Mrs Angeline Gay and Mr John Gay

Bedrock Mews - New Road

Inspection report

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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

Overall summary

Bedrock Mews 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 12 and 17 June 2015 and was unannounced.

The registered manager was absent from the service at the time of the inspection. The provider had notified CQC of their absence from the service and put in place an assistant manager to oversee the service. 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.

People were safe because the registered provider and staff understood their role and responsibilities in keeping people safe from harm. There were enough staff to meet people's needs. Checks were carried out to assess the suitability of staff before they started work.

Summary of findings

People were supported to take appropriate risks. Risks were assessed and individual plans put in place to protect people. People were protected from the risks associated with the administration of medicines.

The registered provider and staff understood their obligation to support people to make their own choices and decisions. Five of the seven staff working at the service had not received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However the provider had arranged for a representative from the Council's DoLS team to talk with staff at their meeting in June 2015. The provider had submitted applications to the appropriate authorities to ensure people were not deprived of their liberty without authorisation.

Staff received training to meet people's needs. They were regularly supervised by a senior member of staff.

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 living at the service and staff had positive and caring relationships. People's confidentiality was respected. People were treated with dignity and respect. People were supported to maintain their independence.

People were actively involved in a range of activities both at the service and in the local community. 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 registered provider provided effective leadership and management. The registered manager had been on sick leave for several months. The provider had notified CQC of their absence from the service and put in place an assistant manager to oversee the service. Quality monitoring systems were in place and used to further improve the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were safe from harm because staff were aware of their responsibilities and able to report any concerns. Staff recruitment procedures ensured suitable staff were employed.

There were enough staff to meet people's needs.

People were kept safe and risks were well managed.

Medicines were well managed and people received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People were cared for by staff who were trained and understood their role in respecting people's choices and decisions.

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 the training required to meet people's needs. 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.

Good

Is the service caring?
The service was caring.

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

People's privacy was respected by staff.

People were supported to maintain their independence.

Good

Is the service responsive?
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 within the local community and in their home.

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

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The registered manager had been absent from the service for several months. The provider had notified CQC of their absence from the service and put in place an assistant manager to oversee the service.

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

Bedrock Mews - 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 12 and 17 June 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. We did not ask the provider to complete their Provider Information Record (PIR) in this instance. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they planned to make.

We contacted five health and social care professionals, including community nurses, social workers, doctors and therapists. We asked them for some feedback about the service.

On arrival we met with the registered provider and then carried out a tour of the premises with the most senior staff member and a person using the service.

Five of the six people living at Bedrock Mews spoke with us about the service. One person did not wish to speak with us. However, we were able to spend time with this person observing their experience of the service.

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.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "The staff keep us safe". Another person said, "I feel safe here, it's good". People seemed relaxed and comfortable in their home and interacted confidently with staff.

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). Two safeguarding alerts relating to the service alerts had been made in the 12 months before our visit. The provider had responded appropriately to these alerts.

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 or three staff each morning and two staff in the afternoon and 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. Information shared with CQC prior to our inspection had questioned whether there was enough staff to safely provide care and support. We looked into the particular incident that gave rise to this concern. We saw the provider had arranged for additional staff to care for people. This was confirmed by a health and social care professional we spoke to regarding this incident. 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.

A whistle blowing policy was in place. Staff told us they knew about whistle blowing to alert senior management about poor practice. The registered provider had previously identified performance and disciplinary issues with staff members arising from staff raising areas of concern with them. The registered provider dealt appropriately with these concerns in order to keep people safe.

Risk assessments were in place for areas of daily living and promoting people's independence. For example, risk assessments for people to use kitchen equipment and to guide staff on supporting people when anxious and upset. However, risk assessments for people who used community facilities independently did not contain the information needed to keep people safe. For example, it was not clear at what point staff should take action if the person had not returned home as expected or, what action they should take. We discussed this with the assistant manager on the first day of our inspection. When we returned for the second day further guidance had been written and was available in people's care records.

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 and the emergency file for people's medical needs had been recently used when a person was admitted to hospital.

Accident and incident records contained a debrief form where preventative measures and an action plan were recorded to help ensure that people were safe and risks were minimised. All incidents arising from, or resulting in, anxiety or distress for people were recorded and reported to relevant professionals.

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

Good

Is the service safe?

'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. A policy for using homely remedies was in place. Homely remedies are medicines that can be bought over the counter, rather than needing to be prescribed by a Doctor. The provider's policy required these to be agreed by the person's GP before use. This meant people were kept safe when taking such remedies.

Good

Is the service effective?

Our findings

People told us their needs were met. One person said, "I get what I need". Another person said, "I like it here, they help me do what I want to do". Staff were skilled at communicating with people using the service. We saw a number of positive interactions between people and staff.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Five of the seven staff working at the service had not received training on the MCA. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. This requires improvement to ensure that all staff understand their responsibilities. The registered provider said they were also arranging for staff to complete computer based training. Staff we spoke with were clear regarding their obligations to respect people's choices and decisions. Care records showed that people's capacity to make choices and decisions had been assessed.

We looked at whether the service was applying DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there were restrictions on their freedom and liberty, these were assessed by professionals who were trained to assess whether the restriction was needed. Two people had been assessed as requiring a DoLS application. These had been submitted to the appropriate authorities. The provider was liaising with a member of the DoLS team and had arranged for them to attend a staff meeting to be held the week after our inspection. The agenda for the staff meeting included this item and allowed time for discussion. The registered provider and assistant manager understood they must notify CQC where an authorisation under DoLS had been made. .

