St Cuthbert's Care

Bailiffgate

Inspection report

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Ratings

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

Overall summary

The inspection took place on 12 December and was unannounced. We carried out a second announced visit to the home on 15 December 2014 to complete the inspection.

The home was last inspected on 21 May 2013 when the provider met all the regulations inspected.

Bailiffgate is a care home located in Alnwick. It can accommodate up to 11 people who have learning disabilities. There were 10 people using the service at the time of our inspection.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

Some staff, relatives and health and social care professionals felt that more staff were required to ensure people's safety. They said that the registered manager was sometimes included in the staffing numbers and

Summary of findings

often needed to spend time on management duties. One staff member said, "[Name of registered manager] is included in the numbers and if she is busy then that leaves us with two staff and if one member of staff goes out with a resident that leaves us with one." Staff also explained that extra staff would enable them to undertake more one to one activities with people.

There was a sleep-in member of staff on duty during the night. They were required to wake up if assistance was required. We were concerned however, that staff might not wake during the night to give the necessary assistance. One person had epilepsy and an epilepsy monitor was not in place. Such a monitor would alert staff through the night that an epileptic seizure was taking place. The compliance manager informed us this equipment was on order and they were reviewing staffing levels at the home as part of an ongoing process.

This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds with regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the back of this report.

We checked medicines management. The home was changing to a new pharmacy supplier due to problems with the previous supplier. We noted there were some gaps in the administration of topical medicines. The registered manager informed us that the new medicines system would help address the issues with recording of topical medicines.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The manager had submitted DoLS applications to the local authority to authorise. This procedure was in line with legislation. We found however that further improvements were required in this area to ensure "decision specific" mental capacity assessments were carried out in line with legislation.

We found that people's nutritional needs were met and people were happy with the food provided. Staff were knowledgeable about people's needs. We spent time observing staff interactions. We observed that people appeared comfortable with staff. They were smiling and laughing. We noticed there were positive interactions between people and staff, but some interactions were more positive than others. Certain staff appeared more confident at communicating with people than others. Further training around effective communication had been arranged with the speech and language therapist.

We noticed staff did not always involve people in day-to-day skills such as cooking. This was confirmed by the local NHS care manager and member of staff from the BAIT [Behaviour and Intervention Team]. The registered manager and compliance manager told us the service was adopting the active support model. Active support is a model of support that aids people to plan the best use of their time, with the correct level of support and engage in all activities that make up day-to-day living.

We considered that further improvements were required to ensure people received personalised care that was responsive to their needs**.**

A complaints process was in place. The compliance manager informed us that if people or relatives were unhappy with the outcome of a complaint a face to face meeting would be arranged, where concerns could be discussed further.

The compliance manager explained there had been a change in the provider's organisational structure. A new chief executive had been appointed in June 2014. The previous chief executive had been in post for 18 years.

We asked the staff for their opinions on working at Bailiffgate. Most staff told us that more support from the registered manager would be appreciated and commented that morale was sometimes low.

We considered that improvements were required to ensure that there was a positive culture within the home and visible leadership.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe.

We considered that there were not enough staff employed to meet people's needs. The compliance manager told us they were reviewing staffing levels. Following our inspection, she informed us that an activities coordinator had been recruited.

The home was changing to a new pharmacy supplier due to previous problems. We noted there were some gaps in the administration of topical medicines. The registered manager informed us that the new pharmacy system would address these recording issues.

Staff with whom we spoke knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

The manager had submitted DoLS applications to the local authority for authorisation. This procedure was in line with legislation. However, we found further improvements were required to ensure that "decision specific" mental capacity assessments were carried out in line with legislation.

Staff told us they received appropriate training to meet the needs of people who lived there. Communication training had been organised and further training was also being provided to ensure staff promoted people's independence in life skills.

People received food and drink which met their nutritional needs and they could access appropriate health, social and medical support, as soon as it was needed.

Is the service caring?

Good

The service was caring.

We spent time observing staff interactions. We saw that people appeared comfortable with staff and were smiling and laughing. We noticed there were positive interactions between people and staff; however some interactions were more positive than others. Certain staff appeared more confident at communicating with people than other staff.

