

# The Regard Partnership Limited

## Bay Lodge

### Inspection report

36 Fen Road  
Holbeach  
Lincolnshire  
PE12 8QA

Tel: 01406424197  
Website: [www.achievetogether.co.uk](http://www.achievetogether.co.uk)

Date of inspection visit:  
06 November 2019

Date of publication:  
27 November 2019

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Bay Lodge is a residential care home providing accommodation and personal care to five people under 65 years of age at the time of the inspection. The service can support up to six people younger adults with learning disabilities and/or autism.

The care home accommodated five people in a detached adapted building and additional accommodation was provided for one person in a purpose built bungalow in the grounds.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were relaxed with staff and showed by their actions they trusted them. A person's relative said, "We couldn't have found a better place for them." Staff encouraged people to become more independent and identified activities to interest and engage them. Some people were regularly attending courses at a local college. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People continued to be safe at the service. Staff knew how to protect people from abuse and avoidable harm. They completed risk assessments and actions were identified to keep people safe while not unnecessarily restricting their freedom. Staffing levels were planned to enable people to receive their required levels of support in the service and when in the community. People received their prescribed medicines regularly and medicines were managed safely.

Staff were knowledgeable about people's care and support needs and received training to maintain their knowledge and skills. Most people had complex needs and staff involved other professionals, to ensure they gained a full understanding of the factors influencing each person and developed an individualised approach to their care. Care plans contained detailed information about each person's individual support needs and preferences in relation to their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

The home continued to be well led. The registered manager provided daily leadership and support. Staff felt able to raise concerns and discuss issues openly. Quality assurance processes were in place and actions were taken to address issues identified in the audits. The provider had a range of systems in place to monitor service performance and quality indicators and there was a commitment to continuous quality improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 3 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Bay Lodge

## 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 one inspector.

#### Service and service type

Bay Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure there would be people at home to speak with us.

#### What we did before the 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. We reviewed information we had received about the service since our last inspection and sought feedback from the local authority.

We used this information to plan our inspection.

During the inspection-

We spoke with two people using the service and two family members. We observed interactions between people using the service and staff and observed the support provided. We spoke with three support or senior support workers, the registered manager and the regional manager. We reviewed a range of records. This included two people's care records and all the medication records. We looked at a staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

# 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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A person using the service said they felt safe at the home. They said they had their own space and staff were always available. Another person gestured with a 'thumbs up' when we asked them if they felt safe. A family member said, "Oh yes, I am very happy [the person] is safe. I would know from their demeanour if anything was wrong. [The person] is relaxed, calm and happy."
- Staff were aware of the signs of abuse and the action to take if they had a concern. They said they would be confident to report any concerns and although they felt the registered manager would respond appropriately and make a safeguarding referral, they would report concerns to the provider and the local authority if necessary.
- The registered manager understood their responsibility to make safeguarding referrals and kept a record of referrals made and investigations undertaken.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Staff completed risk assessments that identified risks to people's health and safety and measures were put into place to protect people, whilst not unnecessarily restricting them. For example, some people were not safe to access the community using public transport, however, staff took them out in vehicles provided by the service. Some people required additional support in the community and this was provided. Access to sharp knives was restricted, however, people were encouraged to help with food preparation and appropriate implements were provided.
- Plans were in place for the emergency evacuation of the building and the registered manager said they were planning to hold a training/practice session to ensure staff were conversant with the requirements.

Staffing and recruitment

- Safe recruitment processes were in place. Staff received a comprehensive induction, completed mandatory training and initially worked shifts shadowing experienced staff. Staff said they never asked a member of staff to undertake one to one care for a person until they were familiar with the person and their behaviours.
- All the people using the service were contracted to receive one to one care for at least 12 hours a day. Staffing levels were planned to ensure this was provided consistently and staff told us they were always able to provide the required levels of one to one care.
- At the time of the inspection the service were actively recruiting, due to two staff vacancies. The registered manager said recruitment was one of the main challenges for the service; however, they had been successful in recruiting one new staff member and recruitment was ongoing. In the interim the permanent staff

including the registered manager undertook additional shifts and agency staff were utilised where necessary. Consistent agency staff were used where ever possible and a member of staff said agency staff were not asked to administer medicines or provide personal care independently. Agency staff were provided with an induction on their first shift at the service.

#### Using medicines safely

- People's medicines were managed safely. Processes were in place for the timely ordering and supply of people's medicines and they were stored in accordance with requirements. Staff administered people's medicines safely and followed best practice guidance.
- Medicines administration charts were completed consistently and twice daily stock checks were completed. Regular medicines audits were completed. Staff were aware of action to be taken in the event of a medicines error.
- Staff received initial medicines training and annual medicines updates. Competency assessments were also undertaken on an annual basis.

#### Preventing and controlling infection

- The environment was visibly clean on the day of the inspection. We observed people accessing cleaning materials to clean their rooms with the support of staff. A person said, "Me and the staff do the cleaning together." The member of staff explained the person's coordination was not always good, so they gave assistance when it was needed.
- Staff used personal protective clothing and equipment appropriately and said there were no issues with its supply. They were aware of the actions to take if a person had an infection, such as diarrhoea, to reduce the risk of its spread to others.
- The registered manager and a senior support worker attended community infection prevention and control meetings to ensure they were up to date with the latest information and cascaded the information gained to the rest of the staff.

