



Inspection Report on

Bay Tree House (WXM) Limited

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

Date Inspection Completed

21/07/2022

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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	
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify, or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

This was a focussed inspection to look at the care and support people receive and therefore we did not look at all inspection themes in detail.

Bay Tree House is a warm, friendly, and welcoming environment. People have some choice over their day to day lives and have access to the specialist equipment they need to achieve their desired outcomes. Care is not always provided as specified in people's personal plans, which are not always consistent and complete. We also found care is not consistently provided in a dignified and respectful way. This has impacted on the health and well-being of some people living in the home and we are issuing a Priority Action Notice for the service provider to take immediate actions to address this. People told us they like living here and like the staff.

Well-being

People do not always have choice over their daily lives. We saw people's rooms are personalised and they have decorated them with photos, pictures, and items of importance to them. People have some choice on where to spend their time during the day. Personal plans include some good detail on people's preferences for how they wish to be supported and cared for. However, we saw staff do not always support people effectively to promote their right of choice, particularly when they require additional support due to dementia. There is no activities coordinator at present and people do not always benefit from a variety of social activities and pastimes of their choice. Staff support activities alongside care duties. On the day we visited, people were listening to music and watching television, but we did not witness any other activities. However, several people were arranging appointments with staff to see the hairdresser who was due in that afternoon. People told us they like the hairdresser coming each week.

People are encouraged to maintain family and personal relationships. Visitors are encouraged and people can see friends or relatives in comfortable surroundings with some privacy. People can also socialise with each other in large, bright, and airy rooms that are well decorated. There is a secure courtyard garden area that residents can access whenever they wish. People told us they like living in the home and staff are friendly.

People live in a home which is welcoming, homely, and well-appointed. Specialist equipment is provided to meet people's care and support needs. People have access to healthcare practitioners and specialists, as required to support their needs. The entrance to the home is secure and there are infection control measures in place to protect visitors and residents. On the day we visited the hand sanitiser dispenser at the main entrance contained moisturiser instead of hand sanitiser. We discussed this with management, who have taken action to ensure additional hand sanitiser is provided at the main entrance for visitors. The home has dedicated housekeeping staff who we saw working throughout the home during our visit to ensure the home is clean and tidy. There is a good stock of Personal Protective Equipment (PPE) in the service, which we saw staff using appropriately. The service provider ensures the building, specialist equipment, and grounds are well maintained.

Care and Support

People are assessed prior to entering the home to ensure the service can meet their needs. Staff Management develop personal plans using information obtained from people, their relative or representative, and health care practitioners where required. We saw good information about personal history and preferences for people. Personal plans outline the actions expected of care workers and contain some good detail to support personalised care for people.

People cannot be certain that care and support is provided in a way that consistently promotes their health, well-being, and dignity. We saw some people's personal plans and risk assessments were incomplete or inconsistent with each other. Important information about people's care and support needs was not transferred into all their relevant personal plans. Staff are very busy and, at times, work in a task-oriented way that does not always allow for suitably respectful and meaningful interactions with people. We saw staff do not always take adequate time to help people needing additional support to express their care needs. Mealtimes are not a pleasant and fulfilling experience for some residents. We saw people in the lounges can struggle to eat comfortably due to their meals being positioned on low furniture by staff. Daily care records contain inconsistencies between individual entries and show that care given does not always follow people's personal plans or specialist advice given. This places people's physical and mental health and well-being at risk and has led to poor outcomes for some people. We have therefore issued a Priority Action Notice and the service provider must take immediate action to address these issues.

People are supported by adequate numbers of staff who have received training to support them with their care needs. We saw people were clean and tidy, well dressed, and their hair was brushed. People told us they like the staff and one person told us staff help to reassure them when they are anxious. During our visit we observed staff were friendly and warm with residents.

There are hygiene and infection control procedures and practices in place to keep people safe; however, these practices can be impacted upon by staff sickness and absence. There is a lack of management oversight and monitoring of cleaning and hygiene practices to ensure consistency.

Environment

This was a focussed inspection, and we did not look at this theme in full.

The service provider has invested in modernising the interior layout and decoration of the home to maximise light into the communal areas. The level of decoration and finish is very good and makes the home feel comfortable and welcoming. People's rooms are well maintained and decorated. The internal garden courtyard is very accessible and provides a secure and colourful outlook from large windows in the coffee shop, dining area and lounge. Staff described the lounge opposite the coffee shop as the "*noisy lounge*" due to the television or music constantly playing. The level of noise in this room can be high at times and we saw people struggle to make themselves heard and understood when the music is playing very loudly. However, there are calmer, more tranquil communal spaces for people to use if they choose. We saw people moving between these spaces and enjoying the variety of experiences available to them.

The service provider has systems in place to ensure the health and safety of people living in the home. This includes maintenance of the building and grounds, as well as servicing and maintenance of equipment in the home. Staff receive training in health and safety, fire safety and infection prevention and control. The main services to the premises are regularly checked and maintained by qualified and certified professionals, as required by legislation.

Leadership and Management

This was a focussed inspection, and we did not look at this theme in full.

The service provider ensures the service is financially sustainable and has governance processes in place. The service provider has invested in the development of the service, including a new electronic care record system which has been in place for almost three months. Some of the routine management oversight audits of care and support were not available at this inspection and are yet to be set up from within this new electronic system. Other audits require some development by management to better show, on a home-wide basis, their analysis and any outcomes identified, and actions required. We discussed this with management, and they are taking steps to address this. The RI is proactive and keeps in close contact with management in the home. They visit weekly to ensure the building is being maintained, to maintain oversight, and complete the quality assurance audits and reporting required of their role.

People can be sure staff are vetted before they start work in the home. New staff receive induction training and supervision following a recognised framework. Management requests the same agency staff to return when booked to work, so that people have familiar faces and agency staff are familiar with the home and people's care needs. Training records show care workers receive training in areas appropriate to the work they undertake, and further training is identified and pre-booked by management. However, there are some gaps in training that need addressing. We discussed this with management, who confirmed they are restarting their in-house training provision alongside existing external and online offerings. Staff surveys show staff feel well supported and records show they receive supervision as required to support them in their role.

The service has not kept up with its regulatory requirements to notify CIW of reportable events and issues. This has not impacted on the well-being or safety of residents at present. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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
21	The service provider has not ensured care and support is provided in a respectful and caring way which protects, promotes, and maintains the safety, health, dignity, and well-being of individuals.	New

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
60	The service provider has failed to submit all relevant notifications to CIW in a timely manner, as required by regulations.	New

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