Summary of findings

Staff were aware of people's needs, their likes and dislikes and could describe these to us. Staff promoted people's privacy and dignity. We saw that staff knocked on people's doors before they entered. We noticed some people had "hand" signs on their doors to remind other people to knock before they entered.

The registered manager told us that one person had an Independent Mental Capacity Advocate (IMCA). Advocates can represent the views and wishes for people who are not able express their wishes.

Is the service responsive?

Requires Improvement

Not all aspects were responsive.

Although relatives felt there was a good activities programme in place, health and social care professionals felt there needed to be more focus on promoting people's independence and life skills. The provider intends to adopt the active support model which aids people to plan the best use of their time, with the correct level of support and engage in all activities that make up day-to-day living. Following our inspection, the compliance manager informed us that an activities coordinator had been recruited.

A complaints process was in place. The compliance manager told us that if people or relatives were unhappy with the outcome of their complaint a face to face meeting would be arranged, where their concerns could be discussed further.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

The compliance manager told us the service was going through a period of change. There had been a change in the provider's organisational structure. A new chief executive had been appointed in June 2014.

We spoke with staff about what it was like to work at Bailiffgate and the support they received from the registered manager. Most staff informed us that more support from the manager would be appreciated and commented that morale was sometimes low.

We considered improvements were required to ensure that there was a positive culture within the home and visible leadership.

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.

The inspection team consisted of an inspector and a specialist advisor in learning disabilities.

The inspection took place on 12 December and was unannounced. We carried out a second announced visit to the home on 15 December 2014 to complete the inspection.

We consulted with the compliance manager who was also the nominated individual. A Nominated Individual has responsibility for supervising the way that the regulated activity is managed. We also conferred with the registered manager and five residential support workers. Following our inspection, we spoke with the director of care services.

We talked with all people who lived at the service. We also spoke with four relatives and two friends of people. We consulted a member of staff from the behaviour and intervention team (BAIT), a care manager from the local NHS Trust, a local authority safeguarding officer; a local authority contracts officer, a member of staff from the local Healthwatch organisation. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England and an Independent Mental Capacity Advocate (IMCA). Advocates can represent the views and wishes for people who are not able express their wishes.

We read four people's care records and five staff files to check details of their training. We looked at a variety of records which related to the management of the service such as audits, minutes of meetings and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request a provider information return (PIR) before we undertook the inspection, due to the late scheduling of the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

Two relatives expressed concerns over their relatives' safety at Bailiffgate because there had been "a number" of altercations between people. These included some verbal exchanges and physical incidents such as nipping, hitting and kicking. We spoke with the compliance manager about the concerns which both relatives had raised. She said, "There has been some minor incidents between [names of two people], the behavioural team are involved." This was confirmed by the care manager from the local NHS Trust. The remaining relatives and friends of people with whom we spoke did not raise any concerns about people's safety.

We spoke with a care manager from the local NHS Trust to check whether they had been informed of any safeguarding incidents or concerns. They told us there had been one recent incident where there had been a delay in reporting a concern. We spoke with the compliance manager about this issue. She told us, "There was one incident which wasn't reported immediately. It wasn't taken up as a safeguarding but we have addressed this with the staff involved."

Staff were knowledgeable about what actions they would take if abuse was suspected. They told us they had not witnessed anything which had concerned them and people were treated kindly by staff.

We checked safeguarding procedures in the home. The registered manager told us that one member of staff was a signatory on two people's bank account which meant the staff member could access their money without them being present. This procedure had not been fully risk assessed. We spoke with the registered manager and compliance manager about this issue. The compliance manager told us, "Following an internal compliance inspection, we were aware of this and this is being reviewed."

We checked medicines management in the home. The registered manager told us they were changing to a new pharmacy supplier the day after our inspection. She explained there had been problems with the current pharmacy provider.

We checked all people's medicines administration records (MARs). We saw these were generally filled in correctly. However, there were some gaps in the recording of topical medicines. The registered manager informed us they were changing the way of recording topical medicines when they changed to the new provider. We also noted not all handwritten entries were double signed to confirm the accuracy of the recording. The registered manager informed us that the new medicines system would also address these recording issues.

