

Alcyone Healthcare North East Ltd

Baedling Manor

Inspection report

Front Street West
Bedlington
Northumberland
NE22 5TT

Date of inspection visit:
22 May 2018
23 May 2018
24 May 2018

Date of publication:
18 July 2018

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

The inspection took place on the 22 May 2018 and was unannounced. We carried out two further visits to the home on 23 and 24 May 2018 to complete the inspection.

Baedling Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 50 people. There were 26 people living at the home at the time of the inspection.

This was the first inspection of the home since the service first registered with the Care Quality Commission [CQC] in June 2017.

A registered manager was in post. A registered manager is a person who has registered with the CQC 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.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. The local authority safeguarding team told us that there were no organisational safeguarding concerns regarding the home.

The furnishings and fittings were luxurious and all areas of the building were well maintained. People and relatives were very complimentary about the premises. One person told us, "It's like a five star hotel."

There were sufficient staff deployed. Safe recruitment procedures were followed and staff had completed training in safe working practices. There were safe systems in place to receive, store, administer and dispose of medicines.

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 place supported this practice. The registered manager was strengthening the home's documentation to ensure that records reflected how the Mental Capacity Act [2005] was followed in practice.

We observed that staff supported people with their dietary requirements. We spoke with the head chef and chef who spoke passionately about ensuring people's nutritional needs were met and that the meals provided at the home were of the highest standard.

Staff were motivated and committed and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. One staff member told us, "It's passionate care here."

Staff were knowledgeable about people's preferences and life histories. We have made a recommendation that people's electronic care plans reflect this information.

There was an activities coordinator employed to help meet the social needs of people. A varied activities programme was in place. The home was part of the local community. The hair and beauty salon and café were open to the public.

People and relatives spoke positively about the home. One relative told us, "It is a modern way of looking at care; a lot of thought has been put into it." All staff informed us they were happy working at the service and morale was good and they enjoyed working at the home. We observed that this positivity was reflected in the care and support which staff provided throughout the day.

Regular audits and checks were carried out to monitor all aspects of the service. Feedback systems were in place to obtain people and their representatives' views.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

Checks were carried out on all aspects of the environment to ensure it was safe.

There was a system in place to manage medicines safely. Safe recruitment procedures were followed. There were sufficient staff deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had completed training in safe working practices.

Staff followed the principles of the Mental Capacity Act 2005 [MCA]. The registered manager was strengthening the home's documentation to ensure that records reflected how the MCA was followed in practice.

People were supported to receive a suitable and nutritious diet and access health care services.

Is the service caring?

Good ●

The service was caring.

People and relatives told us that staff were caring.

Staff were motivated and committed and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did.

People and relatives told us and our own observations confirmed that staff promoted people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

There was a varied activities programme in place. An activities facilitator was employed to help meet people's social needs.

Staff were knowledgeable about people's preferences and life histories. We have made a recommendation that people's electronic care plans reflect this information.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

Is the service well-led?

The service was well led.

A registered manager was in post. The managing director oversaw the management of the service. People, relatives and staff spoke positively about management staff.

A range of audits and checks were carried out to monitor the quality and safety of the service.

Staff informed us that they enjoyed working at the home and morale was good.

Good ●

Baedling Manor

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 took place on 22 May 2018 and was unannounced. We carried out two further visits to the home on 23 and 24 May 2018 to complete the inspection. Two inspectors attended the home on the first day of the inspection and one inspector attended on the second and third day.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We received a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service, how they are addressing the five questions and what improvements they plan to make.

We contacted Northumberland local authority safeguarding and contracts and commissioning teams prior to our inspection. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of this inspection.

During the inspection, we spoke with 10 people and four relatives. We also spoke with a nurse practitioner and infection control practitioner from the local NHS Trust, a member of staff from a local activities charity and the external manager of the home's hair and beauty salon. We also emailed a clinical psychologist from Northumberland behaviour support service for their feedback.

We spoke with the managing director, the registered manager; two senior care workers, four care workers, the activities coordinator, head chef, chef, housekeeper and maintenance person. We also spoke with two staff on night duty to find out how care was delivered at night.

