

Alcyone Healthcare North East Ltd

Baedling Manor

Inspection report

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Date of inspection visit:
08 July 2020

Date of publication:
11 September 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service:

Baedling Manor is a residential care home providing accommodation and personal care to 54 older people. At the time of this inspection 49 people lived at the home.

People's experience of using this service and what we found

We received mixed feedback from people, relatives, staff and visitors. Issues and concerns were raised about the safety, effectiveness and management of the service.

People did not always experience safe care and treatment. The provider had not done enough to assess, monitor and mitigate risks related to people's health and safety.

There was not always not enough suitable staff deployed to safely meet people's needs. Staff training was not up to date and staff had not been routinely supervised. The staff recruitment process needed to be more robust. We have made a recommendation about staff recruitment.

People were not always safeguarded from the risk of harm. Incidents were not reported or recorded properly, and action was not always taken to address matters. The home was placed into organisational safeguarding by the local authority and there were police investigations in progress. This meant the local authority was monitoring the home and supporting them to ensure the correct procedures were in place to keep people safe.

Staff did not always work in accordance with the Mental Capacity Act 2005 (MCA). Deprivation of Liberty Safeguards (DoLS) were not properly monitored and managed in line with the MCA code of conduct.

Consent was not always sought from the relevant person. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. Although policies and procedures were in place, systems were not always followed.

There was no registered manager at this service. Audits and checks of the service were inconsistent and, in some cases, they had not been completed for some time. Consequently, the provider did not have robust oversight of the service. The new manager had identified some shortfalls and started to implement change and improvements.

The systems in place had not always been effectively managed to ensure care was delivered in line with standards, guidance and the law. The provider had not notified CQC of some events which they were legally required to do so.

Staff worked alongside external health professionals to support people's health and well-being.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 March 2019).

Why we inspected

We received concerns in relation to safeguarding people, staffing, recruitment, medicines, infection control, consent, complaints and the governance of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. Ratings from previous comprehensive inspections for the key questions we did not inspect were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Baedling Manor on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, safeguarding people from the risk of harm, people's consent to their care and support, staffing and the overall governance of the service at this inspection. In addition, we also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 namely, Notification of other incidents.

Follow up

We have requested an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Baedling Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

Baedling Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The provider, Alycone Healthcare Northeast Ltd, is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. Having consideration of the coronavirus pandemic, we gave the manager very short notice of our arrival.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with staff on duty including the manager, care staff, the entertainment officer and the chef. We spoke with the director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke to a visiting healthcare professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were examined.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further information which they sent to us electronically. We contacted seven professionals who had recently been involved with the service to seek feedback. We spoke with the operations manager and we also emailed 17 other members of staff. Two replies were received.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding systems were not in place and processes to protect people from the risk of abuse had not always been followed by staff and the management team.
- The management team had not always investigated safeguarding matters or reported them to the appropriate agencies. The local authority and police were investigating several matters of concern. An external professional told us, "There has been a marked increase in the amount of safeguarding concerns which have been brought to our attention; these concerns had not been passed on properly."

This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems were either not in place or robust enough to demonstrate people were protected from abuse. This placed people at increased risk of harm.

A new manager was in post who had started to implement safer systems and report previous matters in retrospect. The provider responded during and after the inspection, stating this would be addressed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There had been risks identified with the premises by the fire service several years ago. The provider had not addressed them all in a timely manner. There were still actions to carry out to improve the fire safety elements of the premises, which the manager and provider told us they would complete.
- Fire drills had not been completed as planned. Fire training was not up to date and there were gaps in the knowledge of some staff.
- The management team had not always investigated and recorded accidents and incidents thoroughly to ensure action was taken to prevent a reoccurrence.
- Risk assessments were in place for people's care, support and accommodation. However, these were not always properly monitored, evaluated and updated in a timely manner.
- The management team had not always reflected on lessons learned and shared this with staff to promote and ensure safer working practices.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not done enough to assess, monitor and mitigate risks related to people's health and safety. This placed people at increased risk of harm.

The provider told us following the inspection they were taking steps to address the matters of concern we raised with them about the risks associated with the premises.

Staffing and recruitment

- Staffing levels at the home were not always suitable to meet the needs of the people who lived there. A dependency tool was not used to assess staffing levels against people's needs. There were occasions when not enough staff were on duty. A staff member said, "Sometimes there is not always two staff available if someone requires 2-1 support with moving and handling."
- Staff rotas highlighted the recommended staffing levels had not been achieved on several occasions. Another member of staff said, "There has been occasions where the home has run with less staff than what is the expected level." Relatives also raised concerns about staffing levels.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not enough suitable staff were deployed to safely meet people's needs. This placed people at increased risk of harm.

Following the inspection, the manager told us they would liaise with the provider to address this concern.