The building was set out over three floors, with accommodation on each level. We saw the home was very clean and well maintained.

The IMCA with whom we spoke informed us that security arrangements were very good at the home. She stated that she had forgotten her identification badge and staff would not let her in until they had checked her identify with the advocacy headquarters.

Two people were excited to show us their rooms which they had personalised. One person told us however, that he was not happy with his room since it was too small. This was confirmed by our own observations. We spoke with the compliance manager about this. She agreed the room was small and explained that he would be offered a new room when one became available. She said they had apologised to him, but explained he had chosen a particularly large armchair for the size of his room.

Staff informed us the layout of the home with accommodation on three floors, did impact on their ability to look after and monitor people who lived there, because of the current staffing levels. We therefore checked staffing levels at the service.

We spoke with a care manager from the local NHS Trust. She told us, "I'm concerned about the staffing levels and there being enough staff to enable them to observe them and help prevent incidents from occurring and the need for a waking night staff, since people have complex needs."

Two relatives thought staffing levels were not sufficient. One stated, "They only have one sleepover [staff], you only have that, it's just not good enough." The remaining two relatives and friends did not raise any concerns about staffing levels.

We spoke with staff about day time staffing levels. Most staff told us that more staff would be appreciated. They said that the registered manager was sometimes included in the staffing numbers and often needed to spend time on management duties. One staff member said, "[Name of registered manager] is included in the numbers and if she

Requires Improvement

Is the service safe?

is busy then that leaves us with two staff and if one member of staff goes out with a resident that leaves us with one." Staff also explained that extra staff would enable them to undertake more one to one activities with people.

The registered manager told us, and staff rotas confirmed there was a "sleep in" member of staff at night who would wake up if assistance was required. We were concerned however, since one person had diabetes and another person had epilepsy. Staff with whom we spoke informed us they always woke up if there were any problems, since they were accustomed to people's movements and needs through the night. One staff member told us, "I woke up just before 6am and I felt that something wasn't right with [name of service user]. I went to check on her and her sugar levels were low." There was no evidence that staffing levels through the night had been fully risk assessed to make sure that people's needs were met and the staff member could evacuate people safely in case of an emergency. We passed our concerns to the local fire safety service.

Two staff told us they were concerned with the length of shifts that they had to work. One staff member informed us, "The long days are far too long from 7.30 – 9pm." We spoke with the compliance manager about this comment. She told us they had received mixed views about the length of shifts from staff. She explained that most staff preferred to work longer hours which meant they had more time off work. She said however, that they would always work with staff to ensure individual staff needs were addressed.

Some staff told us that several people displayed behaviours which challenged the service. They explained that minor incidents occasionally occurred between people and they felt they were not always able to prevent these incidents, because of the layout of the building and staffing levels at the home. One member of staff told us, "We feel like these behaviours shouldn't happen. We're doing everything we can [to prevent these incidents]. That makes us feel down at times." Staff and two relatives told us there had been an increase in staff turnover at the service which had affected the previously stable staff team.

This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the director of care services wrote to us and stated, "There was a review of the staffing structure at our Alnwick home, resulting in the authorisation of a dedicated activity coordinator, improved numbers on the staffing rota and a dedicated in-house professionally qualified behavioural support manager."

Staff told us that relevant checks were carried out before they started work. These included Disclosure and Barring Service checks. Two written references were obtained. These checks were carried out to help make sure prospective staff were suitable to work with vulnerable people. One member of staff said, "It was a very thorough recruitment process."

Requires Improvement

Is the service effective?

Our findings

Staff told us there was sufficient training available. They also informed us they received regular supervision and an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

We looked at training records which showed staff had completed training in safe working practices such as health and safety and training to meet the specific needs of people who they looked after, such as learning disabilities training. We observed however, and the local NHS care manager and member of the BAIT agreed, that the communication skills of some staff could be improved. For example, one member of staff used complex communication when speaking with people. We spoke with a speech and language therapist who informed us that she was delivering further training in this area.

