Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bailiffgate

16 Bailiffgate, Alnwick, NE66 1LX

Tel: 01665605669

Date of Inspection: 10 October 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	St Cuthbert's Care
Registered Manager	Ms. Ann Davison-McDonald
Overview of the service	Bailiffgate is located in Alnwick. It can accommodate up to eleven people who have learning disabilities. Nursing care is not provided.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

We spoke with five people and three relatives to find out their opinions of the service. A high proportion of people who used the service were unable to express their views on the care they received because of the nature of their condition. However people indicated or gestured that they enjoyed living there.

Relatives told us and records confirmed, that consent was gained before care and treatment was carried out. One relative said, "X had to go for a dental procedure and I got a written form to sign."

Relatives were extremely complimentary about the service and the care and support provided. Comments included, "It's absolutely brilliant" and "I'm really really happy with the care." We considered that people experienced care, treatment and support that met their needs and protected their rights.

Relatives we spoke with were complimentary about the cleanliness of the service. Our own observations confirmed this. We considered that people were cared for in a clean, hygienic environment.

Relatives told us and our own observations confirmed that there were enough staff at the home to meet people's needs.

Relatives said they felt able to raise any concerns or comments about the service and that they had no complaints to make. Records confirmed that people were made aware of the complaints system.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Relatives told us that consent was gained before care and treatment was carried out. One relative said, "X had to go for a dental procedure and I got a written form to sign." Relatives also said that staff respected people's choices. One relative said, "There's a lot of thought goes into the care. There's lots of very different people live there and they always respect people's different views and choices."

During our visit, we saw examples of staff offering choices to people such as which drinks they preferred at mealtimes and what they would like to do during the day. In response to this last question, some people told staff they would like to go horse riding. Others wanted to stay in the home. Both needs were provided for. Staff told us that communication between themselves and people was important to them. If the wishes could not be expressed verbally, staff looked for non verbal signs of agreement. We saw evidence of this in practice and concluded that people were indeed asked for their consent and staff acted in accordance with their wishes.

We looked at three people's care plans. We noted that these contained information which related to people's ability to make their own decisions. We saw that assessments of their ability to make specific decisions had been carried out. These are known as mental capacity assessments. Where the assessment had determined that the person lacked capacity, records evidenced appropriate procedures had been followed to ensure they were protected. We concluded that if people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Relatives we spoke with were extremely complimentary about the care and treatment at Bailiffgate. One relative told us, "I'm so grateful for the care they get." Another relative said, "They religiously get X to doctor's appointments and other appointments like the chiropodist" and "They are really on top of all things medical." Other comments included, "They get the balance right between providing a homely environment and meeting the regulations, like fire safety. They are not risk averse though, they go on holidays and X goes horse riding," "They seem more than capable to deal with X's diabetic turns" and "I'd recommend it to anyone. They're very caring. She's come on leaps and bounds from where she last was."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that each person had a plan of care. This aimed to maintain the individual's welfare and took into account, people's physical, mental, emotional and social needs. This ensured that all aspects of the person's health were maintained. Most of the staff group had worked at the home for a considerable period of time and as a result, they knew people well. The people themselves seemed relaxed and comfortable in their presence. We spoke with staff who were knowledgeable about each person's care needs.

We noted that each person had a health passport. This contained detailed information about how staff should communicate with the individual concerned along with medical and personal information. This document could then be taken to the hospital or the GP to make sure that all professionals were aware of people's individual's needs.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The files contained risk assessments of hazardous scenarios that people might experience relating to everyday matters. These showed actions taken by the staff to reduce the risks, in road safety for example. This meant staff had clear guidelines to make sure people at the home were safe.

There were arrangements in place to deal with foreseeable emergencies. We noted that each person had a personal emergency evacuation plan. This detailed how people should be supported to evacuate the building in an emergency.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

Relatives were complimentary about the cleanliness of the home. One relative told us, "The room they eat in and X's bedroom is immaculate. I have no worries about cleanliness." Other comments included, "The cleanliness is spot on" and "There's high standards. X is kept beautifully clean as is her room. There's never any smells."

We looked around and observed that all areas including bedrooms and communal areas were clean. In addition, the home had been awarded the top food hygiene rating of 5. Hygiene ratings show how closely the business is meeting the requirements of food hygiene law. We considered that people were cared for in a clean, hygienic environment.

Staff had access to and used personal protective equipment such as gloves and disposable plastic aprons. This helped to make sure that people and staff were protected against the risk of acquiring an infection.

There were arrangements in place for the disposal of waste. The provider may find it useful to note, that with the exception of the kitchen, bin liners were not placed into individual bin containers because of the identified risk to one person. Although an individual risk assessment had been completed for this person, there was no general risk assessment in place to advise staff on how to manage this risk, for example how to empty and keep the bins clean. We spoke with the manager about this and she informed us that this would be immediately addressed.

Staff told us and training records confirmed that they had completed training in infection control. The manager told us that refresher training was planned for January 2013.There was an infection control policy in place so all staff were clear about what was good practice. The manager and senior carer were the named leads for infection prevention and control. This meant that the service had designated staff members to take responsibility for infection prevention and control. We considered that there were effective systems in place to reduce the risk and spread of infection.

We spoke with three members of staff. They all understood the importance of infection prevention and control and could clearly describe their own roles and responsibilities within this area.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Relatives told us that they thought there were enough staff at the home. One relative said, "Staffing doesn't seem to be a problem. They seem to manage, you never see standards slipping." Other comments included, "I've no reason to think that there's not enough staff. The general feeling is that everything is fine and X would let me know if she wasn't happy" and "There's enough staff. They seem to be almost one to one." Relatives were also very complimentary about the staff who worked there. Comments included, "It's a happy and well run home with kind, cheerful and very obliging staff" and "They do a difficult job very well."

There were ten people receiving care on the day of our inspection. The manager told us and the staff rota confirmed that there were three or four staff including the manager to care for people through the day. At night there was a 'sleep in' member of staff who would wake up if assistance was needed. In addition a housekeeper was employed Monday to Friday.

Staff themselves told us there were enough of them to meet and respond to the needs of people requiring personal care.

We saw staff giving people support throughout the visit. They did this in a calm, unhurried manner and responded to requests for assistance promptly.

Staff told us and records confirmed that there were many outings and activities because there were sufficient staff to organise and accompany people. On the day of our visit, horse riding had been arranged at the local riding stables. We concluded that there were enough qualified, skilled and experienced staff to meet people's needs on the day of our inspection.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Relatives told us they felt able to raise any concerns or comments about the service and that they had no complaints to make. One relative said, "The home is second to none. We have no complaints to make." Another relative told us, "I've no complaints. When X comes home for a visit she is always happy to go back and that's a good sign."

The manager told us and records confirmed that the service had a complaints procedure. We noted that this procedure was displayed. Pictures were added to make the written words easier to understand. In addition, monthly meetings were held for people who lived there. People were encouraged to attend and discuss any comments or complaints they had. We concluded that people were made aware of the complaints system. This was provided in a format that met their needs.

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. The provider may find it useful to note that the procedure stated that complaints could be referred to the Care Quality Commission (CQC). CQC cannot investigate complaints on behalf of individuals but uses the complaint information to inform risk assessments and future inspections of the service. We discussed this with the manager who told us the procedure would be amended.

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 that staff had read and understood the complaints procedure.

There had been eight concerns and complaints registered this year. These had been made by the people themselves and included the loudness of the television and the need to go home. The staff were attentive to these issues and wherever possible, resolved the problem. We concluded that people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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