

St Cuthbert's Care Bailiffgate

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Bailiffgate is a care home that provides accommodation and personal care for a maximum of 11 people with a learning impairment. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. Bailiffgate accommodated eight people at the time of the inspection. The service operates from one large house.

Plans were in place for the care service to adapt and to be developed and designed in line with the values that underpin the Registering the Right Support guidance. The model of care proposed from 2015 and 2016 guidance that people with learning disabilities and/or autism spectrum disorder which proposed smaller community based housing. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

At our last inspection in September 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

The atmosphere was welcoming and the building was well-maintained with a good standard of hygiene. A professional commented, "The manager and team are welcoming and professional and enable effective assessment and support planning with people."

Staff were kind and caring and had developed good relationships with people using the service. People were comfortable in the presence of staff. Relatives confirmed the staff were caring and looked after people very well.

People told us they were safe and were well cared for. Several people commented, "I love living here." Staff knew about safeguarding vulnerable adults procedures. There were enough staff available to provide individual care and support to each person. Staff upheld people's human rights and treated everyone with great respect and dignity.

Staff were well supported due to regular supervision, annual appraisals and a robust induction programme, which developed their understanding of people and their routines. Staff also received a wide range of specialised training to ensure they could support people safely and carry out their roles effectively.

Staff were skilled and knowledgeable and they were committed to making a positive difference to each person. There was clear evidence of collaborative working and excellent communication with other professionals in order to help people progress and become more independent.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Staff knew the needs of the people they supported to provide individual care and records reflected the care provided. Arrangements for managing people's medicines were safe.

Staff were well supported by the registered manager and senior management team. The registered manager had a clear vision for the service and its development. They were enthusiastic and believed strongly in the ethos.

People had food and drink to meet their needs. They were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. They were all supported to contribute and to be part of the local community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Information was accessible and made available in a format that helped people to understand.

There was regular consultation with people. All people were kept involved and encouraged to make decisions, whatever the level of need. They were involved in regular meetings about their care and the running of the home. Menus were planned with input from people, based on their personal preferences and choices.

Robust auditing and governance systems were in place to check the quality of care and to keep people safe. People were encouraged and supported to give their views about the service.

People said they knew how to complain. They told us they would feel confident to speak to staff about any concerns if they needed to. People had access to an advocate if required.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Bailiffgate

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 19 October 2018 and was unannounced.

It was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the Local Authorities who contracted people's care and two professionals who provided specialist advice and support to some people who used the service.

During this inspection the registered manager was not available as they were on holiday. We carried out general observations. We spoke with five people who lived at Bailiffgate, the operations support manager, one senior support worker, the activities co-ordinator, one domestic and three support workers. We reviewed a range of records about people's care and how the service was managed. We looked at care records for three people, three people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, maintenance contracts and quality assurance audits the registered manager had completed. After the inspection we carried out telephone interviews with three relatives.

Is the service safe?

Our findings

People were positive about the care they received and told us they were safe with staff support. Their comments included, "It's good living here", "I like it here", and "I feel safe." One relative told us, "I'm quite happy with [Name]'s care." Another relative said, "I do think [Name] is safe and well-looked after."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the person-in-charge. Records showed and staff confirmed they had completed safeguarding training. A staff member told us, "If I had any concerns I'd inform the manager." A record was kept of all notifiable events and these included safeguarding alerts which were reported to head office. A separate safeguarding log for Bailiffgate was not kept as they were included with the provider's other services. The operations support manager told us that this would be addressed and a separate log would be kept.

Risk assessments were in place that were regularly evaluated to ensure they remained relevant, reduced risk and kept people safe. They included risks specific to the person such as for distressed behaviour and falls. These assessments were part of the person's care plan and there was a clear link between care plans and risk assessments. They both included clear guidance for staff to reduce the chance of harm occurring and at the same time supporting people to take risks to help increase their independence. For example, bathing and making hot drinks.

Accident and incident reports were analysed, enabling any safety concerns to be acted on. Health and safety issues were discussed at all meetings to raise staff awareness of complying with standards and safe working practices.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Managers were able to be contacted outside of office hours should staff require advice or support.

Medicines were given as prescribed. Staff had completed medicines training and one staff member told us competency checks were carried out annually. Staff had access to policies and procedures to guide their practice.

There was a good standard of hygiene in the house. Staff received training in infection control and protective equipment was available for use as required.

Records showed that the provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances.

The recruitment records were locked away for confidentiality and could not be accessed as the registered

manager was not available. An inspection of some staff records at the provider's personnel department earlier in the year showed the provider's recruitment and vetting procedures were robust.

Is the service effective?

Our findings

Staff were positive and enthusiastic about the opportunities for training. Their comments included, "We get loads of training", "Professionals will give us some training at staff meetings and then they will attend resident meetings and do some training" and "There are opportunities for personal development."

Staff told us when they began work at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. People received care from staff who had specific training in supporting people with learning disabilities. The staff training records showed staff were kept up-to-date with safe working practices. There was an on-going training programme in place to make sure staff had the skills and knowledge to support people.

Staff made positive comments about their team working approach and the support they received. One staff member commented, "We're a good staff team." Staff told us they were supported by the management team. Regular supervision sessions took place with each staff member. One staff member told us, "We have regular supervision with the manager every two months." All staff members also had an annual appraisal of their performance with the registered manager.