We observed people's care and support in communal areas of the home and viewed three people's computerised care records to ascertain how care was delivered. We also looked at information relating to staff recruitment and training. We examined a variety of records which related to the management of the

service.

Is the service safe?

Our findings

People and relatives told us the service was safe. Comments included, "Oh yes, I feel safe," "She's safe, getting care and stimulation - it's been great" and "Without a doubt it's safe, she's never had any falls since she's been here."

There were safeguarding procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. One staff member told us, "I would report anything verbally. If I'm not comfortable with anything I would say." Staff said they had no concerns about practices at the home.

We received mixed feedback from people and relatives about whether there was sufficient staff on duty. Comments included, "The staff are always busy," "There aren't enough staff. That's ongoing, sometimes you have to wait," "The staff are lovely but there aren't enough of them," "Yes and no [to the question is there enough staff?]. They're run off their feet. Nothing is too much trouble," "Enough staff, always looking after us."

A staffing tool was used to assess the numbers of staff on duty. This was linked to the dependency levels of people at the service. Throughout our visit we observed that staff carried out their duties in a calm, unhurried manner. Call bells were answered promptly. We concluded that there were sufficient staff deployed to meet people's assessed needs.

We checked the safety and suitability of the premises and equipment. The furnishings and fittings were luxurious and all areas of the building were well maintained. Checks were carried out to ensure the building and equipment were safe. People and relatives were very complimentary about the accommodation. Comments included, "The rooms and facilities are first class, they provide the creature comforts and stimulation necessary to satisfy my mother's needs. The room quality is good" and "The toilet facilities are absolutely excellent." A staff member said, "No concerns regarding the building or equipment. Everything is the latest with hoists and lifting equipment and there is plenty. There is a weighing chair which is used regularly. Everything is done to the book and completed here."

Personal emergency evacuation plans were in place which detailed how people should be supported to leave the building in the event of an emergency. We read a letter from the local authority's fire safety service which stated, "I am pleased to advise you that a reasonable standard of fire safety was evident in the areas that I saw when I visited your premises on 13 February 2018."

Prior to our inspection, we spoke with an infection control practitioner who explained that there had been two recent diarrhoea and vomiting outbreaks at the service. They had advised the provider to purchase a steam cleaner. At the time of the inspection, the provider was carrying out research into steam cleaners.

We checked catheter care. We read that some staff applied the night bag directly to the catheter tube. Best practice guidance states that night bags should be attached to the opened drainage tap of the leg bag to minimise the risk of infection. The registered manager told us that she would speak with district nursing staff

about this issue.

We saw that the home was clean and there were no odours. Staff had access to and used gloves and aprons.

Staff told us, and records confirmed that the correct recruitment procedures were carried out before staff started work. We examined one staff member's recruitment file and noted that a Disclosure and Barring Service check had been obtained. Two written references had also been received. This demonstrated the provider had systems in place designed to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and of suitable character to do their jobs.

People told us that they received their medicines as prescribed. One person said, "Yes, we get them at the right time, they don't forget." Another person told us, "I have to have tablets and they are always given on time."

We found there was a safe system in place for the receipt, storage, administration, recording and disposal of medicines. We found some minor recording issues mainly relating to topical medicines. The registered manager told us that these would be addressed.

There were computerised assessments in place where people had been identified as being at risk. They described the actions staff were to take to reduce the possibility of harm. Areas of risk included choking, falls, moving and handling, malnutrition and pressure ulcers.

Is the service effective?

Our findings

All staff informed us that they felt equipped to carry out their roles and said there was sufficient training available. Comments from staff included, "Training is ongoing, we get policy updates to our personal phone. They email us, if we need training he [managing director] puts us on a list if there's anything to address. They're quite good at that" and "I think I do have the skills to support people. I have also supported one person with end of life. It was a good learning curve and nice to support this person."

The registered manager gave us a copy of the home's training matrix. This showed that staff had completed various training courses such as moving and handling and dementia care. Further training was planned such as catheter care. The registered manager was liaising with the company who provided their computerised staff management system. She explained she was looking at ways to simplify their training recording system to ensure it reflected the training requirements of staff. Induction training was completed to make sure that staff had achieved acceptable levels of competence in their job role.

