

Mrs Angeline Gay and Mr John Gay

Bedrock Court - New Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Bedrock Court is a care home providing accommodation and personal care for 6 people with learning disabilities and mental health needs aged 18 years and over. There were 6 people living at the service at the time of our inspection.

This inspection took place on 22 and 23 December 2015 and was unannounced.

There was no registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left their position on 2 July 2015. CQC had been notified of the resignation of the registered manager by the provider. The service was being managed by an assistant manager reporting directly to the registered provider when we visited.

People did not always receive a service that was safe. The day before our visit a person had received the wrong medicines. Staff had not sought medical advice immediately following this to ensure the person was safe.

There were enough staff to meet people's needs. Checks were carried out to assess the suitability of staff before they started work. People were supported to take appropriate risks. Risks were assessed and individual plans put in place to protect people.

The service provided people with effective care and support. Staff had received the training required to meet people's needs. They were regularly supervised by a senior member of staff. People's capacity to make choices and decisions was assessed. Where people were assessed as not having the capacity to make choices and decisions and, there were restrictions upon their freedom, the provider had sought authorisation from the appropriate authorities. People told us they had enough to eat and drink and liked the food. Arrangements were in place for people to see their GP and other healthcare professionals when they needed.

People received a service that was caring. People living at the service and staff had positive and caring relationships. People were treated with dignity and respect. People were supported to maintain their independence.

People were actively involved in a range of activities. People were encouraged to make their views known and the service responded by making changes. People received care and support based on their individual needs and likes and dislikes.

The service had been without a registered manager since July 2015. The provider had notified CQC of the

absence of a registered manager and put in place an assistant manager to oversee the service. The registered provider must ensure a registered manager is in place to provide good leadership and management of the service. Quality monitoring systems were in place and used to further improve the service provided.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medical advice had not been sought when a person had been given the wrong medicines.

There was enough staff to meet people's needs. Checks were carried out before staff started working to assess their suitability to work with vulnerable people.

People were supported to take appropriate risks. Risks were assessed and individual plans put in place to protect people.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff trained to meet their needs.

People were protected from the risk of deprivation of their liberty because the provider had submitted applications for authorisation based on the least restrictive option, to the appropriate authorities.

Staff received supervision from senior staff aimed at improving their ability to provide effective care and support.

People were supported to access healthcare professionals when they needed.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who had built positive relationships with them.

People's dignity and privacy was respected by staff.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received care and support based upon their individual needs and their likes and dislikes.

People participated in a range of activities. Activities during the day involved people attending another service ran by the provider which had a smallholding and activities rooms. People also took part in activities within the community.

The service encouraged people to make their views known and made changes to people's care and support in response to feedback.

Is the service well-led?

The service was not well-led.

The service had been without a registered manager since July 2015. This requires improvement. The registered provider must ensure a manager registered with CQC is in place to provide good leadership and management of the service.

Quality monitoring systems were in place and used to further improve the service provided.

Requires Improvement ●

Bedrock Court - New Road

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.

This service was previously inspected on 20 and 25 June 2013. At that time we found there were no breaches in regulations.

This inspection took place on 22 and 23 December 2015 and was unannounced. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

We contacted four health and social care professionals, including community nurses and social workers and were provided with a range of feedback.

Five of the six people living at Bedrock Court spoke with us about the service. One person was not able to speak with us. However, we were able to spend time with this person observing their experience of the service. We also spoke with relatives of two people by telephone.

We spoke with the registered provider and four staff, including the assistant manager, a senior care worker and two care workers.

We looked at the care records of each person living at the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including medicines, safeguarding, whistleblowing, complaints, confidentiality, mental capacity and deprivation of liberty.

Is the service safe?

Our findings

People and relatives told us they felt safe at the service. One person said, "I like it here, the staff are nice and I feel safe". Another person said, "Yes, we're safe here". People were relaxed and comfortable in their home and interacted confidently with staff.

When checking the communication book at the service, we noted an error in the administration of medicines had been recorded on the 21 December 2015. Following us pointing this out the assistant manager contacted the staff member involved to clarify what had happened and took appropriate action. The error had been recorded in the communication book on the 21 December 2015. However, no action had been taken to contact the person's GP for medical advice.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The service had policies and procedures on the safe handling and administration of medicines. Staff had received training in the administration of medicines. Staff told us that in addition to the formal training they 'shadowed' another staff member until they were assessed as competent to administer medicines. Records of these competence assessments were held at the service. We observed a staff member administering medicines to people. They checked the administration record sheet before dispensing the medicine, asked the person if they wished to take the medicine and recorded it being given. Medication record sheets showed where people had declined to take their medicine.

