

Mrs Angeline Gay and Mr John Gay

Bedrock Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 29 and 30 January 2015 and was unannounced. Bedrock Lodge is a care home providing accommodation and personal care to 10 people aged 18 years and over. There were 10 people living at the service at the time of our inspection.

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.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to people's choices and decisions, deprivation of liberty safeguards and record keeping. We completed this

Summary of findings

inspection at a time when the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were in force. However, the regulations changed on 1 April 2015 therefore, this is what we have reported on.

We have made a recommendation about seeking the views of people using the service and others and taking action as a result.

People were safe because the registered manager 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.

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.

Care staff did not always understand their obligation to support people to make their own choices and decisions. Nine of the 11 staff working at the service had not received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provider had not submitted applications to the appropriate authorities to ensure people were not deprived of their liberty without authorisation.

People were supported to make choices regarding food and drink. People said they enjoyed 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.

Care records were not consistently detailed. Two separate care files were in use and the information was not the same in each.

People were actively involved in a range of activities both within their local community and at the service. People were supported to maintain contact with family and friends.

The registered manager knew people using the service well. People spoke warmly about the registered manager. Staff found the registered manager approachable and said they were a good role model for them.

People's views were sought. However, where one person had requested to take part in an activity, they had not been supported to do so.

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

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.

People were kept safe and risks were well managed.

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

There were enough staff to meet people's needs.

Good



Is the service effective?

The service was not always effective.

People were not always cared for by staff who were trained and understood their role in respecting people's choices and decisions.

People were not protected from the risk of deprivation of their liberty because the provider had not submitted applications for authorisation to the appropriate authorities.

Requires Improvement



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 not always responsive.

People's needs were not consistently detailed in care records.

People participated in a range of activities within the local community and in their own home.

Requires Improvement



Is the service well-led?

The service was not always well-led.

People's views were obtained but not always acted upon.

The registered manager was well respected by people using the service and staff.

Requires Improvement



Summary of findings

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

Bedrock 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.

This service was previously inspected on 31 May 2013. At that time we found there were no breaches in regulations.

This inspection took place on 29 and 30 January 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan 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 carried out a tour of the premises with the provider.

Nine of the 10 people living at Bedrock Lodge were able to talk with us about the service. One person was not able to express their views verbally we spent time with this person observing their experience of the service. We spent some time observing how people were being looked after.

We spoke with eight staff, including the registered manager, deputy manager, senior care staff, care staff and administrative staff.

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

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, “It’s lovely, staff are really nice to us, they look after us well, it’s the best place I’ve ever lived and my family are really happy”. Another person said, “Yes, I feel safe, if I was worried I’d tell the manager”.

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. 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 the registered manager. Safeguarding policies and procedures were available to staff. The registered manager 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).

Recruitment procedures were understood and followed by the registered manager; this meant people in the service were not put at unnecessary risk. Recruitment records contained the relevant checks. Newly appointed staff confirmed they had been interviewed by the registered manager and references and checks taken up before they started working with people.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. There were four staff providing care and support to people on the days of our visit. The registered manager and administrative staff were also available throughout both days. Staff rotas showed four staff provided care and support each morning, three in the afternoon and one staff member at night. The registered manager told us staffing levels were based upon people’s needs and agreed with other professionals. They also told us, “I work hands on with people so know how long things take. When (Person’s name) moved in, we increased staffing levels”. Staff told us they felt there were enough staff to meet people’s needs.

A whistle blowing policy was in place. Staff told us they knew about whistle blowing’ to alert senior management about poor practice. The registered manager had previously identified performance and disciplinary issues

with staff members arising from staff raising areas of concern with colleagues. The registered manager dealt appropriately with these concerns in order to keep people safe.

People were kept safe because there were comprehensive risk assessments in place. These assessments covered areas of daily living and promoted people’s independence. For instance, one person with a specific need around hydration had a clear risk assessment in place that identified what support they needed. Another person who enjoyed participating in domestic activities had an assessment and plan in place for staff to follow and ensure the person was safe. Staffs were knowledgeable regarding these individual assessments and plans and provided care and support in accordance with them.