All staff told us that they felt supported in their roles. One staff member said, "You are fully supported here." Staff told us they had regular supervision. Staff had not yet had an appraisal because the home had not yet been open for a year. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

People and relatives told us that staff met their needs effectively. Comments included, "They are so on the ball" and "Yes, they know what they are doing."

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had assessed whether people's plan of care amounted to a deprivation and had submitted DoLS applications to the local authority in line with legal requirements. The registered manager was strengthening the home's paperwork to ensure that records reflected how the MCA was followed in practice.

People's nutritional needs were met. People and relatives were very positive about the meals at the service. Comments included, "Mum must like the food, whenever we are out, she always wants to be back [in time for dinner]" and "The food's good...everything's good."

We spoke with the head chef and chef who spoke passionately about ensuring people's nutritional needs were met and that the meals provided at the home were of the highest standard.

We observed the lunch time period and saw that staff were attentive to people's requirements. Individual support was provided discreetly.

Staff recorded some people's diet and fluid intake. We noted that some charts had omissions. We spoke with the registered manager who told us that this would be addressed.

People and relatives told us that staff contacted health care professionals to meet their specific needs. Comments included, "If you wanted you could get a full [health] MOT here" and "She's already had chiropody since she's been here [two weeks]."

We saw evidence that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GP's, district nurses, the chiropodist and dentist. The nurse practitioner held a weekly clinic and district nurses attended on a Tuesday and Friday. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

The environment and facilities met the needs of the people who lived at the home. All bedrooms were individual and had en-suite toilet and shower facilities. Some rooms had balconies, which people could use to enjoy the outdoors. One person who was staying at the home for respite care said, "The wet room is absolutely brilliant" and "I'm making it cosy. I've brought in my own television."

There was a hair and beauty salon, which was also open to the public. It was managed by the local hairdresser who had another salon in Bedlington. She told us, "I love the concept of it all... "They can come down [to the salon] whenever they want. I don't want there to be set days" and "The public are starting to come in and a couple of the residents love to come down and sit and have a cup of tea and see what's going on."

There was a cinema which had real theatre seats with cup-holders for popcorn and curtains which opened to reveal the cinema screen. There was a shop which sold toiletries and old-fashioned sweets. Other facilities included a library and information resource area, a fully licensed bar, a piano lounge with a baby grand piano, a bistro style café, a guest suite for any visitors who needed to stay overnight and a children's play area.

Is the service caring?

Our findings

People and relatives told us that staff were caring. Comments included, "It's very good, caring staff, five star. They really interact with residents, we can ring any time," "It's in their nature [caring], their experience," "[Staff are] more laughy than pokey [miserable]," "You can talk to her [care worker]. She is one of my favourites" and "Sometimes you feel very lonely, you can have a wee [little] word, it sorts you out." A member of staff from a local activities charity told us, "I think it's lovely and very friendly and just looking at them, I feel they all have a friend in the care staff" and "[They are cared for] it shows in the way they dress, they look nice – they are all treated as individuals."

Staff were motivated and committed and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Comments included, "I like the ethos here – to care for the spiritual wellbeing of the individual and care for the person as a whole," "It's a totally different type of care home, they're not just numbers. You get to know each individual," "I don't think it's a care home, people think it's a hotel. They're getting looked after. They press their buzzer and ask for room service. They deserve it, don't they," "We know their little ways," "I think they feel more at home here, we have more time to spend with them. It's not routine – it's what they want to do and what they would do at home" and "Everything is for the residents."

We viewed feedback from a national care homes review website. Most of the comments were positive. The managing director had replied to one relative's positive feedback and stated, "We greatly appreciate your kind, heartfelt comments. Myself and our team love playing a part in your mum's support. On a personal level, she makes me smile and laugh every day and personifies "living well with Dementia". She reminds me daily of why I do this job."

Staff were knowledgeable about people's needs and preferences and could describe these to us. One staff member told us, "[Name of person] doesn't like bits in her marmalade so I pick them out for her and also cut her crusts off. That wouldn't happen in other places."