Care provided by Bailiffgate staff was holistic and included support for all areas of assessed need. Comprehensive assessments were carried out to identify people's support needs. They included information about their medical conditions, dietary requirements, finances, safety, communication and other aspects of their daily lives.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted DoLS applications appropriately. A professional said, "The team work in a client centred way and enable me to take into account the known preferences of individuals, when we're making support plans in their best interests."

People were supported to access community health services to have their healthcare needs met. Their care records showed they had input from a different health professionals. For example, the GP, dentist and behavioural team. Relatives told us they were kept informed about their family member's health and the care they received. One relative commented, "They [staff] are very good at letting me know how [Name] is."

People enjoyed a varied diet. They were supported or made their own regular drinks and snacks throughout

the day in addition to the main meal. Care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. Risk assessments were in place to identify if the individual was at risk of choking.

Is the service caring?

Our findings

There were several compliments and cards of appreciation commending staff for their work. People spoken with were very positive about the support provided by staff. All people told us they were well looked after by staff. One person commented, "Staff are very good and kind." Another person said, "Staff listen to me." Professionals comments included, "Residents appear happy, relaxed, confident and interactive when I visit" and "People always appear happy and settled." A relative told us, "Staff are very caring and compassionate."

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff received training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

During the inspection there was a busy, happy and pleasant atmosphere in the service. People moved around as they wanted. Some people were making themselves a drink, another person was making a packed lunch, one person was checking their shopping after a trip out and another person was eating their breakfast. There was a camaraderie amongst staff and people and people with each other. We observed the caring and kindly way that people engaged and interacted with each other in the kitchen, which seemed to be the hub of the household.

Staff had a good relationship with people. Staff spent time chatting with people individually and supporting them to engage. Information was available about people's likes, dislikes and preferred routines. Support plans were written in a person-centred way, outlining for the staff how to provide individually tailored care and support.

People told us they were involved in their care and support. They were asked their opinion at their regular meetings. Everyone was encouraged to be involved in household tasks such as cleaning, laundry and making drinks and snacks. One professional told us, "Staff appear to be taking a pro-active approach and they are always encouraging people to do what they can without placing them at risk."

Information was accessible and was made available in a way to promote the involvement of the person. For example, by use of pictures or symbols for people who did not read or use verbal communication. All people's records advised staff how to communicate with the person.

Staff were respectful of people's opinions and choices. One person said, "I get up before 9am." Another person told us, "I choose what I want to do."

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement. The senior support worker told us a formal advocacy service was available and was used when required.

Is the service responsive?

Our findings

People were encouraged and supported to engage with activities and to be part of the local community. Their comments included, " I went to Whitby for my holidays", "I went to the Proms in Newcastle", "I like going to look at the Christmas decorations at the garden centre", "We have been to see Mr Bean at the cinema", "I've been to the café for a hot chocolate and then to get my nails painted", "I go horse riding", "I go to the spa and like the Jacuzzi" and "I go to church every week."

Records showed people were supported individually with a range of activities and these included walking, swimming, horse riding, arts and crafts, meals out, cinema, choir, concerts, theatre trips and going to discos and clubs. Other sessions were held in-house and included, independence skills development, baking, cooking, arts and crafts and music.

Care and support was personalised and responsive to people's individual needs and interests. The senior support worker told us the registered manager promoted a personalised service and how they enabled people to have more of a say about what they wanted to do with their lives. This involved making decisions about holidays, menus and planning programmes and activities. Other staff we spoke with all shared their enthusiasm for this person-centred approach.

Support plans were developed from assessments that were carried out when people moved to the service. They focused upon the person becoming as independent as possible, whatever the level of need. People were involved in household skills, supported by staff such as for laundry, cooking, budgeting and other skills to help people be more independent and involved in their lives.

People were empowered in their lives and received training to build their confidence and to be involved in decision making. Group discussions about important topics such as whistle blowing, personal safety, sexuality, human rights, healthy eating, bullying and understanding choices took place with people led by a staff member. Meeting minutes were in an accessible format and available for people.

People were involved in household meetings to discuss the running of the household. Individual meetings took place with people and their key worker. These monthly meetings took place to review people's care and support needs and aspirations. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly. People carried out health and safety checks around the building, supported by staff.

People were able to visit their relatives and friends regularly and were also supported to use the telephone to keep in touch. Their comments included, "I'm visiting my mum this weekend" and "I'll phone home tonight."

Records documented if people had any spiritual requirements and funeral arrangements.

People had information about how to complain. It was available in an accessible format. A record of complaints was maintained and none had been received since the last inspection. People told us they could talk to staff if they were worried and raise any concerns.

Is the service well-led?

Our findings

A registered manager was in place who had registered with the CQC in August 2016.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The registered manager was not available. The senior support worker and staff, supported later by the operations support manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. They were all open to working with us in a co-operative and transparent way.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff when they started to work at the service were made aware of the rights of people with learning disabilities and their right to live an "ordinary life."

The culture promoted person-centred care, for each individual to receive care in the way they wanted. Information was available in alternative forms other than the written word if people did not read. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the service was relaxed and friendly. Staff told us the registered manager was enthusiastic and had many ideas to promote the well-being of people. Staff and people we spoke with were very positive about their management and had respect for them. They said they could speak to the registered manager, if they had any issues or concerns. Staff and relatives said the registered manager was supportive and accessible to them.

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate

action was taken as required

Feedback was sought from people, relatives and staff through meetings and surveys.