We noticed staff did not always involve people in day-to-day skills such as cooking. This was confirmed by the local NHS care manager and member of staff from the BAIT. The registered manager and compliance manager told us they were already working with the BAIT and were going to adopt the active support model, this is further discussed in the responsive domain. Active support is a model of support that aids people to plan the best use of their time, with the correct level of support, and engage in all activities that make up day-to-day living. The compliance manager told us, “We are working with BAIT on a training programme.” She also explained that the operational manager and another manager, who had experience of independent living services, were going into the home to support and train the staff in this area.

We considered further improvements were required to ensure that staff were suitably skilled and trained to meet the needs of people.

We checked how the provider was meeting the principles outlined in the Mental Capacity Act 2005 (MCA). The MCA is designed to empower and protect people who may not be able to make some decisions for themselves which could be due to a learning disability or a mental health condition.

We noticed that mental capacity assessments had not always been carried out for all “decision specific” areas such as certain financial choices. It was not clear whether one person’s relative had the legal authority to manage her finances. Being a relative does not automatically give them the legal authority to make decisions or manage another adult's finances. We spoke with the registered manager and compliance manager about this issue. They told us they would address this and talk to the person’s care manager for advice.

We considered improvements were needed to ensure that staff followed the principles of the Mental Capacity Act 2005 consistently.

The registered manager had notified us of DoLS applications which had been authorised by the local authority. The registered manager informed us she was in the process of writing care plans for people who had a DoLS authorisation in place, so staff were aware of what actions they needed to take.

We read people’s care records and noted people had access to a range of health and social care professionals including; GP’s, speech and language therapists, social workers, opticians and podiatrists. This was confirmed by those health and social care professionals with whom we contacted.

We spent time with people at lunch time on the first day of our inspection. We noticed people were given a choice of meal and condiments. One of the staff, who was leaving, had brought in fresh cream cakes for people which they enjoyed for dessert.

We noticed the menu was displayed in the kitchen. The print was small and did not have any pictures to make the written words easier to understand. We spoke with the registered manager about this issue. She informed us that there was not an easy read menu in place, but people were always given a choice of meals and, where necessary, shown the individual foods or condiments, such as a bottle of tomato sauce, to check whether they wanted it. This was confirmed by our observations.

Staff told us, and people agreed that they were involved in deciding the menu. We spoke with staff who were knowledgeable about people's dietary requirements, such as those who needed a diabetic or low fat diet.

Good

Is the service caring?

Our findings

Most people who were able to communicate with us verbally told us they were happy living at Bailiffgate. One person said however, that they wanted to move out and live independently. Staff were liaising with the care manager regarding this decision.

We spoke with people's friends and relatives. Comments included, "They treat him kindly from what I've seen," "He has a good relationship with staff," "The care is excellent" and "She calls it home, she will say when she comes to visit, I've got to get home."

We checked the latest survey which was carried out in January 2014. Comments from relatives included, "All the staff do a wonderful job looking after my daughter especially when she is having one of her off days. I really appreciate the care and concern shown to her" and "I think my sister could not be better taken care of and I personally thank God she lives at Bailiffgate."

We spoke with a member of staff from the district nursing service. She told us, "We don't have a huge lot of input, but whenever we've been, people look well cared for. We have no issues."

We spent time observing staff interactions. We saw people appeared comfortable with staff and were smiling and laughing. We noticed there were positive interactions between people and staff, but some interactions were more positive than others. Certain staff appeared more confident at communicating with people than other staff. In the afternoon of our first visit, people were enjoying watching a film with staff. People and staff were all sitting together on the large settee in the lounge, eating snacks and laughing.

Staff were aware of people's needs and their likes and dislikes and could describe these to us. Staff explained that one person enjoyed attending church and various church activities, whilst another person loved anything connected with the Queen. A staff member said, "She has books about the Queen and loves watching the Queen on television."

Staff promoted people's privacy and dignity. One member of staff told us that many people did not close or lock the door when they used the toilet or bathroom. The staff member said, "You just have to be aware and remind people to shut the door." We saw that staff knocked on people's doors before they entered. We noticed some people had "hand" signs on their doors to remind other people to knock before they entered.