There were some building alterations and redecoration being carried out. People told us they kept clear of these areas. Staff told us they ensured people kept clear of areas where work was being carried out.

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.

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.

People’s monies were kept safe by staff who followed clear financial procedures.

The service had policies and procedures on the safe handling and administration of medicines. The policy was dated August 2013, there was no evidence of the policy being reviewed. Staff told us they had protected time to administer medicines. They said that when administering medicines in the morning they were not expected to provide care and support. This meant the likelihood of making an error was reduced. Administration records showed one incidence of a person receiving the wrong medicine. There was also a signature missed on an

Is the service safe?

administration sheet. The registered manager had taken appropriate action in both instances. The action taken included providing further training for staff. Staff administering medicines had received appropriate training.

Monthly audits of medicines were completed and corrective action taken when necessary. A policy for using homely remedies was in place. This meant people were kept safe when taking such remedies.

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 who were able to talk with them. However, staff were not skilled at communicating with people where their verbal skills were not as well developed. One person was finding it difficult to express their views to staff as they had limited verbal communication. The registered manager said this was not a problem as the person concerned was able to make their needs known. Care records did not give clear guidance for staff in communicating with this person. This meant this person’s communication needs were not consistently met.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Nine of the 11 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. Staff were not clear regarding their obligations to respect people’s choices and decisions. This meant that people’s human and legal rights were not always protected.

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. There were no authorised DoLS in place. However, as a result of the level of supervision, locked gates and use of CCTV, applications for DoLS authorisations were required. The deputy and registered manager said they were in the process of submitting urgent DoLS applications. The deputy and registered manager recognised the DoLS applications should have been submitted before now. They said they had been in contact with the appropriate authorities regarding this. Other professionals confirmed this. There was correspondence that showed this was the case. This meant that whilst people were being deprived of their liberty without correct authorisation being in place, the provider was taking the appropriate action. The registered manager understood that DoLS authorisations must be submitted to CQC as notifications.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Training records showed staff received a range of training. 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 registered manager told us staff were supported to complete 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, “I like the food, my favourite is pasta and sauce, we had that the other day”. Another person said, “The food is good and I like it when we get fish and chips”. A staff member said menus were planned four weeks in advance and discussed at residents meetings. The menus were varied and included a number of choices throughout the week. People were encouraged to participate in food preparation. One person said, “I like cooking”. The weekly schedule of activities identified who was helping with food preparation each day. At lunchtime we observed staff offering people choices of food and drink. One person became quite anxious as lunch was delayed due to some people being late returning to the service from an activity. Staff recognised this and brought the meal forward to reduce their anxiety.

Is the service effective?

People's care records showed specialists had been consulted over people's care and welfare. These included health professionals and GPs. 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. People had access to other health professionals. Records were maintained of the appointments and any action that staff had to take to support the person.

Is the service caring?

Our findings

People told us staff were caring. One person said, “The staff here are fun and I like them”. Staff spoke positively about the people living at the service and said the care provided was good. One staff member said, “I think the care provided here is excellent”. 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. For example, people were laughing and joking with staff at lunchtime. Activities were not rushed and staff worked at the person’s own pace.

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. However, there were no minutes of these meetings held at the service. The registered manager told us these meetings were not recorded. This meant we were not able to see examples of people having expressed their views and these being acted upon.

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, “I like (staff member’s name) she’s very nice. She helps me shower and sorts my clothes out”. 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.

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. One staff member gave an example of how they support people in the morning. They said, “We knock on people’s bedroom doors and if people are not moving we leave them to lie in and go back later”.

People’s independence was promoted. Staff encouraged one person to eat their meals themselves. A staff member told us, “(Person’s name) likes to be fed but we support them to do it themselves, as they can”. One person told us they were supported to go to watch football on Saturday’s with a family member.