Concerns had been shared with us by other professionals that staff had not acted promptly to call medical assistance for a person in November 2015. This incident was an emergency. We discussed this with the registered provider and staff. The registered provider said that following this incident they had revised their policy and had ensured staff knew to contact emergency services immediately. Staff confirmed this. Training records showed staff had received training in first aid.

People were kept safe by staff who knew about the types of abuse to look for and what action to take if abuse was suspected, witnessed or alleged. Staff had received training in keeping people safe. Care staff told us what they would do if they thought a person was being abused or at risk of abuse. They were confident any concerns of abuse raised would be looked into thoroughly by senior staff and the registered provider. Safeguarding policies and procedures were available to staff. Senior staff told us how they would respond to any allegations of abuse. This included sharing information with the local authority safeguarding team and the Care Quality Commission (CQC).

Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by the registered provider. Staff confirmed they had been interviewed by the registered provider and references and checks taken up before

they started working with people.

People were supported by two staff during the day with one staff member providing sleeping in cover at night. People told us there was enough staff to meet their needs. The assistant manager told us staffing levels were based upon people's needs and agreed with other professionals. Staff told us they felt there were enough staff to meet people's needs. We looked at the staff rotas for the three weeks prior to the inspection and found staffing had been planned in advance to ensure sufficient staff were available to support people.

Each person had a checklist in place covering all aspects of their daily lives that identified whether they were they were independent in that area, whether they required a plan to manage the risk or whether the risk was too great. Risk assessments were in place for areas identified as necessary. For example, risk assessments for people to use kitchen equipment and to guide staff on supporting people when anxious and upset. One person told us they enjoyed going out alone and said they had agreed risk assessments for doing so with staff. They said, "I go out to the library and shops and have phone numbers to contact staff if needed". When this person went out alone they went through a checklist with staff. This checklist ensured the person had contact details for staff and their identification in case of an emergency. Staff told us the procedures they followed if this person did not return home when expected.

The service had emergency plans in place to ensure people were kept safe. These plans covered individual areas for people. For instance, to meet people's medical needs and to assist them to evacuate in the event of a fire. A more general emergency plan was also in place identifying how people would be kept safe in the event of a problem affecting the service. This identified places of safety within the community people could go to. Staff said these plans were helpful.

Staff told us they had access to equipment they needed to prevent and control infection which included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control.

Communal areas of the service were clean and odour free. One person's bedroom on the ground floor of the property had a skylight window. This was dirty and in need of a clean. The assistant manager said they would arrange for this to be done.

Comments received before our inspection questioned whether the home was kept warm enough for people. People said they felt the house was warm. Staff said the heating in the home went off during the day when people were out attending activities. They said the house was warm when people were at home. We found the service was sufficiently warm when we visited.

Is the service effective?

Our findings

People and their relatives said that needs were met. We saw a number of positive interactions between people and staff. Staff clearly knew people well and were skilled at communicating with them.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff said they had access to training relating to people's specific needs. We viewed the training records for the staff team and records confirmed staff received training on a range of subjects. Training completed by staff included nutrition, safeguarding vulnerable adults, medication, first aid, infection control, fire awareness and food hygiene.

New staff were supported to complete an induction programme before working on their own. An induction checklist monitored staff had completed the necessary training to care for people safely. A newly appointed staff member told us that in addition to the induction training, they had shadowed a senior staff member for two weeks. This meant people were able to get to know newly appointed staff before they provided them with care and support.

The assistant manager told us all staff were supported to complete the health and social care diploma training. Senior care staff were expected to achieve level three diploma training with other staff achieving level two. The assistant manager was working towards their level five diploma in the leadership and management of health and social care. Training records showed all staff either held or were working towards these qualifications. Health and social care diploma training is a work based award that is achieved through assessment and training. To achieve an award, candidates must prove that they have the ability and competency to carry out their job to the required standard.

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 make 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 application 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 provider had policies and procedures on the MCA and DoLS. Information in people's support plans showed the service had assessed people in relation to their mental capacity. Staff told us they had received MCA training and were aware of how this impacted on the support given to people. The service had supported people through a process of 'best interest' decision making to ensure their needs were met. DoLS

applications had been completed and submitted to the appropriate authorities. The provider had a system in place to monitor the progress of these applications. The registered provider knew they had to inform the CQC when applications were approved.