#### Learning lessons when things go wrong

- Staff said communication was generally good within the service and when incidents occurred they were informed about them and actions to be taken to reduce the risk of recurrence. For example, when a person became distressed while travelling in a vehicle, a decision was made to ensure other people using the service were not transported in the same vehicle, until the person became more settled.
- The provider quality team issued a monthly quality and health and safety newsletter that provided information about learning from incidents in other services and national safety alerts.



# 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 remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A full assessment of each person's care and support needs was completed and regularly reviewed to ensure their care and support plan reflected their current needs. People were supported to achieve goals aimed at increasing their independence and sense of well-being. For example, a person told us they were attending college and undertaking a cookery course. Other people were also attending a similar course. Another person had their own budget to buy their lunches.
- The provider had employed a clinical lead, who had an active role in overseeing people's behavioural support plans and provided advice based on best practice.

Staff support: induction, training, skills and experience

- Staff told us they were up to date with their mandatory training and they were able to discuss additional training needs at supervision. A senior carer said they had asked for opportunities for further development; they had completed a national recognised management course and they were about to commence a higher level course.
- The service's training matrix showed staff completed a range of mandatory topics and long term conditions relevant to the needs of the people using the service. For example staff completed training in epilepsy awareness and the use of a rescue medication, Makaton for beginners, and autism spectrum disorder.
- Staff had access to supervision and an annual appraisal.

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

- People were provided with a nutritious, balanced diet and staff catered for their personal preferences. There was a five week rotating menu based on feedback from people using the service. When people were unable to express their preferences verbally, they were shown pictures of a wide range of meals and asked to pick their favourites. One person would only accept a very restricted range of foods; staff had therefore consulted with healthcare professionals about this, to ensure it would enable them to remain healthy. Staff followed their advice and provided as wide a range of foods as possible, according to the person's preferences.
- A person told us they had become overweight and decided they wanted to lose weight. Staff had arranged for them to see a dietitian regularly and had supported them to lose weight successfully. They told us their diet had not been restrictive and they were proud to have lost a significant amount of weight. Their care plan documented their weight loss goals and how staff should support the person.

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

- A person told us they saw a clinical psychologist and a psychiatrist regularly. They said they had also seen a dietitian and an optician. A member of staff said they had a good relationship with the local GPs and they could access them for people whenever needed either at the practice or if necessary by a home visit.
- Sometimes people agreed to treatment but changed their mind at some point during the visit. Staff accommodated this and continued to explore ways to increase the person's confidence and willingness to accept services.
- People were given the opportunity to stay healthy through healthy eating, exercise and activities they enjoyed. Oral health care was documented in people's care plans and they had the opportunity to visit a dentist regularly for preventative care. The registered manager and regional manager were discussing the provision of training for staff on oral hygiene.

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

- The premises had been adapted to meet people's needs. There was an open plan kitchen and dining room, a lounge, sensory room in the main building and a garden with items such as a trampoline.
- Each person's bedroom was individually decorated according to the person's interests and contained their own personal items. Flooring was in good condition, easily cleaned and there were no obvious trip hazards.
- A separate building provided self-contained accommodation for one person. It was purpose built for the needs of people with disabilities.

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.

- Staff understood the principles of the MCA and DoLS and they supported people to make choices whenever possible in all areas of their daily lives. When people could not make some decisions for themselves, staff supported them in the least restrictive way possible and gave them maximum choice and control over their lives. Best interest decision making meetings were held that were inclusive of the professionals and families involved with the person, when major decisions were needed.
- Care plans reflected the principles of the MCA although formal mental capacity assessments and best interest decision making processes were not always documented. The management team agreed to review this going forward.
- The required applications were made to the local authority to obtain authorisation under the DoLS for each person and the registered manager had put processes in place to ensure these were reviewed in a timely manner. When conditions were identified, these were followed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A family member said staff were very good with their relative and said, "I have trust and faith in them." They felt their relative was well supported and very happy living at the service. They said their relative lived happily alongside the other people using the service, who had similar needs and everyone was very accepting of everyone else.
- Staff were attentive to people's individual needs and wishes and were alert to signs of anxiety and distress, acting promptly to reassure them and re-direct their attention when they showed signs of distress. They spoke respectfully about the people they supported and respected their diverse needs.
- Each person had a care plan that identified their spiritual and cultural needs. The registered manager said one person had a children's bible and staff had read bible stories to them when they asked. Another person had expressed a wish to visit a church but had refused when this was offered on a number of occasions.

Supporting people to express their views and be involved in making decisions about their care

- People were involved as much as possible in decision making and were encouraged to express their views. They had regular review meetings with their key worker when their care plan was discussed with them and progress towards their individual goals were assessed. A family member said they were invited to review their relative's care plan and to discuss any changes they would like to see.
- People were asked their views through feedback surveys that were discussed with them. For example, they were asked about how they felt about the home, any issues with anyone in the house or with staff and what they would do if they wanted to make a complaint. Staff recorded people's gestures and facial expressions that indicated their responses to the questions. Family members and visiting professionals were also asked to provide feedback annually. Feedback we reviewed was very positive.

