

The Regard Partnership Limited

Bay Lodge

Inspection report

36 Fen Road
Holbeach
Lincolnshire
PE12 8QA

Date of inspection visit:
13 April 2017

Date of publication:
02 June 2017

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

Bay Lodge is registered to provide accommodation and personal care for five people who have a learning disability and/or who live with autism. At the time of our inspection visit there were five younger adults living in the service. All of them had special communication needs and used personal forms of sign-assisted language to express themselves.

The service was run by a company that was the registered provider. There was a registered manager in post. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection the service was rated Good.

At this inspection we found the service remained Good.

This inspection was announced and was carried out on 13 April 2017. We gave the registered persons a short period of notice. This was because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling.

Care staff knew how to keep people safe from the risk of abuse. Staff helped people to avoid preventable accidents while also enabling them to take reasonable risks. Medicines were managed safely and there were enough care staff on duty. Background checks had been completed before new care staff had been appointed.

Care staff knew how to support people in the right way. People enjoyed their meals and they had been helped to obtain all of the healthcare assistance they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People were treated with compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had been given all of the care they needed and they had been supported to pursue their hobbies and interests. There was a system for quickly and fairly resolving complaints.

People had been consulted about the development of their home. Quality checks had been regularly completed to ensure that people received safe care. Care staff were supported to speak out if they had any

concerns and good team work was promoted. People had benefited from care staff acting upon good practice guidance.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Bay Lodge

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 registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 13 April 2017. The inspection team consisted of a single inspector and the inspection was announced.

During the inspection four of the five people who lived in the service were at home and we spoke with each of them. We also spoke with three care workers, a senior care worker, the registered manager and the area manager. We observed care that was provided in communal areas and looked at the care records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

After the inspection we spoke by telephone with two relatives.

Is the service safe?

Our findings

People said and indicated that they felt safe living in the service. One of them said, "Good, good" when we pointed towards a member of staff. Another person smiled and used a recognised hand gesture to show us that they felt comfortable in their home. Relatives were also confident that people were safe with one of them remarking, "Bay Lodge is a lovely, homely service for my family member and I'm just relieved to have found it."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Measures were in place to help people avoid preventable accidents. These included hot water being temperature controlled to reduce the risk of people being scalded. Another example was some people being provided with special safety belts so that they could remain seated and comfortable when out and about in one of the service's cars. At the same time people were supported to take reasonable risks. An example of this was being able to help in the kitchen because suitable crockery and cutlery had been provided that did not have sharp edges. Records of accidents and near misses showed that all of them had been minor. They also showed that the registered manager had established what had happened on each occasion so that action could be taken to help prevent them from happening again.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that a small number of incidents had occurred since our last inspection when a medicine had not been administered in the correct way. In each case the registered persons had established what had gone wrong and had taken appropriate action to reduce the chance of the same thing happening again.

There were enough care staff on duty to promptly provide people with the care they needed. This included arrangements that had been made for each person to have different amounts of one to one time with a member of staff. This had been done to ensure that people received the individual assistance they needed.

Records showed that the registered persons had completed background checks on new staff before they had been appointed. These checks helped to ensure that applicants could demonstrate their previous good conduct and were suitable to be employed in the service.

Is the service effective?

Our findings

People said and indicated that care staff knew what they were doing and had their best interests at heart. We saw a number of examples when people readily approached care staff in a confident way to receive guidance and help. On one of these occasions a person held hands with a member of staff so that they could be helped to get dressed and have their breakfast. Relatives were also confident that care staff had the knowledge and skills they needed. One of them said, "I have the highest regard for the staff who know my family member's little ways and needs. Otherwise trust me, my family member simply wouldn't have settled there."

Records showed that care staff had received all of the guidance and training they needed. We noted that care staff knew how provide people with the care they needed. Examples of this were helping people to maintain their personal hygiene, to manage their laundry and to save for things they wanted to buy.

People said and indicated that they enjoyed their meals and we noted that care staff were ensuring that people had enough nutrition and hydration. In addition, we noted that one person was being helped to follow a diet that was designed to help them lose a little weight. This action had been recommended by the person's doctor.

Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists and opticians.

The registered persons and staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of staff explaining to a person why it was advisable for them to take all of the medicines that their doctor had prescribed for them.

Records showed that when people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with a person's relative and healthcare professionals when they needed to go to hospital for an operation.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered persons had obtained or made applications for DoLS authorisations in relation to each person who lived in the service. This had helped to ensured that only lawful restrictions were used in the service that respected people's rights.

