staff are of suitable character and have the necessary skills and qualifications to undertake their role. There is an induction program and staff receive mandatory and ongoing training. Staff spoken with told us they feel supported by their manager and RI. One staff member told us, *"I can go to them if I have a problem, they are very approachable"* and another said, *"There are systems in place to help staff with any issues"*. We found that whilst some improvements had been made since the previous inspection, not all staff are receiving one to one supervision at regular intervals. Staff are required to receive supervision on a quarterly basis to have an opportunity to discuss any concerns and identify areas of strength and training/support needs. Whilst this is not currently impacting on people, this is an area for improvement, and we expect the provider to take action to address these matters and we will follow this up at the next inspection.

We viewed a sample of policies and found them to be up to date and reviewed regularly. An up to date Statement of purpose is required to ensure people receive accurate information on the services provided.

### 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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59	<p>The provider has not ensured that records relating to individuals are accurate and up to date despite some of this being identified in audits by senior staff. We looked at 3 personal files and found numerous inaccuracies in one and some inaccuracies in another. There is therefore not always an accurate reflection of the care and support that is being provided. The personal care files were not readily available to care staff or individuals. The provider must ensure that staff are completing the daily records correctly and fully during the day and night. The provider must also ensure that individuals using the service have access to their records.</p>	New
36	<p>Two members of staff had a gap of 7 months between supervision sessions. Two had a gap of 4 months and one had a gap of 5 months. The provider must ensure that staff receive one to one supervision sessions very three months.</p>	Not Achieved
16	<p>The provider has not been involving individuals and/or their representatives when reviewing personal plans on a routine basis as required under legislation.</p>	Achieved

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