Training records showed staff received a range of training. Information shared with CQC prior to our inspection had questioned whether staff had the necessary knowledge to recognise serious health problems. Each member of staff had received training in first aid within the previous 24 months. Staff said they would contact health care professionals if concerned about people's health.

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 and any action that staff had to take to support the person.

Newly appointed staff completed their induction training. 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 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 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. Training records showed staff either held or were working towards these qualifications. Health and social care diploma training is a work based award that are achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff supervision and appraisal 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 said they enjoyed the food at the service. One person said, "The food is good, I like the jerk chicken". Another person said, "The food is good and there's plenty of it". Menus were planned in advance and available to people. These menus contained photographs of the food to assist people unable to read. Staff told us the food provided was good. One staff member said, "The food is wholesome and fresh". Another said, "Some of the food is produced at Bedrock Lodge so people are involved in growing and rearing it". Bedrock Lodge is another service provided by the provider where people living at Bedrock Mews visit as part of their planned activities.

Good

Is the service effective?

The service was in places a little shabby and in need of care and attention. One person said, “We need a new kitchen and the carpet’s frayed in the office”. They showed us the kitchen and we saw a cupboard door had come off and the units themselves were quite old. There was little space in the kitchen if several people were using it. We were also shown the frayed carpet which clearly needed attention. The assistant manager said the provider was planning to address these areas.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said, "The staff are good, particularly my keyworker". Another person said, "I like the staff, they're kind". Staff spoke positively about the people living at the service and said the care provided was good. One staff member said, "The care and support here is really good". 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.

One person had recently been discharged from hospital. Staff took extra care to ensure they were comfortable and content. This person was also well supported by another person using the service who was a close friend. Staff were respectful of this friendship and supported both people in a caring and supportive manner.

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 registered 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. One person said, "My keyworker helps me arrange to do things". Staff told us 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 they were keyworker for better and ensure their needs were met.

Staff protected people's privacy and dignity. People's bedroom doors and doors to bathrooms and toilets were closed when people were receiving care. Staff protected people's dignity and assisted them to cover themselves when their clothing needed adjusting after visiting the toilet. Staff told us they protected people's privacy.

People's independence was promoted. People were encouraged to use the kitchen to make themselves drinks when they wanted. Two people went out shopping on their own. One person said, "I go to the shops and get the things I want, it's good to get out on your own and have a walk".

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.

People's care records included information on family and friends and how people were to be supported to maintain contact. People who did not have any direct involvement from family members were supported to access advocacy to assist them to make their views known.

Good

Is the service responsive?

Our findings

People said staff met their needs and knew their personal likes, dislikes and how they liked to be cared for. Three people showed us their bedrooms. Each was personalised and reflected people's tastes and hobbies and interests. For example, one person had many posters and memorabilia relating to music they enjoyed. Another person had on display items relating to the football team they 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 to 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 were involved in a range of individual activities. A plan was in place for activities taking place until the end of August 2015. 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. Many of these activities involved people living at all three of the services the provider was responsible for. People told us they enjoyed the activities and liked mixing with people from the other services. A minibus was available at the service for people to use. One person said, "I like going out in the minibus and enjoy trips out on Sundays". Staff said they felt there were enough activities for people and that these were well planned.

Throughout our inspection staff responded to people's individual needs. One person who was clearing the garden asked a staff member for help to clear an area of weeds. The staff member assisted the person and offered advice and encouragement. This person said they enjoyed hard work and clearing the garden gave them a great deal of satisfaction. Another person who had recently been discharged from hospital, asked staff for drinks and assistance on a regular basis and this was provided promptly.

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 unhappy I tell (Provider's name)" and, "I tell them if I want anything changed". We looked at the record of complaints held at the service. These were recorded clearly with the action taken and outcome detailed.

Regular meetings were held with people. These meetings were designed around a pizza supper. Records of these meetings showed people had expressed their views regarding activities and menu choices. Ideas for activities and menu choices had been acted upon by 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.

Good

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. People were cared for and supported in a personalised manner. This showed the vision and values of the service were put into practice.

Staff said they felt the service was well managed by the registered provider. Staff spoke positively about the registered manager. One staff member said, "(Provider's name) is always available and has very high standards". Another said, "(Provider's name) knows people really well". The registered manager had been absent for several months. Staff said they benefitted from having a manager based at the service and had found they had missed having this during the manager's absence. The provider said they understood they were required to have a manager registered to manage the service who had day to day responsibility. 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.

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. A quiz on bullying and harassment had been held at the meeting on 20 April 2015. Staff told us they found these meetings helpful and they were able to raise any concerns they had. We saw an agenda for the next scheduled meeting which included attendance from a member of the Council's DoLS team. The assistant manager said this had been planned by the provider to ensure the care and support provided to people was consistent with the relevant legislation.

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

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. However, the provider said they were planning to take action on improving the kitchen facilities as a result of feedback received. This meant the provider sought people's views and acted upon them.

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 done.

Policies and procedures were regularly reviewed. Staff knew how to access these policies and procedures. This meant clear advice and guidance was in place for staff.