Staff supervision and appraisals (one to one meetings) were held regularly. A supervision agreement was in staff members' personnel files. This outlined the responsibilities of the staff and manager, in preparing for and making best use of the supervision session. Staff said they found their individual supervision helpful.

People's care records showed specialists had been consulted over people's care and welfare. These included health professionals and GPs and covered both physical and mental health needs. There were detailed communication records about hospital appointments. People had health action plans that described how they could maintain a healthy lifestyle. This included any past medical history. Records were maintained of the appointments people attended and any action staff had to take to support the person.

People said they enjoyed the food at the service. One person said, "The food is good and they will cook alternatives. If I don't like something, like Liver, I'll have something else". Menus were planned in advance and available to people. These menus contained photographs of the food to assist people unable to read. People were involved in planning menus. Staff told us the food provided was good. They said some of the food was produced at Bedrock Lodge so people had been involved in growing and rearing it. Bedrock Lodge is another service provided by the provider where people living at Bedrock Court visit as part of their planned activities. People had access to snacks and drinks when they wanted. Three people were identified as being at risk from malnutrition. Records were kept of their daily food and fluid intake to reduce this risk and allow for medical advice to be sought if required.

Is the service caring?

Our findings

People told us the staff were caring and friendly. Comments included, "I like the staff", "The staff are good to me, I like it here" and, "The staff are good, my keyworker is really nice". Relatives said they felt the service provided was caring. Staff spoke positively people and said the care provided was good. One staff member said, "People have freedom and are well cared for here". The atmosphere in the service was calm and relaxed. Staff were friendly, kind and discreet when providing care and support to people. We saw a number of positive interactions and saw how these contributed towards people's wellbeing.

Staff had received training on equality and diversity as part of their health and social care diploma. People's care records included an assessment of their needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met. This meant the service was able to meet people's needs regarding equality and diversity.

The assistant manager said meetings were held with people to seek their views regarding their care and support. People said they enjoyed these meetings and felt their views were listened to and acted upon. People's care records contained a record where they had expressed their views and opinions regarding their care and support.

A keyworker system was used at the service. This involved staff members having key responsibility for ensuring a person's needs were met. People told us they liked their keyworkers. Staff told us that keyworkers were responsible for liaising with a person's family, professionals involved in their care and ensuring individual plans were followed by all staff. Staff told us this system allowed them to get to know the people better and ensure their needs were met.

Staff protected people's privacy and dignity. Bedroom doors and doors to bathrooms and toilets were closed when people were receiving care.

People's independence was promoted. They were encouraged to use the kitchen to make themselves drinks when they wanted. Staff encouraged them to do as much for themselves as possible. One person said they enjoyed helping to cook. Another person said they valued being able to go out alone and felt the staff were supportive of this.

People's confidentiality was respected by staff. The service had a policy on protecting people's confidentiality. Staff took care not to talk about people in front of others. Staff told us they felt it was important to maintain confidentiality. However we saw one example of an entry in the communication book that was not appropriate. This stated, '(Person's initials) is allowed £10 not £5 now'. We spoke to the assistant manager about this and felt this was more a case of using an unfortunate phrase rather than not valuing or understanding the rights of the people they were caring for. The assistant manager also told us they would ensure staff did not use the communication book to record information relevant to individual people. They said, "That's not well written and it's not confidential. Any entries regarding individual people should be in their care files and not the communication book where anyone can see it".

People's care records included information on family and friends and how people were to be supported to maintain contact. The provider had worked to ensure family contact was maintained and we saw that this had been approached with sensitivity in some difficult circumstances. People who did not have any direct involvement from family members were supported to access advocacy services to assist them to make their views known.

Staff we spoke with said they would be happy for a relative of theirs to be cared for at Bedrock Court. They said, "The care here is good" and "I'd be happy for a relative of mine to live here".

Is the service responsive?

Our findings

People and their relatives told us needs were met. Staff we spoke with knew people's likes, dislikes and how they liked to be cared for and supported. People explained to us how staff encouraged and supported them to pursue their hobbies and interests.

The service used a range of person centred planning tools to assess people's individual needs and plan to meet those needs. These tools included; a one page profile summarising how the person should be supported and an assessment of things important to and important for the person. Staff told us this information provided a good overview of people's likes, dislikes, hobbies and interests. People had been involved in agreeing how their care and support was provided.

Daily handovers were taking place between staff. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. Staff described how they worked as a team to enable them to respond to people's needs and stated that communication was an important factor. For example, if a person had declined to take part in an activity or if they were feeling unwell this information was shared with colleagues so care and support could be adapted accordingly.

