

The Regard Partnership Limited

Bay Lodge

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

We inspected Bay Lodge on 2 April 2015. This was an unannounced inspection.

Bay Lodge provides accommodation for up to five people who have a learning disability. There were four people living in the service at the time of our inspection.

There was a registered manager. 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 Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect

Summary of findings

themselves. At the time of our inspection two people were being deprived of their liberty. The remaining people were subject to a level of supervision and control that could have amounted to a deprivation of liberty. The registered persons had sought and/or obtained the necessary authorisations to ensure that all of the care provided in the service was lawful.

Staff knew how to recognise and report any concerns so that people were kept safe from harm. People were helped to avoid having accidents and their medicines were safely managed. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had been supported to assist people in the right way including helping them to eat and drink enough to stay well. People had received all of the healthcare assistance they needed. Staff had ensured that people's rights were protected because the Mental Capacity Act 2005 Code of Practice was followed when decisions were made on their behalf.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People had received all of the care they needed including people who had special communication needs and were at risk of becoming distressed. People had been consulted about the care they wanted to receive and they were supported to celebrate their diversity. Staff had offered people the opportunity to pursue their interests and hobbies. There was a good system for resolving complaints.

People had been consulted about the development of the service and quality checks had also been completed. The service was run in an open and inclusive way and people had benefited from staff being involved in good practice initiatives.

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.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by managing risks to their health and safety.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before new staff were employed.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had been supported to provide the right care.

People were helped to eat and drink enough to stay well.

People had received all the medical attention they needed.

People's rights were protected because the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Good



Is the service responsive?

The service was responsive.

Staff had provided people with all the care they needed including people who had special communication needs and/or who could become distressed.

People had been consulted about their care including the hobbies and interests they wanted to pursue,

People were supported to make choices and to celebrate their diversity.

There was a system to receive and handle complaints or concerns.

Good



Is the service well-led?

The service was well-led.

People had been asked for their opinions about the service and quality checks had been completed.

Good



Summary of findings

There was a registered manager and staff were well supported.

People had benefited from staff being involved in good practice initiatives.

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 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.

We visited the service on 2 April 2015. The inspection was unannounced and was completed by a single inspector.

During the inspection we spoke with three people who lived in the service, five care workers, the registered manager and the area manager. We observed care in

communal areas and looked at the care records for three people. In addition, we looked at records that related to how the service was managed including staffing, training and health and safety. After our inspection visit we spoke by telephone with three relatives.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the registered persons to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the registered persons had sent us since the last inspection. In addition, we contacted commissioners of the service to obtain their views about how well Bay Lodge was meeting people's needs.

Is the service safe?

Our findings

People said and showed us that they felt safe living in the service. We saw that people were relaxed in the company of staff. A person pointed to a member of staff and said, “Kind, kind”. A relative said, “I’m completely confident that my family member is safe there because I know the staff are kind and gentle people.”

Records showed that staff had completed training in how to keep people safe. In addition, staff said that they had been provided with relevant guidance. 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 of harm.

Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They said that they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

People had been supported to take reasonable risks so that they could lead full lives of their choosing. This included being assisted to complete tasks around the house. For example, when using the kitchen staff were present so that people could do things for themselves while not misusing appliances so they were at risk. Staff also helped people to safely access the community, for example by making sure that they used their seat belts when in a vehicle.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about this service showed that the provider had told us about any concerning incidents. We saw that when accidents or near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we noted that they correctly followed the registered persons’ written guidance to make sure that people were given the right medicines at the right times. Special arrangements had been made to support people who needed to follow a particular routine when taking medicines. For example, one person liked to take all of their medicines at the same time while in a particular position.

Background checks had been completed for new staff before they were appointed. These checks included confirming with the Disclosure and Barring Service that staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

The registered persons had established how many staff were needed to meet people’s care needs. We saw that there were enough staff on duty at the time of our inspection. This was because people received individual attention and received all of the practical assistance they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover that the registered persons said was necessary. Staff and relatives said that there were enough staff on duty to meet people’s care needs. A relative said, “I know that my family member has one to one attention because I’ve seen it happening and quite simply they wouldn’t be able to do what they do without it.”