- Staff recruitment and the use of volunteers had not always been managed safely. Risk assessments were not in place for some staff where appropriate.
- Information collected about candidates prior to their appointment was not always comprehensive enough to ensure new staff were of good character. The manager and provider assured us they would improve the recruitment process.

We recommend the provider consider current guidance on employing fit and proper persons.

Preventing and controlling infection

- Infection control systems were in place. We highlighted some issues related to infection control which the manager addressed during the inspection.
- Cleaning schedules were not available; therefore, the manager was unsure of the work being carried out by the domestic team. The home was tidy and appeared clean, however record keeping needed to be improved to monitor the accountability of staff and ensure the environment was clean and safe.
- Staff used Personal Protection Equipment (PPE) such as disposal gloves, aprons and face masks to reduce the risk of spreading coronavirus and other infections.
- An external professional had delivered infection control and prevention training, including enhanced PPE demonstrations to staff in response to the coronavirus pandemic.

Using medicines safely

- Medicine administration systems were in place. We identified some issues with the management of medicines which the manager told us they would promptly address. No people were at risk or had been harmed in respect of the issues we found with medicines management.
- Shortly before the inspection we were informed about medicines going missing. This had been referred to the local authority safeguarding team and was now subject of a police investigation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Mental capacity assessments were not always in place. This meant principles of the MCA had not been properly followed by staff or the management team to ensure people understood specific decisions and gave their consent to the care and support they received.
- Processes were not always followed correctly to ensure that people's rights were upheld and decisions were made in the best interests of people who lacked the mental capacity to make specific decisions themselves.
- Lasting power of attorney arrangements were in place for some people, however the provider did not have all the documentation in place to assure themselves that those acting on people's behalf were doing so legally.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that care was provided with the consent of the relevant person.

- DoLS were not properly monitored. Subsequently, people were being deprived of their liberty without lawful authority. Following our request, the manager undertook a review of DoLS applications and discovered nine decisions had expired and new applications had not been made. The manager addressed this immediately.

This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not acted in accordance with the MCA DoLS code of practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team had not made sure the systems in place had been effectively managed to ensure care was delivered in line with standards, guidance and the law. Regulations, nationally recognised guidance and laws around the MCA, DoLS and Human Rights were not always followed properly.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems and processes were not effectively operated to ensure compliance with requirements.

- People's needs were assessed, and care plans were in place. However, these were not always detailed, evaluated and updated. Care plans included people's wishes and choices.
- Aspects of care records had been further improved. People's life history sections contained comprehensive information to enable staff to get to know people better and provide personalised care.

Staff support: induction, training, skills and experience

- Staff training was not up to date. There were gaps in the skills and knowledge of staff across multiple aspects of the service such as, fire safety, MCA awareness, dementia care and end of life care.
- Staff had not been fully supported by the management team. Staff had not received a regular appraisal of their performance to identify any learning or development needs.
- Staff supervisions had not been routinely carried out to ensure their competence was maintained. The manager had recently identified this shortfall and had started to hold supervision and appraisal meetings with staff.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured staff were suitably trained and supported.

Supporting people to eat and drink enough to maintain a balanced diet

- The manager had not received appropriate training to ensure people's dietary needs were met. Consequently, people's needs were incorrectly assessed, and their weight was not always properly monitored.
- The chef and kitchen staff had not received appropriate training to meet people's special dietary requirements. This included dysphagia and modified/textured diet training.
- Communication between the care staff and kitchen needed to be improved. The manager and chef addressed this during the inspection.
- People had achieved positive outcomes. One person was identified as underweight. Staff followed dietitian advice and successfully supported the person to gain weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked alongside external professionals to sustain people's health and well-being. When people's needs changed staff made referrals to other services where necessary for input into their care. An external professional told us, "There is good communication, there are plans in place, people look happy and they do what I say." A relative said, "Every time we have raised health concerns staff always respond to this. That seems to be alright."

Adapting service, design, decoration to meet people's needs

- The home was suitably adapted and designed to meet people's needs. Individual bedrooms were personalised and comfortable.
- The home was decorated to a very high standard. A new cinema room had been created and was furnished to stimulate the whole cinema experience.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was inconsistent leadership due to multiple changes in the provider's management team since the last inspection. A staff member said, "I don't think the service is well-led. I would say this was due to a lack of leadership."
- There has been no registered manager at this home for a significant period. The previous manager resigned during the application process and the new manager had not yet had an application approved.
- Audits and checks of the service were sporadic and, in some cases, had not been completed at all. Consequently, the provider did not have oversight of the service. Whilst the new manager had identified some shortfalls, the provider had not identified the issues we raised during this inspection.
- The management team told us about gaps in their knowledge. They had not received training or refresher training in essential aspects of the service. Staff, relatives and external professionals raised concerns about the skills, experience and competency of the management team.
- Records related to the care people received, staffing and the management of the service were not always accurate, detailed enough and up to date.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because robust systems and processes were either not in place or not effectively operated to ensure compliance with regulatory requirements. This had reflected on the quality and safety of the service.

