

Mrs Angeline Gay and Mr John Gay

Bedrock Lodge

Inspection report

44 Quarry Barton
Hambrook
South Gloucestershire
BS16 1SG

Tel: 01454 772171

Website: www.nightingale-carehomes.co.uk

Date of inspection visit: 31 July 2015

Date of publication: 01/10/2015

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 carried out a comprehensive inspection of Bedrock Lodge on 29 and 30 January 2015. Two breaches of the legal requirements were found at that time. These related to staff not understanding their obligations to respect people's choices and decisions, deprivation of liberty safeguards (DoLS) not being in place and care records containing inaccurate information relating to people's care and support.

We completed our inspection in January 2015 at a time when the Health and Social Care Act 2008 (Regulated Activities) 2010 were in force. However, the regulations

changed on 1 April 2015. Therefore, in our report we referred to the Health and Social Care Act 2008 (Regulated Activities) 2010 and detailed how they corresponded to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection in January 2015, the provider sent us a report of the actions they would take to meet the legal requirements.

We undertook a focused inspection on 31 July 2015. This was to check if the provider had followed their plan and to confirm if the legal requirements were now being met.

Summary of findings

We looked at whether the service provided was effective, responsive and well-led. This was because when we visited in January 2015 these areas required improvement.

This report only covers our findings in relation to these specific areas. You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for 'Bedrock Lodge' on our website at www.cqc.org.uk.

Bedrock Lodge is a care home providing accommodation and personal care for up to 10 people aged 18 years and over. There were 10 people using the service at the time of our inspection.

This inspection was unannounced.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our focused inspection on 31 July 2015, we found the provider had followed their plan and the legal requirements had been met.

Staff had received additional training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood their obligation to respect people's choices and decisions. The provider had assessed people's capacity to make specific decisions and submitted DoLS applications where required. Staff were skilled at communicating with people with limited verbal communication.

People's needs were consistently detailed in their care records. Care staff told us care records gave the information they needed in order to meet people's needs. People told us the service responded to their needs.

The provider ensured people had a variety of ways to express their views and opinions regarding the service they received. The provider ensured that people's views and opinions were acted upon.

As a result of this inspection we have been able to change the rating of the service.

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 when we inspected in January 2015.

Good



Is the service effective?

We found action had been taken to improve the effectiveness of the service.

Staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff understood their obligations to respect people's choices and decisions.

This meant the provider was now meeting legal requirements.

The provider had assessed people's capacity to make choices and decisions and identified where applications needed to be submitted regarding any deprivation of a person's liberty. These applications had been submitted to the appropriate authorities.

Staff were skilled and knowledgeable in communicating with people with limited verbal communication.

We have revised the rating for this key question because people were receiving a service that was effective.

Good



Is the service caring?

The service was caring when we inspected in January 2015.

Good



Is the service responsive?

We found action had been taken to improve the responsiveness of the service.

People's needs were consistently detailed in care records.

People told us the service was responsive to their needs.

This meant the provider was now meeting legal requirements.

We have revised the rating for this key question because people were receiving a service that was responsive.

Good



Is the service well-led?

We found action had been taken to improve the leadership and management of the service.

The service actively sought the views and opinions of people who used the service and acted upon them.

We have revised the rating for this key question because people were receiving a service that was well-led.

Good



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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of Bedrock Lodge on 31 July 2015. We checked that the improvements planned by the provider after our comprehensive inspection on 29 and 30 January 2015 had been made.

We inspected the service against three of the five questions we ask about services: is the service effective, is the service responsive and is the service well-led. This was because the breaches of regulations and areas the service was rated as requires improvement, at the last inspection were in relation to these questions.

The inspection was unannounced and undertaken by one inspector.

Before carrying out the inspection, we reviewed the information we held about the service. This included the report we received from the provider which set out the action they would take to meet legal requirements. We looked at the notifications and any information of concern we had received. Notifications are information about important events which the provider is required to tell us about by law.

During our inspection we spoke with three people who lived at the service, two staff members and the registered manager.

We looked at four people's care records, as well as records in relation to staff training and the management of the service.

Is the service safe?

Our findings

When we visited in January 2015, we found that the service was safe. We have not reviewed the rating we gave at that time. Comments we received from people who used the service and staff members did not give us cause to review this key question.

You can read what we wrote about this section in the comprehensive report by selecting the 'All reports' link for Bedrock Lodge on our website at www.cqc.org.uk.

Is the service effective?

Our findings

At the inspection of Bedrock Lodge on 29 and 30 January 2015 we found people were not protected from the risk of care being given without consent because staff had not received appropriate training and, that authorisation had not been sought from the appropriate authorities regarding deprivation of liberty.