Is the service effective?

Our findings

Staff had periodically met with a senior member of staff to review their work and to plan for their professional development. We saw that care workers had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to support people who had a learning disability, preferred to follow a definite routine and/or who needed to be supported to promote their health.

The registered persons said that all of these measures were necessary to confirm that staff were competent to care for people in the right way. Staff said they had received training and we saw that they had the knowledge and skills they needed. For example, staff were aware of how important it was for people to follow in detail their chosen routines so they were enabled to make the most of each day.

People were provided with enough to eat and drink. Staff kept a record of how much people were eating and drinking to make sure that they had enough nutrition and hydration to support their good health. In addition, people were offered the opportunity to have their body weight checked to identify any significant changes that might need to be referred to a healthcare professional.

People had been supported to use a range of healthcare services. This included having consultations with their

family doctor when they were unwell and seeing consultants who responded to their special needs. A relative said, "I know that my family member receives a lot of medical assistance not just when they're not well but to avoid problems in the future." We noted that special arrangements had been made to support a person when they had been admitted to hospital. These involved members of staff staying with them around the clock so that they did not become anxious or distressed by being in a new place. This support had helped to ensure that the person concerned could receive the medical care which they needed.

The registered manager and senior staff were knowledgeable about the Mental Capacity Act 2005. This had enabled them to protect the rights of people who lived in the service because they were not able to make or to communicate their own decisions. Care records showed that the principles of the law had been used when supporting people to make decisions. This included involving relatives and other representatives to help people make decisions that were right for them.

The registered manager was knowledgeable about the Deprivation of Liberty Safeguards. They had sought authorisations and advice from the local authority to ensure the service did not place unlawful restrictions on people who lived there. At the time of our inspection two people were being deprived of their liberty in order to keep them safe.

Is the service caring?

Our findings

People and their relatives were positive about the quality of care provided in the service. We saw a person who had special communication needs holding the hand of a member of staff as they walked around the various rooms and attended to their household tasks. Relatives said that they had observed staff to be courteous and respectful in their approach. One of them said, “I think that the staff are kindness itself. It’s more like a family setting and everyone relates to each other on that basis.”

We saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. We saw that staff took the time to speak with people as they supported them. We observed a lot of positive interactions and saw that these supported people’s wellbeing. For example, we noted that one person liked to have a lie in until quite late in the morning. In the end staff gently encouraged them to get up by reminding them of all the things they could do which they enjoyed rather than spending too much time in bed.

Staff were knowledgeable about the care people required, assumed that people had the ability to make their own decisions and gave them choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made. For example, a person who chose to follow a definite routine was supported to do this in a compassionate way. They went in to the office where staff were busy doing administrative tasks. We saw that staff immediately put down what they were doing so that they could engage the person in a discussion about the activities they might want to undertake later in the day.

Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The service had links to local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Staff recognised the importance of not intruding into people’s private space. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal lounges. Bathroom and toilet doors could be locked when the rooms were in use. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative said, “Because it’s a family affair I don’t feel as if I need to speak to my family member in private, but if I needed to there’d be no problem closing the bedroom door and having private space.”

Written records that contained private information were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information. For example, we noted that staff did not discuss information relating to any of the people who lived in the service if another person who lived there was present.

Is the service responsive?

Our findings

Each person had a written care plan. People and their relatives had been invited to meet with senior staff to review the care they received to make sure that it continued to meet their needs and wishes. A relative said, “I attend regular reviews at the service when we discuss in detail how well my family member’s needs are being met. The staff do try to involve my family member in this process but it’s more of an on-going process of everyday communication for them.”

People said that staff provided them with all of the practical everyday assistance they needed. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. In addition, staff regularly checked on people during the night to make sure they were comfortable and safe in bed. A person with special communication needs patted the cheek of a member of staff, smiled and brushed their arm in an appreciative way when asked about the help they received at home.