- Events which the provider is legally required to notify the commission of, had not been reported. The provider had not had oversight of this and consequently reportable events which occurred between February 2020 and May 2020 were not notified to the Commission.

This is a breach of Regulation 18 (Notification of other incidents) of the Care Quality commission (Registration) Regulations 2009. We are dealing with this matter outside of the inspection process.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care;

- The provider had missed opportunities to improve the service following complaints and feedback they had received. Records indicated that complaints were not robustly investigated. No explanations or outcomes were recorded. Staff, relatives and external professionals raised concerns about the provider's

approach to responding to complaints and feedback. Some were not confident that the provider would be open and honest if something went wrong.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to listen, record and respond appropriately to feedback raised through complaints.

- The provider had not always shared lessons learned with staff to promote continuous learning and improve the service.
- Staff were not suitably supervised or supported with reflective practice. A staff member said, "There has been a massive turnover of staff. There are massive issues with staffing issues, so quality is lacking."
- The manager was keen to improve care and learn from the outcome of this inspection. An external professional told us, "I get the impression (the manager) has uncovered a lot and is committed and is going to be open."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed feedback which indicated the provider did not always instil a positive culture which promoted openness and inclusivity. Some staff said they were afraid to speak up and feared losing their jobs. They described a culture of bullying and said they felt undervalued. A staff member said, "Staff morale is low at the minute."
- Some staff felt the appointment of the new manager was a positive step and they told us, matters were being addressed. One staff member said, "Hand on heart, it's been a lot better since (manager) took over."
- Most people were happy living at the service. They spoke well of the staff and said they were receiving a service which met their desired outcomes. The shortfalls we have identified had little impact on people. An external professional said, "(Name of person) has been in hospital and he is delighted to be back, he has such a gushing smile."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and relatives/friends who raised concerns were not always properly supported. Safeguarding matters were not always dealt with in an open and objective manner. A staff member said, "There have been a few serious concerns which have not been dealt with properly. I don't think we were taken seriously."
- Staff and relatives/friends raised concerns about confidentiality.
- It had been difficult for the provider to engage and involve people recently due to the coronavirus pandemic as people were self-isolating, visiting had been restricted and staff meetings had not occurred due to social distancing issues and pressures on the workforce.
- Relatives told us there had not been enough communication with them during the coronavirus pandemic. One relative said, "I don't think relatives have been kept particularly well-informed during lockdown. I wasn't told when (relative) was tested for Covid-19 and if I had been aware of this, I would have had questions about this."
- Visiting restrictions had just been relaxed when we inspected the service. The provider had contacted relatives and friends of people to explain the new visiting rules.

Working in partnership with others

- The management team had not always worked in partnership with external agencies or with those acting legally on behalf of people to ensure their needs were met and their rights were upheld.
- The management team, including the director of Alcyone Healthcare Northeast Ltd, told us they were

committed to improving the service and working in partnership with external agencies.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and support was not always provided with the consent of the relevant person. Staff were not familiar with the principles and codes of practice associated with the Mental Capacity Act 2005. Staff did not follow current legislation and guidance when obtaining consent or making decisions on behalf of people who lack the mental capacity to do so for themselves.</p> <p>Regulation 11 (1)(2)(3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always ensure care and support was provided in a safe way. There was a failure to properly assess, monitor and mitigate risks to the health and safety of people.</p> <p>Regulation 12 (1)(2)(a)(b)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes were not operated effectively to identify, investigate and respond to allegations of abuse. Staff did not follow local safeguarding arrangements to ensure allegations were properly investigated.</p>

Safeguarding did not have the appropriate level of scrutiny and the provider did not have full oversight of this.

The provider did not act in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards code of practice to ensure DoLS were monitored properly.

Regulation 13 (1)(2)(3)(4)(d)(5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not operated effectively to ensure compliance with regulations. The governance systems in place were not robust enough to identify shortfalls in quality and safety.</p> <p>The provider failed to ensure the service was assessed and monitored to improve quality and safety. Record keeping was not always accurately completed and up to date.</p> <p>Feedback about the service was not always listened to, recorded and responded to appropriately.</p> <p>Regulation 17 (1)(2)(a)(c)(e)(f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure that enough suitably trained and competent staff were deployed to safely meet people's needs. Staff training was not up to date. Staff had not been routinely supervised or appraised in their roles.</p> <p>Regulation 18 (1)(2)(a)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications of notifiable incidents that occurred at the service had not been made to the Commission in line with legal requirements

The enforcement action we took:

We did not proceed with enforcement action in respect of this breach.