The manager told us one person had an Independent Mental Capacity Advocate (IMCA). Advocates can represent the views and wishes for people who are not able express their wishes.

We spoke with the IMCA who said she had only recently been involved with this person. She explained she did not have any initial concerns and staff promoted the person's choices.

Requires Improvement

Is the service responsive?

Our findings

Relatives informed us they felt that there was a good activities programme in place. One relative said, “I think they have a good programme of activities.” Another stated, “They go on holiday.” A third said, “They’re not shut away.” One person with whom we spoke told us however, “I’m bored, there’s nowt to do.”

We spent time observing staff practices and how they supported people on the first morning of our visit. We noticed a member of staff was preparing lunch. People were observing the meal preparations closely. We asked staff after lunch whether people were involved in meal time preparations. Staff explained they involved them as much as possible. One member of staff told us, “They can’t use knives, they’re happy just to watch.” We discussed this comment with the registered manager and compliance manager. The compliance manager informed us this was down to individual risk assessment and they were adopting the active support model. She told us they were working with the care manager from the local NHS Trust and the member of staff from the BAIT to implement this model of support. On the second morning of our inspection, staff involved people more in helping to prepare lunch.

Some staff felt there could be more activities for people. This was confirmed by the member of staff from the BAIT and care manager from the local NHS Trust. The member of staff from the BAIT told us it was important for staff to focus on promoting life skills and improving people’s independence and not just attending activities outside of the service. The care manager told us, “There needs to be more involvement and more social stimulus. There is not enough social stimulus and they are seeking other methods of gaining staff attention.” One staff member told us, “If they want to be a proactive service they need more staff.” This issue is discussed further in the safe domain.

We discussed these comments with the compliance manager. She told us, “We have recruited an activities person. We had identified this before the inspection.” She also told us that as part of the active support model, staff were going to be involved in observing practices within the home to see where improvements could be made. She said, “They are literally just going in and watching what is going on.”

During our inspection, we noticed most people chose to sit in the kitchen which had an extended dining area. The registered manager told us, “The kitchen is the hub, it’s where everyone likes to sit and socialise.” We saw staff facilitated games such as Connect 4 and some people did jigsaws. Some people accessed the local community with staff in both the morning and afternoon and another person enjoyed writing her Christmas cards.

We observed routines within the home, including the administration of medicines. We noticed people went to the office for their medicines. We asked the compliance manager whether this procedure was person centred and promoted people’s independence. The compliance manager explained that the operations manager had a background in independent supported living services and was providing additional management support at Bailiffgate. We spoke with the director of care services following our inspection. She told us that individual medicines cabinets had been ordered to put in people's bedrooms.

We spoke with relatives about whether the service was responsive to people’s needs. One relative said, “I am aware of the difficulties that can arise when someone is not able to be aware of and respond to their own personal care and health needs. I’m therefore extremely pleased with the way her needs are met.”

We read one person’s care plan which stated that she had epilepsy. Staff informed us there was one sleep-in member of staff who would wake up overnight if there were any issues or concerns. They stated they could hear if the person had a seizure overnight. We were concerned however, that there was no epilepsy monitoring equipment in place, to alert staff if the person was having a seizure. We spoke with the registered manager and compliance manager about this issue. They said the equipment was on order. Following our inspection, the compliance manager wrote to us and said, “The bed alarm has been reordered today from a different company.”

We considered further improvements were required to ensure that people received personalised care that was responsive to their needs**.**

Following our inspection, the director of care services wrote to us and stated, "The charity has actively responded to developing resources to promote the wider life-skill opportunities for residents prior to the CQC inspection…A

Requires Improvement

Is the service responsive?

dedicated behaviour manager is due to take post from 1 April [2015] and a dedicated charity driver has been recruited and is now in post and is available to all services along with free access to our charity's 15 seater mini-bus."

The manager told us and records confirmed that the service had a complaints procedure. We noted this procedure was displayed. Pictures were added to make the written words easier to understand.

The complaints policy and procedure clearly identified the people who had been nominated within the company to manage and investigate complaints. It confirmed the expected timescales for responses and advised people of the process if they were dissatisfied with the outcome.

