Inspection Report

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

Baylis Place

61 Wawne Road, Sutton On Hull, Hull, HU7 4FE

Tel: 01482877011

Date of Inspection: 18 September 2013

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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
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Swanton Care and Community Limited
Registered Manager	Mrs. Bianca Rebecca Murtagh
Overview of the service	Baylis Place is a modern purpose built care home on the outskirts of Hull situated in a residential area close to shops,amenities and public transport.It is registered to provide accommodation for up to eleven adults with learning disabilities,autism and associated complex needs.
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 18 September 2013, 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 other regulators or the Department of Health.

What people told us and what we found

We found that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

The senior manager confirmed that they would complete an assessment if capacity to make decisions was in doubt and a best interest meeting would be held.

Comments included "I like it here it's good". "The staff are good and really help me" and "The staff help us with things we can't do ourselves, like when we are worried about something." People were happy with the care they received and told us they saw a range of health professionals for advice and treatment.

Comments included, "We are fully involved in our relatives care. The staff work well with us, to ensure any difficulties can be overcome. It is first rate."
People spoke positively about their care and support, comments included, "We are very happy with everything, we are in touch regularly and aware of what is going on. We also have the opportunity to ring and discuss any issues when they are at home and the staff are always happy to offer advice."

We found that staff helped to make sure health and social care was coordinated when provided by a range of professionals.

During a check of medication we found that medicines were appropriately stored.

We found that all staff employed in the service received regular supervision, training and support to enable them to fulfil the role expected of them.

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We saw that people's wishes and preferences were recorded in each of the three care files we checked.

People who used the service told us the manager had talked to them about things that affected their lives and they had agreed with it. They also told us that they had named key workers who met with them on a regular basis to discuss their progress, or areas of their personal care plan which may need to be changed. This meant that they had the opportunity to be involved in planning their care and had agreed to the content of it.

The staff we spoke with gave good examples of how they offered people choice and involved them in making decisions about their lives.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The senior manager told us that if someone could not make an informed decision other people were involved in looking at what was in their best interest. This was confirmed by staff during discussion.

Staff we spoke with told us they had received training about protecting people's rights. Their comments demonstrated an understanding of their role in protecting people's rights and acting in their best interest.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

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

We looked at the care records of three people who used the service. We found that the care and treatment was planned for and delivered in a way that was intended to ensure people's safety and welfare. Each person had a personal profile which included specific preferences, likes and dislikes. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan

A new care plan package was being trialled by the organisation known as 'My say'. This document identified a personalised profile about the individual including; what was important to them, their qualities, their aspirations and their preference of how their support should be offered.

Care plans had been reviewed periodically to make sure they reflected any changes in people's needs. Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Each file we checked contained details about the risks people might be vulnerable to or may present. These risks had been regularly reviewed so the information remained up to date. We also saw various tools were used to monitor things like people's weight and health needs.

We were told," The care plans provide us with all of the information that we need to support them, for example one person has a number of trigger points, it's about knowing what they are and being aware of what to do and what not to do."

We saw detailed daily notes had been completed which recorded how people had spent their day and any actions staff had taken in response to changes in their needs.

The people we spoke with said they were happy with the way staff cared and supported them and they raised no concerns. Staff were observed to respect the choices people made.

We saw people had access to a variety of social and leisure activities and their choices

had been recorded in their care file. On the day we visited people were attending different activities within the local community, whilst others were involved in their daily living skills programme, including food shopping and cleaning their bedroom. Other people were seen to go out to visit friends.

Each person was seen to have a skills file which was used to record the types of daily skills they could manage alone and areas where they needed assistance or more practice. These were signed off when the person was competent and new goals agreed and set with them.

The people we spoke with said they enjoyed the social activities available and also discussed regularly contacting or visiting their families.

Staff demonstrated a very good knowledge of the needs and preferences of the people they supported. They told us they had received the training they needed to meet people's needs and the records we saw confirmed this.

People and their relatives were consulted about their care plan and they were involved in reviews of care and treatment which took place at least annually. We saw that people's consent to their plan of care was recorded and their capacity to consent was documented. Relatives who we spoke with confirmed that they too were involved in this process.

There were arrangements in place to deal with foreseeable emergencies and to support people's healthcare needs. Initial assessments included a medical report. Input from other healthcare professionals, for example speech and language therapists and psychologists, was documented in the care plan. People were supported to attend doctor appointments.

People who used the service told us that they were supported to see their G.P. and other health professionals as required.

Health action plans were up to date and were completed in easy read format. An emergency "grab sheet" of transfer information was in place in the care record in case of an admission to hospital, so that information was available for staff about people's needs and people received appropriate treatment and support.