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 the registered manager reinforced the need to protect people’s confidentiality at their individual supervision. People’s confidentiality was respected by staff.

People who did not have any direct involvement from family members were supported to access advocacy to assist them to make their views known.

Is the service responsive?

Our findings

The staff used a range of personalised planning tools to assess and meet people's individual needs. Care records were held in two separate files. A care plan file and an essential folder. The care plan file was stored in the office building separate from the main service. The essential file was stored at the service. The registered manager explained the essential folder acted as a summary of the care plan and was designed to be easy for staff to use. We looked at these files and found the information in the care plan file was not the same as in the essential folder. The deputy manager said they were in the process of updating the files. Staff told us that care and support provided by different staff was not always consistent. This meant people were at risk of inconsistent care or not receiving the care and support they need.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave different feedback on their involvement in writing their care plans. One person said, "A care plan is a good thing, staff talk to me about it". Another person said, "I'm not sure what's in my plan". Staff told us some people were involved in writing and agreeing their care plan and others were not. The essential folder contained a section for people to sign, confirming their agreement to their care. In a number of files this had not been signed and there was no explanation why.

People were involved in a range of individual activities. On the first day of our inspection a number of people went

swimming in the morning and the library in the afternoon. On the second day people were involved in a range of activities at the service. Daily activity planners were used and the activities people had participated in were detailed in care records. People said they enjoyed the activities. One person said, "I like going to the pub and out in the minibus". A second person said, "We go to a cottage on holiday in Devon which is great, I had a double bed". One person told us they enjoyed going fishing with their family members and staff.

One person was moving bedrooms so their needs could be better met. The person said they had been involved in the decision to move rooms and were looking forward to the room being decorated for them to move in.

People told us about contact they had with family and friends. This included family coming to visit them at Bedrock Lodge and them going to visit family at their homes. People said staff helped them maintain contact and arrange visits. People also said they spent time with friends who visited from other homes run by the provider. The registered manager said people from other services came to visit regularly. They said people living at Bedrock Lodge had known people at the other services for many years and some had close friendships.

The provider had a complaints policy in place, which was dated August 2013. An easy read complaints procedure was made available to people. People said they were able to make complaints. One person said, "I could make a complaint, if I'm unhappy I can tell someone". We looked at the record of complaints held at the service. These were recorded clearly with the action taken and outcome detailed.

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 manager 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. They spoke positively about the registered manager and felt their approach was open and honest. The registered manager told us they could be contacted at any time and the deputy manager was also available to staff. Staff confirmed they were able to contact a manager when needed. Staff said, “(Manager’s name) knows people really well and works alongside us to make sure we’re doing our jobs properly”.

Regular staff meetings were held to keep them up to date with changes and developments. The registered manager used quizzes at staff meetings to test staff knowledge and understanding. A quiz on maintaining sufficient hydration was held in January 2015 and one on professional boundaries in November 2014. Staff told us they found these meetings helpful and they were able to raise any concerns they had.

Both the registered and deputy managers knew when notification forms had to be submitted to CQC. CQC had received notifications made by the staff. 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 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 2014. There were examples of views expressed that had been acted upon with changes being made. However, one person had stated they would like to go the cinema. This person had not been to the cinema since making their views known. The registered manager told us there were no immediate plans to support the person to go to the cinema. This meant that although the provider sought people’s views these were not always acted upon.

Systems were in place to check on the standards within the service. These included regular audits by the managers of; management of medicines, health and safety, infection control and staff training and supervision. Records of audits contained actions to be completed to improve 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.

We recommend that the provider reviews their system for ensuring the views of people using the service and others are sought and acted upon.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

People who use services were not protected from the risk of care being given without consent because staff had not received appropriate training and authorisation had not been sought from the appropriate authorities regarding deprivation of liberty. Regulation 11 (1).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People were not protected from the risk of not being provided with the care they needed because care records were not consistently maintained. Regulation 17 (2) (c).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.