People's human rights were protected by the service. Article 8 of the Human Rights Act; Respect for your private and family life was important to the service. Staff spoke in a caring and respectful manner about the people they supported. They talked about caring for people like members of their family. We asked staff if they would be happy for a friend or relative to live at the home. They confirmed they would. A member of staff from a local activities charity told us, "They could be her own parents the way she cares [activities coordinator]." People told us and our own observations confirmed, that relatives and visitors were welcome at any time. There was a guest suite for relatives and friends to stay overnight. One relative told us how they appreciated this facility because of the distance they had travelled.

People living at the home had formed friendships with each other. Staff supported social interactions between people. Small groups of people chose to eat together. One person told us, "We talk amongst ourselves."

People and relatives told us that people's privacy and dignity was promoted. One person told us, "They're good like that." A staff member said, "I give them a towel so they can keep themselves covered. I always knock and say who I am." Staff did not wear uniforms. One staff member told us, "This is their home, we don't wear uniforms because there's no them and us. We're like one big family." A relative said, "For the likes of my mum, the good thing is no uniforms. She was in another home and she didn't like it [that staff had uniforms]."

Accommodation was spread across three floors. Staff explained that the different floors were given names rather than being referred to as units. One staff member said, "Calling the floor Hollymount is important as it isn't labelling the people who live there as having dementia." Other staff told us, "This is their home, they're not units" and "We are working in their home – this is where they live"

A clinical room was located on the third floor. Staff explained that people could choose to see healthcare professionals in their room or in the clinic. One staff member told us, "We take people to their rooms to see the doctor or nurse or to the clinic so they can be seen in private."

Staff sat with people to complete their documentation in the lounge areas. We noted that certain care charts were stored in one of the lounges on the windowsill. We spoke with the registered manager who told us that this would be addressed.

People told us they were involved in their care and support. At the time of our inspection, no one accessed the services of an advocate, but we saw more informal means of advocacy through regular contact with families. This meant that people were invited to be supported by those who knew them best. Advocates help to represent the views and wishes of people who are not able to express their wishes.

Is the service responsive?

Our findings

People and relatives told us that staff were responsive to people's needs. Comments included, "She's been walking better since she's been here, it's brilliant" and "The staff are really pleasant and they are always ready to help." We read a recent review on a national care homes review website. One relative had written, "All of the staff have worked hard to make the transition as smooth as possible and shown the necessary care and commitment required to provide myself and my family with the reassurance needed during the whole process." We spoke with this relative who confirmed their review and told us that we could use their comments in our report.

A computerised care management system was in place. We noted however, that information about people's life histories and their likes and dislikes was not always detailed.

We recommend that the provider ensures that care plans include people's personal histories, preferences and interests.

The computerised care management system flagged when certain care activities and monitoring checks were due. Staff explained that 'must do' activities such as toileting support were entered onto the system. Whilst we saw that people's needs were met by staff; we noted that some 'must do' activities had not been completed on the system. We spoke with staff who told us that sometimes the set times for these duties did not reflect people's individual needs. The registered manager told us that she would look into this issue.

One person was receiving end of life care at the home. We visited this person and they told us they were being looked after well. A staff member came into their room and asked whether there was anything they needed. The person asked for one of their favourite chocolate mousses, which the staff member immediately got.

Staff explained the importance of remembering and respecting people after they had died. One staff member said, "I always try to go to funerals, there is always a member of staff represented. They are all quite dear."

We checked how people's social needs were met. An activities coordinator was employed. The activities coordinator spoke enthusiastically about ensuring people were happy and their social needs were met. She said, "I like making people happy – that's my favourite thing in life. I love it here."

We spoke with a member of staff from the local activities charity. She told us, "They get a lot of stimulation here...Everyone is included." She also said, "The knitting group come in and even if people can't knit, they can still appreciate it and see what's going on."

We found there was a varied activities programme in place. People had enjoyed celebrating the recent Royal wedding at the home. One person showed us their invitation to attend. They said, "Isn't it beautiful?" The managing director had also bought everyone their own china cup to commemorate the wedding. One

person told us, "He got us all a mug of the royals, it is a lovely keepsake." A makeup artist and hairdresser attended the home to do people's hair and makeup. We saw photographs of people smiling and happy, dressed in their finest clothes.