Staff were confident that they could support people who had special communication needs. We saw that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. For example, we saw that staff used a special system of pictures to which people who lived in the service could refer in order to express themselves.

In addition, staff were able to effectively support people who could become distressed. We saw that when a person was at risk of becoming distressed, staff followed the guidance described in the person’s care plan and reassured them. They noticed that the person was becoming distracted from something they were doing, and appeared to be restless. Staff responded by offering them another activity that successfully engaged the person’s interests and resulted in them smiling again.

People were consulted about the meals they wanted to have and there was a choice of dish at each meal time. Everyone said that they liked their meals. A person with special communication needs pointed to their lunch, gave a thumbs-up sign and said, “Good food here.”

Relatives said that they were free to visit the service whenever they wanted to do so. One of them said, “The

staff always make me feel welcome and they keep in touch with me in between visits.” Records showed that staff regularly supported people to visit their relatives even when this involved quite long journeys.

We saw that staff were knowledgeable about the people living in the service and the things that were important to them in their lives. People’s care records included information about their life before they came to live in the service. Staff knew this information and used this to engage people in conversation, talking about their family members and where they lived.

Staff understood the importance of promoting equality and diversity in the service. They had been provided with written guidance and they had put this into action. People had been supported to meet their spiritual needs and to respect their cultural identities. For example, staff had prepared culturally appropriate food for two people. These people had also been helped to use personal grooming products that were right for their skin type. Another example involved staff using an alternative language that a person sometimes preferred to use. In addition, special arrangements had been made to ensure that a person only received close personal care from a member of staff who was the same gender as them. All of these measures helped to ensure that people received care that respected their diverse needs.

Staff had supported people to pursue their interests and hobbies. Some people attended day opportunities services where they could undertake a number of occupational activities. People also had the opportunity to undertake college courses in subjects such as life-skills. In addition, staff had assisted people to access community resources including going shopping for clothes and visiting places of interest.

People said that they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. A relative said, “I have seen the complaints procedure but I’ve never bothered to read it. If I need something sorted out I can just have a word with the staff.”

The registered persons had a formal procedure for receiving and handling concerns. Each person who lived in the service had received a user-friendly document that explained how they could raise concerns or make a complaint. Complaints could be made to any of the

Is the service responsive?

registered persons and so people could raise issues with someone senior within the organisation. The registered

persons had received one formal complaint since our last inspection. Records showed that the matter had been investigated properly and resolved to the complainants' satisfaction so that lessons could be learnt for the future.

Is the service well-led?

Our findings

People who lived in the service were asked for their views about their home. In addition to speaking with staff every day, they were supported to attend a 'house meeting' every month. Records showed that at these meetings people spoke with staff about things that were important to them such as catering arrangements, social events and things to do with the accommodation. We saw that suggested improvements had been acted upon. For example, staff had arranged for people to undertake a virtual world tour. This involved them visiting different countries by using different national dress and by having meals that were characteristic of the countries involved.

The registered persons had regularly completed quality audits to ensure that people reliably received all of the care they needed. These checks included making sure that care plans were up to date, medicines were safely managed and that the accommodation remained in a good condition.

People showed us that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They had a good knowledge of the care each person was receiving. They also knew about important points of detail such as which members of staff were on duty and which tasks they were going to complete. This level of knowledge helped the registered manager to run the service effectively so that people could be supported in the right way.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning

and end of each shift so that staff could review each person's care. In addition, there were periodic staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. A relative said, "I'm always impressed with how the place runs smoothly. Staff know what they're doing and the service is professional while at the same time being friendly."

There was a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. These measures resulted from good planning and leadership and helped to ensure people reliably had the facilities they needed.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered manager. They were confident that they could speak to the registered manager if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

In addition, people had benefited from the registered persons having contributed to good practice initiatives. These included working with partner agencies to develop good systems for promoting good standards of hygiene and for preventing infection. Another initiative had involved the registered manager accessing an on-line social media account that had allowed them to share ideas with other registered managers. These arrangements had helped to ensure that people received care that was enriched by regional and national good practice guidance.