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.

At our focused inspection on 31 July 2015 we found the provider had taken the action they had planned to take in order to meet this regulation.

All staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). 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. The DoLS 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.

Staff we spoke with were clear regarding their obligations to respect people's choices and decisions. They were able to explain to us how they offered people choices and how people expressed their decisions. One care worker said, "Some people use body language and gestures as well as words". In people's care records we saw that a process of best interest decision making had been followed to make decisions regarding health care and treatment for a person assessed as not having the capacity to make that decision. The provider had policies and procedures on mental capacity and had developed links with other professionals to provide advice when required. The registered manager said, "We had an officer from the council speaking at our staff meeting on 17 June 2015 which provided clarification for us".

The provider had submitted DoLS applications to the appropriate authorities. At the time of our inspection the provider was waiting for these applications to be assessed. The registered manager understood that DoLS authorisations must be submitted to CQC as notifications. The provider had put in place systems to monitor dates that DoLS applications were authorised. This meant the provider would know when the authorisation would lapse and, if the restriction was still required, could submit a new application in a timely manner. The registered manager was aware of the role of the relevant person's representative (RPR) in maintaining contact with the person. The RPR is appointed by the appropriate authority and is responsible for representing and supporting the person, including if appropriate, requesting a review or making a complaint to the appropriate body. The registered manager said, "We will record contact with the RPR in people's care records". This meant people were protected from the risk of deprivation of their liberty without authorisation.

At the inspection of Bedrock Lodge on 29 and 30 January 2015 we found that staff were not skilled at communicating with one person with limited verbal communication. This person's 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.

At our focused inspection on 31 July 2015 we found guidance had been provided for staff in the person's care plan. We observed staff and saw they were able to communicate effectively with the person. Staff we spoke with gave examples of using laminated photographs and a memory book when communicating with this person. They were also able to tell us how the person made their wishes known by using certain phrases along with gestures and facial expressions. One care worker said, "If we're not sure what (Person's name) is saying, we ask again, explore further, look at body language and use memory book and photos. We listen and learn with (Person's name)". This meant the person's communication needs were met.

Is the service caring?

Our findings

When we visited in January 2015, we found that the service was caring. We have not reviewed the rating we gave at that time. Comments we received from people who used the service and staff members did not give us cause to review this key question.

You can read what we wrote about this section in the comprehensive report by selecting the 'All reports' link for Bedrock Lodge on our website at www.cqc.org.uk.

Is the service responsive?

Our findings

At the inspection of Bedrock Lodge on 29 and 30 January 2015 we found people were at risk of inconsistent care or not receiving the care and support they needed. The provider used two separate files for care records. 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. We found the information in the care plan file was not the same as in the essential folder. Staff told us that care and support provided by different staff was not always consistent.

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) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 31 July 2015 we found the provider had taken the action they had planned to take in order to meet this regulation.

Each person's care records had been updated and the information contained in them was consistent and

accurate. Staff told us the essential files were helpful. One care worker said, "The essential folder provides all the information we need and is regularly updated by the keyworker or (Registered Manager's name)". Another said, "I use the essential folder to check things out if I'm unsure, they're very good, very helpful". The essential folder contained a section for people to sign, confirming their agreement to their care. Staff told us some people were involved in writing and agreeing their care plan and others were not. People who were able to agree their care plan had signed to confirm this. Where people were not able to sign to confirm their agreement, an explanation of why was recorded.

People said the service responded to their needs. At the time of our inspection one person had been supported to go and stay with family for a few days. Staff told us this was arranged in accordance with the person's wishes. We were also told of a recent example where a person was admitted to hospital. Care staff had stayed with the person whilst they were in hospital and the registered manager had arranged for the person's family members to stay close to the hospital.

Is the service well-led?

Our findings

At the inspection of Bedrock Lodge on 29 and 30 January 2015 we found the provider's systems for seeking the views of people and acting upon them required improvement.

At our focussed inspection on 31 July 2015 we found the provider had improved their system. A satisfaction survey had been carried out in April 2015. This consisted of an easy read form that people had been assisted to complete. We saw completed survey forms. The provider held regular meetings with people. Minutes of these meetings showed people had expressed their views and opinions. The registered manager told us keyworkers met regularly with

people to obtain their views. They said, "Some people prefer to talk to their keyworker on their own". These individual discussions were recorded in people's care records.

People had expressed their views and preferences and these had been incorporated into people's care and activity plans. Examples included, going to see musicals at the theatre, visits to family and changes to menus.

The registered manager had responded to our comprehensive inspection in January 2015 and made changes to improve the service. This showed effective leadership and management.