We spoke with staff who were able to tell us how they would manage a complaint and who they would tell about it. We considered staff had read and understood the complaints procedure.

We consulted the compliance manager about the actions taken if people or relatives were unhappy with the outcome of their complaint. The compliance manager told us she would either arrange a face to face meeting or telephone the individual to discuss their complaint further.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place. She was present on both days of our inspection.

Due to unforeseen circumstances, the registered manager had taken periods of time off throughout the year. Following our inspection, the registered manager had to take another period of time off work, of which we were notified. We therefore communicated and provided feedback to the compliance manager.

The compliance manager told us that the service was going through a period of change. There had been a change in the provider's organisational structure. She had previously been the director of adult services. However, her colleague was now director of both adults' and children's services. She informed us she was still the nominated individual. In addition, a new chief executive had been appointed in June 2014. The previous chief executive had been in post for 18 years.

Following the inspection, the director of care services wrote to us and stated, "Our new CEO [chief executive officer] was formally appointed in September, having been the charity's former deputy CEO. An immediate restructure took place and I assumed the role of director of care to ensure continuity of care practice throughout the charity. An additional dedicated role in compliance was also created to train and support all managers with their registered duties and a new operational management position was created to support me in my role." She also informed us that she was going to apply to become the new nominated individual.

The provider sought to ensure they were an open, transparent and inclusive service. Information on their aims, beliefs, mission and was published on their website. We read a comment from the new chief executive which stated, "Working for the common good by enabling people to develop to their personal potential is the tenet that underpins everything we do. It is why people are at the heart of our work and why they will always remain so."

We consulted staff about working at Bailiffgate and the support they received from the registered manager. Most staff informed us that more support from the manager would be appreciated. They informed us that morale was sometimes low. Some staff said they did not receive their rota in a timely manner and could therefore not plan for their days off.

Two relatives felt that leadership at the service could be improved. One relative told us actions were not always carried out in a timely manner. He said he had taken his family member out into the local community and noticed that her disability badge was out of date. He said, "I shouldn't have to be noticing things like that. They should be organising that…and they still haven't applied for a new badge yet."

We spoke with the compliance manager about the comments from staff and relatives. She told us she had organised extra management support at Bailiffgate. The operations manager and a registered manager from another location were supporting staff at Bailiffgate. She stated the operations manager had updated the relative regarding the disabled badge situation which had been immediately addressed.

We considered improvements were required to ensure that there was a positive culture within the home and visible leadership.

We checked how the provider monitored the quality of the service. We noted a range of audits were carried out by the registered manager and compliance manager. These audits included checks on health and safety, care plans, infection control and medicines management. We considered however, that the medicines audit did not cover all areas of medicines management, such as medicines recording. We spoke to the registered manager and compliance manager who told us they would address this immediately.

Annual surveys were carried out to check whether people and their relatives were happy with the care provided by staff. The registered manager informed us there had been one relatives' meeting in 2014. All relatives with whom we spoke told us they felt this was sufficient since they could go to the registered manager and staff with any concerns they had. Following our feedback however, the compliance manager wrote to us and stated, "As you know my role has changed. As part of this I am responsible for the annual survey process. I have already reviewed the surveys with Marketing that will be going out to Bailiffgate family and

Requires Improvement

Is the service well-led?

residents, and it includes the question regarding 'feeling safe' and 'listened to.' As another measure I will increase the surveys to twice yearly for this year, to ensure people have an opportunity to comment."

The provider used a computerised management system to record and report. The compliance manager informed us the system was going to be updated to ensure that all aspects of the service were included, such as complaints and safeguarding. We noted accidents and incidents were monitored and analysed. The registered manager told us one person had been falling more often. As a result, she had been referred to the physiotherapist and had a new walking aid.

The registered manager informed us of any notifiable incidents in line with legal requirements. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We discussed however, that we may need to be notified of certain incidents and altercations between people, since they may constitute abuse or alleged abuse. The registered manager and compliance manager informed us they would contact us if they were unsure whether a notification needed to be completed for an incident.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **There were not enough qualified, skilled and experienced staff to meet people's needs. Regulation 18 (1).**