During the inspection, an activity based session was held by Smile through Sport. Smile through Sport is a not for profit organisation that provides and facilitates a range of activities. 'Activities for senses' were also organised by the activities coordinator. This involved people smelling and tasting various foods. The activities coordinator told us, "Activities for senses helps evoke memories which have stories attached."

People's love of music was encouraged by the transmission of music throughout the home, including the bathrooms. There was a piano lounge with a grand piano and the managing director sang either spontaneously, or at planned events. One person told us, "He entertains us, he sings. He's a lovely singer."

There was a complaints procedure in place. Records of complaints were maintained with details of what action had been taken.

Is the service well-led?

Our findings

People and relatives were positive about the service. Comments included, "It's much better than my expectations," "The staff here are exceptional. [Name of staff member] is exceptional and [name of staff member] is even better," "You couldn't find fault," "There's a good atmosphere," "It's number one," "I want to put my name down to come here" and "They get five star treatment here"

There was a registered manager in post. The managing director oversaw the management of the service. People and relatives were complimentary about the management of the service. Comments included, "He's [managing director] is lovely and generous," "[Name of managing director] has tried to get everything working, he has modern ideas about communication," "Managers are easy to go to with concerns," "Management are very approachable, very open," "If you want to know how it operates, it's 10 out of 10," "He [managing director] was with us for the wedding [royal], giving out the mocktails" and "I absolutely love [name of managing director's] passion for how it has to be the best"

Regular audits and checks were carried out to monitor all aspects of the service. These were based on CQC's key lines of enquiry. We read that action was being taken to ensure that care plans were "person centred" and included personal histories and social information. We spoke with the registered manager and managing director about the introduction of a more effective system to ensure care charts, including food and fluids, topical medicines and positional changes were accurate and well maintained. They told us that this would be addressed.

There were various feedback mechanisms in place to obtain the views of people and their representatives. Meetings and surveys were carried out. Comments from relatives included, "The communication is good. When there is a review they let us know, or rearrange for when we are up" and "There's good email contact with [name of director and registered manager]." These systems meant that people, their representatives and staff were regularly involved with the service in a meaningful way to help drive continuous improvement.

We spoke with one health professional who felt that communication could be improved. The registered manager told us that they had instigated a daily team brief for heads of department to help improve communication. We attended a meeting and found it was comprehensive and covered all important areas of the home.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found that the provider was meeting this standard. We noted that information was available in a number different formats.

There was an emphasis upon technology at the home. Computers were available in the information resource area, people were also able to video call their relatives and friends. A messenger service was also available which enabled people to receive messages and pictures straight to a television screen. This helped

ensure people remained part of the wider community and facilitated contact with relatives and friends.

Accidents and incidents were recorded and analysed. Staff explained that any incidents were discussed and reflected upon to ensure that action was taken to help reduce the likelihood of any reoccurrences. One staff member said, "It's like reflective learning all the time."

Staff were very positive about working for the provider. They said they felt valued and enjoyed working at the home. Comments included, "It's much better than [previous employer], the team get on much better," "We're quite close. Where new ones come in, we welcome them. [Name of managing director], he's so funny and [name of registered manager]. I love it here," "I love it here, it's totally different, it's more relaxed. We like it, it's lovely," "I'm still in shock at how good it is. For me [morale] is good," "I love working here, the people, the residents and we've got good staff," "It's the best place I've ever worked," "I'm proud to work here, I enjoy coming. They encourage the staff to come to all the social things for the residents... It's like a family and I'm happy to come here" and "I'm proud to be part of this team, it's early days but it's work in progress. [Name of managing director] is a very kind man and if someone wants something he will go out and get it. We are here to look after people and make it special for them. I'm proud to have a manager that is caring. I could say I'm proud of myself as I'm not academic but I surprised myself passing my apprenticeship in Health and Social Care."

We observed that this positivity was reflected in the care and support which staff provided throughout the day. Staff responded positively to any requests for assistance and always sought to be complimentary when speaking with people.

The home was part of the local community. The hair and beauty salon and café were open to the public. This inclusion encouraged people to interact with the local community.