Is the service caring?

Our findings

People were positive about their relationships with care staff and about the support they received. One of them gave a 'thumbs-up' when we made a questioning motion to them in the direction of the staff room. We saw another person link arms with a member of staff who then walked with them from room to room until the person decided to spend some time on their own in the sensory lounge.

We saw that people were being treated with respect and kindness. Care staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when a person became worried because they could not decide what activity they wanted to do next. A member staff noticed this and quietly worked through a list of the things the person usually liked to do at that particular time of day. Eventually, the person responded enthusiastically to the action of holding a cup and after this we saw them being supported to go to the kitchen to make themselves a drink.

Care staff knew about the care people needed, gave them time to express their wishes and respected the decisions they made. An example of this was a person who needed special assistance to choose what clothes they wanted to wear each day. Care staff had recognised that the person preferred to select a whole outfit for each day rather than deciding how they wanted to combine individual garments. In response to this care staff had helped the person to arrange their wardrobe into sections for each day so they only had to make one choice.

Care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. People had their own bedroom which they had been encouraged to make into their own personal space. Care staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. They also made sure that doors were closed when providing personal care.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wished. In addition, care staff assisted people to keep in touch with their relatives by telephone and also by means of the internet.

We noted that written records which contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

Is the service responsive?

Our findings

People said and indicated that staff provided them with a wide range of assistance including washing, dressing and managing their money. In relation to the latter a person pointed to their new shoes and smiled when asked if they had enjoyed going clothes shopping with a member of staff. Relatives were confident that their family members reliably received all of the help they needed. One of them said, "I don't have any reservations at all about the care provided in Bay Lodge. The staff there provide the complete and kind care that my family member needs. If it wasn't the right care then it would immediately be obvious by my family member's reaction."

We noted that care staff had consulted with each person and their relatives about the care they wanted to be provided and they had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan.

Care staff understood the importance of promoting equality and diversity. This included people being offered the opportunity to meet their spiritual needs. We also noted that care staff had suitably recognised and promoted people's cultural identity. This included helping them to buy and prepare foods that were familiar to them. In addition, we found that a person had been supported in a compassionate and imaginative way so that they were able grieve when a close family member died.

People said and indicated that there were enough activities for them to enjoy. Records confirmed that people were offered the opportunity to take part in a range of occupational and social events. These included activities such as attending college, enjoying arts and crafts sessions and attending social functions. We also noted that people had been supported to enjoy regular holidays away from the service.

Relatives told us that they had not needed to make a complaint to the registered persons. However, they were confident that if there was a problem it would be addressed quickly. One of them remarked, "It's not really appropriate to talk about making a complaint because Bay Lodge isn't an 'us-and-them' situation. The staff there want what's best for the residents and if something needed to be improved they'd be telling the relatives and not the other way round."

Is the service well-led?

Our findings

Relatives told us that the service was well run. One of them said, "I do think it's well organised as whenever I telephone the member of staff who happens to answer always knows exactly where my family member is, what they've been doing and how they are."

Documents showed that people had been regularly invited to attend informal residents' meetings at which staff supported them to suggest improvements to their home. We noted a number of examples of these suggested improvements being put into effect. One of these was the way in which the television lounge had been decorated in the style of a 'movie theatre'. Each person had chosen a poster relating to their favourite film which together with other film memorabilia had been used to decorate the room. Another example was two pet rabbits that had been purchased and for which people had chosen the names.

Records showed that the registered persons had regularly checked to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. We also noted that regular checks were being made of the accommodation so that any breakages or other damage could be identified and quickly repaired. In addition, fire safety equipment was being checked to make sure that it remained in good working order.

Care staff were being provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. In addition, there was an open and inclusive approach to running the service. Care staff were confident that they could speak to the registered manager or to the area manager if they had any concerns about the conduct of a colleague.

We also noted that people who lived in the service had benefited from care staff acting upon good practice guidance. An example of this was care staff accessing professional websites for advice and guidance about how best to use colour, texture and sound to engage the interests of the people who lived in the service. This had enabled care staff to introduce a number of innovative items such as textured cushions that changed colour when touched. We saw a person holding and brushing one of these cushions, smiling and being intently engaged in the activity. This use of good practice guidance had contributed to the promotion of positive outcomes for people who lived in the service.