We found that care plans had been evaluated monthly with the individual and their key worker. Where needs had changed we found that care plans had been updated to reflect these changes

The people we spoke with said they enjoyed the social activities available and also discussed regularly contacting or visiting or their families.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink.

We looked at nutritional assessment and weight monitoring in peoples care plans; this had been recorded regularly when required. Likes and dislikes, eating patterns and where people needed support were also recorded.

We found that where staff had identified any issues with a person's nutrition such as their preference for less healthy eating options, there was evidence that they had sought advice and had commenced monitoring records. We found staff to be aware of people's nutritional needs and when people would require intervention.

Staff told us "We have meetings once a week to work out what food to buy: and sometimes have to encourage them with more healthy alternatives. They can choose what they eat from a varied menu, our menu plans cover all meals except from when people go out for a meal." and "The people living here have different likes and dislikes, but we are always able to agree as a group what people want included in the menu and what alternatives are needed for the people who don't like or want the main option."

People's comments included; "The food is great, I like the food here", "We go out to the pub or other places to eat sometimes."

We found from observation, discussion with staff, people who used the service and relatives, that the food provided was of good quality.

We found that there was a planned weekly menu, which was also available in pictorial format, to make it easier for people to understand. A record of the food served to people and any alternatives provided were recorded.

Fridge and freezer temperatures were recorded daily. Staff had received training in food hygiene and were aware of the safe handling and storage of food.

People who used the service had access to a smaller kitchen, when the main kitchen was in use, where they could prepare snacks and drinks, some had also completed food hygiene training.

Staff told us that shopping was done weekly with people using the service menus had been planned and agreed.

A visit made by the Environmental health Officer awarded the home a 5- star rating and ensured the service had a very good standard of hygiene.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines

Reasons for our judgement

We found medicines were given to people appropriately, were kept safely and were safely administered and disposed of.

We looked at the systems in place for managing medicines in the home. We looked at general storage and handling as well as a sample of medication administration records (MARs), stock and other records. We found that appropriate arrangements for the ordering, recording, administration and safe handling of medicines were in place.

Medicines were kept securely and were only accessible to authorised care workers. Staff had received medicines awareness training during induction and there was evidence in staff files that additional training courses were also provided. Staff told us that they completed a number of competency checks before they were allowed to administer the medicines.

We found that senior members of staff carried out regular medicines audits (checks).

The audits concentrated on a count of medicines received, recorded as administered and remaining medicines in relation to how many there were.

We looked at how medicines were reviewed and how staff responded to the changing needs of people living in the home. We found that appropriate referrals were made where necessary and any recommended actions were put in place quickly.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

Reasons for our judgement

Staff received appropriate professional development. Staff we spoke with felt they were well trained and supported. They said their training had included topics such as moving people safely, safeguarding people from abuse, fire awareness, and food hygiene. The records we saw confirmed this training had taken place and that it was regularly updated.

During our visit we saw staff supporting people in an inclusive way. They were seen helping with daily activities, meals preparation, shopping and make choices about how they spent their time. Staff appeared competent and confident in their roles.

We also saw staff had completed training specific to the needs of the people who lived at the home such as NAPPI (Non abusive psychological and physical interventions) which is a BILD (British Institute for Learning Disabilities) accredited managing challenging behaviour training,

Staff we spoke with told us that new staff completed a comprehensive induction course when they joined the company. This included becoming familiar with policies and procedures and people's care records. They added that they also shadowed an experienced care worker until they were confident and competent in their role.

Staff we spoke with told us essential training was provided during this induction period. The records we saw confirmed this had taken place. Staff were able, from time to time, to obtain further relevant qualifications. For example we saw care workers had been encouraged to complete a nationally recognised care qualification.

Staff comments and the records we looked at showed staff had received regular support sessions and an annual appraisal of their work. The care workers we spoke with said they were well supported and felt they could speak to the manager and senior staff about any concerns they might have.

Staff told us that they felt well supported and worked well together as a team.

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 and complaints people made were responded to appropriately..
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Reasons for our judgement

People were made aware of the complaints system and this was provided in a format that met their needs. We saw the home had a complaints procedure which was available to people who lived and visited there. The people we spoke with said they had no complaints but said they would feel comfortable speaking to any of the staff if they were not happy about something.

We saw there were no concerns recorded in the complaints folder and the provider told us there had been no complaints received since our last visit. The staff we spoke with knew how to deal with complaints and told us how they would voice concerns on behalf of people who were unable to do so themselves.

Our records show that we have not received any complaints or concerns about the home over the past year.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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