Staff had a good understanding of people's care needs. They told us people received their care in line with their care plan, and if they had concerns they would refer to people's care records for guidance. They gave good examples of how they ensured people received individualised care. For example the routines people liked to follow when getting ready for bed and what time they preferred to get up in the morning.

People took part in a range of activities. These activities involved people attending Bedrock Lodge, which is another service ran by the provider with a smallholding and activity rooms. A plan was in place for activities taking place for the next month. Daily activity planners were used and the activities people had participated in were detailed in care records. Activities included trips to various community activities and parties to celebrate people's birthdays. People told us they enjoyed the activities and liked mixing with people from the other services. One person said, "We go swimming twice a week and go to the pub". A minibus was available at the service for people to use. Staff said they felt there were enough activities for people and that these were well planned. One staff member said, "There are loads of activities for people to do".

The registered provider said people's attendance at Bedrock Lodge for day activities was an agreed part of their care plan agreed with the person and the local authority funding their placement. We asked how they responded if people did not wish to attend. They said, "If people don't want to attend we support them at home or in doing what they want to do". Staff we spoke with confirmed people were able to choose whether they wanted to attend Bedrock Lodge during the day.

The provider had a complaints policy in place and an easy read complaints procedure was made available to people. People said they were able to make complaints. People said, "If I'm not happy I tell (Provider's name)" and, "I tell the staff if I need anything changed". We looked at the record of complaints held at the service. One complaint had been recorded within the last 12 months. We saw this was recorded clearly with

the action taken and outcome detailed.

Regular meetings were held with people. Records of these meetings showed people had expressed their views regarding activities, holidays and menu choices. Ideas for activities and menu choices had been acted upon by the provider. People went on holiday every year. One person said, "We go to Devon, I would like to try somewhere else". The assistant manager said they would discuss more individual holidays to places of people's choice with the provider.

People's care records included a record of discussions between the person and their keyworker about their care and support arrangements. This showed people were encouraged to express their views and the provider took appropriate action.

Is the service well-led?

Our findings

People told us they were encouraged to be as independent as possible and treated as individuals. They said they liked the registered provider and could talk to them whenever they wanted to.

Staff said they felt the service was well managed by the registered provider. The registered manager had resigned in July 2015. The service had been without a registered manager for five months at the time of our visit. The provider had put in place an assistant manager and said they would be reviewing arrangements to ensure a manager registered with CQC was in place. Staff said they missed having a manager based at the service. The provider said they understood they were required to have a manager registered to manage the service. This requires improvement to ensure the service is well-led and complies with the conditions of its registration.

The registered provider is involved with key local and national organisations. Information obtained through this regarding best practice is shared at staff meetings.

The PIR we received from the provider contained only basic information. The provider had not taken the opportunity to clearly identify what they felt the service did well and improvements they wanted to make. This meant we were unable to see that the provider had a clear vision for the service and had reflected upon the service provided to determine how it could be improved.

Regular staff meetings were held to keep them up to date with changes and developments. The registered provider used quizzes at staff meetings to test staff knowledge and understanding. Staff told us they found these meetings helpful and they were able to raise any concerns they had. Recent staff meetings had included discussion on how to respond to medical emergencies and the principles of the MCA and DoLS. These were areas identified by other professionals as needing action in order to improve. The registered provider had listened to feedback from others and taken action.

Both the provider and senior staff knew when notification forms had to be submitted to CQC. Accidents, incidents and any complaints received or safeguarding alerts made were reported by the service. The assistant manager investigated accidents, incidents and complaints. Action was taken to learn from these events and to minimise the risk of reoccurrence.

The provider carried out annual satisfaction surveys to obtain the views of people living at the service, relatives and other professionals. The most recent survey had been carried out in April 2015. Results of these surveys had been analysed by the provider. No particular themes were evident in the feedback.

Systems were in place to check on the standards within the service. These included regular audits of the management of medicines, health and safety, infection control and staff training and supervision. Records of audits contained actions to be completed and confirmation when these had been done.

Policies and procedures were regularly reviewed. Staff knew how to access these policies and procedures

and advice and guidance was in place for staff. However, staff seemed very dependent upon the registered provider, often responding when asked what they would do in given situations by saying they would ask the provider. There was no evidence of the provider involving people using the service or staff in the review of policies and procedures.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with medicine administration because medical advice had not been sought when a person had received incorrect medicines. Regulation 12 (2) (b).</p>