Respecting and promoting people's privacy, dignity and independence

- A family member said their relative had really benefited from living at the service; they had become a lot more independent and they were happy to have, 'their own space.'
- Staff told us of ways in which people were progressing in becoming more independent and we observed people were encouraged to develop their independent living skills. For example, some people contributed towards preparing their meals and cleaning their rooms. A person told us they had been given a budget to enable them to go shopping to buy items for their lunch to prepare them for more independent living.
- Staff completed privacy and dignity training and the provider had a dignity policy. We observed staff gave

people private space when they wanted to be alone and supported people discreetly.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided one to one care that was centred on each person's needs and wishes. They knew people well and people responded positively to the approach of staff when interacting with them and providing support and care.
- Support plans were in place and were reviewed regularly. They provided details of the person's individual needs and preferences in relation to their care and support. Positive behavioural support plans identified issues or triggers of the person's anxiety or distress and detailed the action staff should take to support the person in these situations.
- Individual goals were identified to help people achieve their aspirations and increase their independence. Steps towards these goals were identified to make them manageable and to ensure smaller achievements were recognised and celebrated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were known and understood by staff. Four of the people using the service had limited ability to express themselves verbally. Each person had a communication care plan that explained steps staff should take to support the person to understand and how the person expressed their wishes. One person used an electronic tablet with pictures and words to identify their wishes. There were also laminated pictures of common items within the communal areas. Staff had basic Makaton training (Makaton is a language programme that uses symbols, signs and speech to enable people to communicate) and were skilled at understanding the gestures individuals used to express their wishes.
- Information was provided in easy read format and pictures were also used within people's care plans, for the menu displayed in the dining area and for other information. When surveys were undertaken, pictures were used to enable people to understand the questions and give their views.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Family members were able to visit at any time and relatives we spoke with said they visited on an ad-hoc basis, as well as for regular planned visits. They told us staff communicated well with them. Other people

were supported to visit their family regularly when the family member could not travel to them. A person was being supported to start to attend a social group for people with learning disabilities.

- People went out regularly to participate in activities they enjoyed. For example, on the day of the inspection one person was going to the cinema; they had identified where they wanted to have lunch whilst they were out and the member of staff accompanying them facilitated this. Another person was going to a local running track. There were personal activities within the home people enjoyed, based on their individual preferences. We observed people using the sensory room and undertaking painting activities. As identified in the Caring section of this report, people were supported in their religious beliefs.

#### Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. We looked at copies of responses to concerns and saw the service had acted to address concerns.
- A person told us they would feel able to make a complaint and raise any concerns. A person's relative said they were able to raise concerns and they were dealt with. Information about how to raise a concern was available within the service user guide.

#### End of life care and support

- No one was receiving end of life care at the time of the inspection. However, staff spoke about how they had supported a person who had reached the end of their life a few months previously and we saw cards and letters from their relatives thanking staff for the care and support.
- Staff had completed end of life care training.

# 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 good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff said the key priority was to provide person centred care and they all tried to promote people's independence and empower them to participate as much as possible. We saw evidence of people's progress in relation to their improving well-being and integration in the community.
- A family member said their relative had really benefitted from living at the service. They said they had a lot more independence and were very happy to 'have their own space'. They told us that when the person was taken back from a family visit, they happily left them and went confidently off back to their own activities. They went on to say, "We couldn't have found a better place for them."

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

- The registered manager was aware of their responsibility under the duty of candour. They spoke about being open and transparent at all times and apologising when things went wrong. They completed a full investigation and discussed the findings with the person or their family when incidents or accidents occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was clear about their responsibilities for reporting to external organisations including the CQC.
- The registered manager and the provider monitored the quality of the service provided through a range of audits based on the CQC key lines of enquiry. Actions were identified from the audits, with identified target dates for completion and these were signed off when achieved. The registered manager had their own action plan to ensure they fulfilled their responsibilities in relation to actions from audits, appraisals and supervision.
- The provider was introducing a manager's monthly report that summarised quality, safety and performance issues, identifying themes and patterns from incidents, accidents and complaints. There was also a monthly quality and health and safety newsletter for staff. A senior carer said they had been given the opportunity to attend a masterclass on how to carry out investigations of complaints and grievances.
- The registered manager had the opportunity to attend managers meetings with managers from other

services managed by the provider on a monthly basis.

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

- The service was starting to utilise the provider's 'wheel of engagement' to promote a holistic approach to involvement and engagement. This was a tool for structuring engagement processes to maximise people's engagement in activities and relationships, both at home and in the community.
- The provider had recently merged with another provider and information for people using the service was provided in accessible format. Staff told us of benefits from the merger and said they were slowly introducing new processes.

Working in partnership with others

- Staff worked well with other organisations and had good relationships with other care providers such as local GPs, a local dentist and opticians. They collaborated with them to achieve good outcomes for people.